



APPENIX I - THE APPLICATION

Organization Name:

Amount Requested:

Series 16B – General Assistance

Grant Funding Period: July 1, 2016 – June 30, 2017

Applicant Information (Complete all lines)

| | |
|---|--|
| *Legal Name of Organization: | |
| *Mailing Address: | |
| *City/State/County/Zip: | |
| Physical Address (if different): | |
| City/State/County/Zip : | |
| *Texas Address (if organization headquarters are located out of state): | |
| *City/State/County/Zip: | |
| *Website Address: | |
| *Organization Phone Number: | |
| *EIN number: | |
| *DUNS number: | |

| | |
|--|--|
| *Applicant Contact (Project Coordinator – Principal Participant): | |
| *Contact Title: | |
| *Phone Number: | |
| *E-Mail Address: | |

| | |
|--|--|
| *Applicant Contact (Financial Coordinator – Principal Participant): | |
| *Contact Title: | |
| *Phone Number: | |
| *E-Mail Address: | |

* Required Information



APPENIX I - THE APPLICATION

Organization Name:

Amount Requested:

Series 16B – General Assistance

Grant Funding Period: July 1, 2016 – June 30, 2017

True and Correct Statement:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND COMPLETED PER THE DIRECTIONS OUTLINED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS.

THE APPLICANT ORGANIZATION REPRESENTATIVE HAS READ AND UNDERSTANDS ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS, AND WILL COMPLY WITH ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS AND NOTICE OF GRANT AWARD EFFECTIVE UPON SUBMISSION OF THIS APPLICATION AND THROUGHOUT THE LIFETIME OF THE GRANT IF AN AWARD IS MADE.

THE SUBMISSION OF THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT.

| | |
|--|--|
| *Authorized Signature: (must be original) | |
| *Name and Title: | |
| *Phone Number: | |
| *Email: | |
| *Date: | |

* Required Information

All information must be in sufficient detail to ensure the application can be weighed with other application. Do not leave any item blank. Refer to Section V. Grant Application of the accompanying Series 16B RFA document for further instructions.

The grant funding period is based on a 12-month calendar from July 1, 2016 to June 30, 2017. The required expenditure and program performance benchmarks (below) should be used as guidelines when completing the Application.

| Date | Grant Period Elapsed | Amount Expended | Performance Met |
|-----------|----------------------|-----------------|-----------------|
| October 1 | 25% | 15% | 15% |
| January 1 | 50% | 40% | 40% |
| April 1 | 75% | 70% | 70% |

Part I – Proposed Project Information

Proposed Project Name

1. Provide a name for the Proposed Project.

Amount Requested

Check the **one** box for the amount being requested. Applicants must refer to **RFA Section IV. Program Guidelines, H. Funding Amounts and Financial Documentation** to ensure they are able to support request amount with correct financial documentation and other requirements.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$125,000 |
| <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$150,000 |
| <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$200,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$300,000 |
| <input type="checkbox"/> \$75,000 | |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> <u>\$500,000 – This amount may only be requested for Statewide Projects</u> |

Grant Project Service Category

Check the **one** box that best describes the nature of the Proposed Project. See Page 11 of the General Assistance – Series 16B RFA for more information about what may be included in the Service Categories listed below. **This Application is not for Veterans Mental Health programs, Housing 4 Texas Heroes programs, or Veteran Treatment Courts.**

Proposed Project Service Category

- Financial Assistance
- Transportation
- Employment
- Family Services
- Legal
- Referral
- Supportive Services

Is this proposed project a new project, an expansion of current services, or continuation of an existing FVA-funded project?

- New
- Expansion
- Continuation

Geographic Service Area(s)

The counties that will be served by this grant are called the Geographic Service Area(s). All Texas counties are grouped into one of eight regions. Check **all** counties, regardless of region, that the Proposed Project will serve. If the Proposed Project provides services to Veterans living in all counties statewide, only check the statewide box.

Rural Counties, per the Office of Rural Health Policy, are designated below in bold. Rural counties with an asterisk are designated as being part of a Metropolitan Area but are considered Rural based on their census tracks as determined by the Office of Rural Health Policy.

Statewide

Region 1 – Panhandle

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Armstrong * | <input type="checkbox"/> Bailey | <input type="checkbox"/> Briscoe | <input type="checkbox"/> Brown | <input type="checkbox"/> Callahan |
| <input type="checkbox"/> Carson * | <input type="checkbox"/> Castro | <input type="checkbox"/> Childress | <input type="checkbox"/> Cochran | <input type="checkbox"/> Coleman |
| <input type="checkbox"/> Collingsworth | <input type="checkbox"/> Comanche | <input type="checkbox"/> Crosby | <input type="checkbox"/> Dallam | <input type="checkbox"/> Deaf Smith |
| <input type="checkbox"/> Dickens | <input type="checkbox"/> Donley | <input type="checkbox"/> Eastland | <input type="checkbox"/> Fisher | <input type="checkbox"/> Floyd |
| <input type="checkbox"/> Garza | <input type="checkbox"/> Gray | <input type="checkbox"/> Hale | <input type="checkbox"/> Hall | <input type="checkbox"/> Hansford |
| <input type="checkbox"/> Hartley | <input type="checkbox"/> Haskell | <input type="checkbox"/> Hemphill | <input type="checkbox"/> Hockley | <input type="checkbox"/> Hutchinson |
| <input type="checkbox"/> Jones | <input type="checkbox"/> Kent | <input type="checkbox"/> King | <input type="checkbox"/> Knox | <input type="checkbox"/> Lamb |
| <input type="checkbox"/> Lipscomb | <input type="checkbox"/> Lubbock | <input type="checkbox"/> Lynn | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Moore |
| <input type="checkbox"/> Motley | <input type="checkbox"/> Nolan | <input type="checkbox"/> Ochiltree | <input type="checkbox"/> Oldham * | <input type="checkbox"/> Parmer |
| <input type="checkbox"/> Potter | <input type="checkbox"/> Randall | <input type="checkbox"/> Roberts | <input type="checkbox"/> Runnels | <input type="checkbox"/> Scurry |
| <input type="checkbox"/> Shackelford | <input type="checkbox"/> Sherman | <input type="checkbox"/> Stephens | <input type="checkbox"/> Stonewall | <input type="checkbox"/> Swisher |
| <input type="checkbox"/> Taylor | <input type="checkbox"/> Terry | <input type="checkbox"/> Throckmorton | <input type="checkbox"/> Wheeler | <input type="checkbox"/> Yoakum |

Region 2 – West Texas

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Andrews | <input type="checkbox"/> Borden | <input type="checkbox"/> Brewster | <input type="checkbox"/> Crane | <input type="checkbox"/> Culberson |
| <input type="checkbox"/> Dawson | <input type="checkbox"/> Ector | <input type="checkbox"/> El Paso | <input type="checkbox"/> Gaines | <input type="checkbox"/> Glasscock |
| <input type="checkbox"/> Howard | <input type="checkbox"/> Hudspeth * | <input type="checkbox"/> Jeff Davis | <input type="checkbox"/> Loving | <input type="checkbox"/> Martin |
| <input type="checkbox"/> Midland | <input type="checkbox"/> Pecos | <input type="checkbox"/> Presidio | <input type="checkbox"/> Reeves | <input type="checkbox"/> Terrell |
| <input type="checkbox"/> Upton | <input type="checkbox"/> Ward | <input type="checkbox"/> Winkler | | |

Region 3 - Alamo

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Atascosa | <input type="checkbox"/> Bandera | <input type="checkbox"/> Bexar | <input type="checkbox"/> Coke | <input type="checkbox"/> Comal |
| <input type="checkbox"/> Concho | <input type="checkbox"/> Crockett | <input type="checkbox"/> Dimmit | <input type="checkbox"/> Edwards | <input type="checkbox"/> Frio |
| <input type="checkbox"/> Gillespie | <input type="checkbox"/> Guadalupe | <input type="checkbox"/> Gonzales | <input type="checkbox"/> Irion * | <input type="checkbox"/> Karnes |
| <input type="checkbox"/> Kendall | <input type="checkbox"/> Kerr | <input type="checkbox"/> Kimble | <input type="checkbox"/> Kinney | <input type="checkbox"/> La Salle |
| <input type="checkbox"/> Mason | <input type="checkbox"/> Maverick | <input type="checkbox"/> McCulloch | <input type="checkbox"/> Medina | <input type="checkbox"/> Menard |
| <input type="checkbox"/> Reagan | <input type="checkbox"/> Real | <input type="checkbox"/> Schleicher | <input type="checkbox"/> Sterling | <input type="checkbox"/> Sutton |
| <input type="checkbox"/> Tom Green | <input type="checkbox"/> Uvalde | <input type="checkbox"/> Val Verde | <input type="checkbox"/> Wilson | <input type="checkbox"/> Zavala |

Region 4 – South Texas

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Aransas | <input type="checkbox"/> Bee | <input type="checkbox"/> Brooks | <input type="checkbox"/> Calhoun | <input type="checkbox"/> Cameron |
| <input type="checkbox"/> DeWitt | <input type="checkbox"/> Duval | <input type="checkbox"/> Goliad | <input type="checkbox"/> Hidalgo | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Jim Hogg | <input type="checkbox"/> Jim Wells | <input type="checkbox"/> Kenedy | <input type="checkbox"/> Kleberg | <input type="checkbox"/> Lavaca |
| <input type="checkbox"/> Live Oak | <input type="checkbox"/> McMullen | <input type="checkbox"/> Nueces | <input type="checkbox"/> Refugio | <input type="checkbox"/> San Patricio |
| <input type="checkbox"/> Starr | <input type="checkbox"/> Victoria | <input type="checkbox"/> Webb | <input type="checkbox"/> Willacy | <input type="checkbox"/> Zapata |

Region 5 – Gulf Coast

- | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Austin * | <input type="checkbox"/> Brazoria | <input type="checkbox"/> Chambers | <input type="checkbox"/> Colorado | <input type="checkbox"/> Fort Bend |
| <input type="checkbox"/> Galveston | <input type="checkbox"/> Harris | <input type="checkbox"/> Liberty | <input type="checkbox"/> Matagorda | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Waller | <input type="checkbox"/> Wharton | | |

Region 6 – Central Texas

- | | | | | |
|------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bastrop | <input type="checkbox"/> Bell | <input type="checkbox"/> Blanco | <input type="checkbox"/> Bosque | <input type="checkbox"/> Brazos |
| <input type="checkbox"/> Burleson | <input type="checkbox"/> Burnet | <input type="checkbox"/> Caldwell | <input type="checkbox"/> Coryell | <input type="checkbox"/> Falls |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Freestone | <input type="checkbox"/> Grimes | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Hays |
| <input type="checkbox"/> Hill | <input type="checkbox"/> Lampasas | <input type="checkbox"/> Lee | <input type="checkbox"/> Leon | <input type="checkbox"/> Limestone |
| <input type="checkbox"/> Llano | <input type="checkbox"/> Madison | <input type="checkbox"/> McLennan | <input type="checkbox"/> Milam | <input type="checkbox"/> Mills |
| <input type="checkbox"/> Robertson | <input type="checkbox"/> San Saba | <input type="checkbox"/> Travis | <input type="checkbox"/> Washington | <input type="checkbox"/> Williamson |

Region 7- East Texas

- | | | | | |
|------------------------------------|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Angelina | <input type="checkbox"/> Bowie | <input type="checkbox"/> Camp | <input type="checkbox"/> Cass |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Delta | <input type="checkbox"/> Franklin | <input type="checkbox"/> Gregg | <input type="checkbox"/> Hardin |
| <input type="checkbox"/> Harrison | <input type="checkbox"/> Henderson | <input type="checkbox"/> Hopkins | <input type="checkbox"/> Houston | <input type="checkbox"/> Jasper |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Lamar | <input type="checkbox"/> Marion | <input type="checkbox"/> Morris | <input type="checkbox"/> Nacogdoches |
| <input type="checkbox"/> Newton | <input type="checkbox"/> Orange | <input type="checkbox"/> Panola | <input type="checkbox"/> Polk | <input type="checkbox"/> Rains |
| <input type="checkbox"/> Red River | <input type="checkbox"/> Rusk | <input type="checkbox"/> Sabine | <input type="checkbox"/> San Augustine | <input type="checkbox"/> San Jacinto |
| <input type="checkbox"/> Shelby | <input type="checkbox"/> Smith | <input type="checkbox"/> Titus | <input type="checkbox"/> Trinity | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Upshur | <input type="checkbox"/> Van Zandt | <input type="checkbox"/> Wood | | |

Region 8 – North Texas

- | | | | | |
|----------------------------------|-------------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Archer | <input type="checkbox"/> Baylor | <input type="checkbox"/> Clay | <input type="checkbox"/> Collin | <input type="checkbox"/> Cooke |
| <input type="checkbox"/> Cottle | <input type="checkbox"/> Dallas | <input type="checkbox"/> Denton | <input type="checkbox"/> Ellis | <input type="checkbox"/> Erath |
| <input type="checkbox"/> Fannin | <input type="checkbox"/> Foard | <input type="checkbox"/> Grayson | <input type="checkbox"/> Hardeman | <input type="checkbox"/> Hood |
| <input type="checkbox"/> Hunt | <input type="checkbox"/> Jack | <input type="checkbox"/> Johnson | <input type="checkbox"/> Kaufman | <input type="checkbox"/> Montague |
| <input type="checkbox"/> Navarro | <input type="checkbox"/> Palo Pinto | <input type="checkbox"/> Parker | <input type="checkbox"/> Rockwall | <input type="checkbox"/> Somervell |
| <input type="checkbox"/> Tarrant | <input type="checkbox"/> Wichita | <input type="checkbox"/> Wilbarger | <input type="checkbox"/> Wise | <input type="checkbox"/> Young |

Proposed Project Services

- Briefly describe the Proposed Project. Be specific in your answer and include the Who, What, Where, When, and Why of the Project.
- Briefly describe how Beneficiaries will access and/or be provided with Project services by your organization. Be specific in your answer and include the How of the Project.

Need Identified

- What is the community need(s) or existing service gap(s) that the Proposed Project will address? Be specific in your answer and sufficiently describe the need that your service area faces.
- How did you identify the community need(s) or problem(s)? Be specific in your answer and sufficiently describe any methods used to identify that the need described above in **Need Identified #1** is present in your service area (example: current client experiences, word of mouth, client surveys). Include references to data that may substantiate and support that this need exists in your service area.

3. How will the Proposed Project address the identified need(s) or problem(s)? Be specific in your answer and sufficiently describe how the components of the Proposed Project as described above in **Proposed Project Services #1** will assist in attempting to resolve the need described above in **Need Identified #1**.

4. How is the Proposed Project unique from other similar services that may be available in your proposed service area? Be specific with details about what sets your Proposed Project apart.

Beneficiaries

1. Related to the information provided in **Need Identified** above, Applicants may elect to restrict Proposed Project services to particular groups to address needs by narrowing the eligibility of who can receive services through the Proposed Project. Examples include, but are not limited to:
 - Veterans of a particular era (such as Vietnam or OEF/OIF era Veterans);
 - Veterans with a specific discharge status (such as Honorable);
 - Veterans’ duty status (such as National Guard, Reservist, or Active Duty); or
 - Particular Veteran dependents (such as dependents of newly separated veterans, or surviving spouses of reservists or Guards Members).

Provide a definition below for each applicable category that will be eligible to receive services, listing any service restrictions of the Proposed Project. Be specific.

Veterans:

Veteran Dependents:

Surviving Spouses:

2. Describe any other restrictions on eligibility, if applicable (example: income level, beneficiaries living in a specific service area like a county or region, or referral from VA or other such organization).

3. If your organization receives grant funds, it will be responsible for tracking each individual Veteran, their dependents, and survivors that receive grant-funded service(s). The number of unduplicated Veterans, dependents and survivors, as well as cumulative totals, will be reported to the FVA quarterly.

a. Estimated Number of Clients to be Served

Enter the estimated number of unduplicated Veterans, Dependents, and Surviving Spouses to be served by the Proposed Project. The information to be entered is a number. Do not enter a percentage and do not enter a range.

| Performance Measure | Estimated Number of Clients to be Served |
|--|--|
| Number of Veterans served. (Required performance measure for all applicants.) | Veterans |
| Number of Dependents served. (Required performance measure if served.) | Dependents |
| Number of Veterans’ Surviving Spouses served. (Required performance measure if served.) | Surviving Spouses |
| Total Estimated Number of Clients to be Served | Total Unduplicated Beneficiaries |

b. Additional Performance Measures and Estimated Volume of Services Provided to Clients

1. First enter additional performance measures that align with and are related to the Proposed Project in the Performance Measure column. For example, if the Proposed Project is to provide free transportation services via a dial-a-ride van service, an additional performance measure may be “number of rides provided to beneficiaries.”

Then, provide the estimated volume over the grant funding period for the additional performance measure listed. For example, “500 rides.”

Additional lines may be added.

| Performance Measure | Estimated Volume of Services Provided to Clients |
|--|--|
| <i>Example: Number of rides to be provided to beneficiaries.</i> | <i>Example: 500 rides</i> |
| | |
| | |

c. Goals and Anticipated Outcomes

1. First enter goals that align with and are related to the Proposed Project in the Goals column. For example, if the Proposed Project is to provide free transportation services via a dial-a-ride van service, a goal may be “clients provided with rides were able to regularly attend medical appointments, and health and independence was improved.”

Then provide the anticipated outcome for the goal listed in the “Anticipated Outcomes” column. For example, “85% of clients had improvements in health and independence.”

Additional lines may be added.

| Goals | Anticipated Outcomes |
|--|---|
| <i>Example: Clients provided with rides were able to regularly attend medical appointments and health and independence was improved.</i> | <i>Example: 85% of clients had improvements in health and independence.</i> |
| | |
| | |
| | |

2. Next, describe how you will determine if anticipated outcomes are met. Examples may include using a client satisfaction survey, following up with clients 30-90 days after receiving services to determine status, tracking pertinent client data.

Project Eligibility

1. Eligibility to receive services must be verified and documented. List the **specific forms** your organization staff will use to verify eligibility of clients who can receive services and ensure that it is applicable to beneficiary definitions above in **Beneficiaries #1** (Veteran, dependent, surviving spouse related) and **#2** (any other applicable eligibility requirements). If dependents and surviving spouses are listed as eligible beneficiaries, include how their eligibility will be verified. Types of forms can include, but are not limited to:
 - DD Form 214, Certificate of Release or Discharge from Active Duty
 - NGB-22, National Guard Report of Separation and Record of Service
 - Department of Veterans Affairs (VA) official letter or disability letter
 - State of Texas Issued Driver License with Veteran designation
 - E-Benefits summary
 - Honorable discharge certificate
 - Uniform Services Identification Card
 - VA Health Card
 - Tricare Healthcare Insurance card
2. Describe how the eligibility verification documents will be retained (example: as listed in your organization’s retention policy) **and** maintained (example: in locked filing cabinet or electronically on your organization’s server).

Project Principal Participants

List the principal participants in the organization. Indicate which principal(s), if any, are Veterans. **Refer to the RFA Section III. Definitions of Key Terms for who is considered a Principal Participant.** Résumés are to be included for each Principal Participant and should describe applicable experience by position

| Name of Principal Participant | Title | Veteran (Y/N) | # of years of experience in position | Résumé Attached (Y/N) |
|-------------------------------|-------|---------------|--------------------------------------|-----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

- What are the roles and responsibilities of the Principal Participants listed in the table above as related to the Proposed Project? For example, a CFO may be listed as a principal participant, but the description should reference his/her role and responsibility to the Proposed Project.
 Principal Participant #1:
 Principal Participant #2:
 Principal Participant #3:
 Principal Participant #4:
 Principal Participant #5:

Partnerships

List agencies and/or organizations that your organization partners with to assist in serving Beneficiaries as part of the Proposed Project. Use additional page(s) if needed.

| Name of Partner Organization | Address | Telephone | Website |
|------------------------------|---------|-----------|---------|
| | | | |
| | | | |
| | | | |

Marketing and Outreach

- Does your organization have an outreach and/or marketing plan to ensure your organization is able to reach and provide services to the Estimated Number of Clients to be Served as listed in the table for **Beneficiaries #3**?
 Yes No
- If yes, sufficiently describe the outreach and/or marketing plan and how it will ensure that your organization is able to reach and provide services to the Estimated Number of Clients to be Served as listed in the table for **Beneficiaries #3**.

Sustainability after the Grant

- If your organization were to receive a one-year FVA grant, will the Proposed Project continue after the one-year grant period if you did not receive additional FVA funding?
 Yes No
- If Yes, please describe how the Proposed Project will continue. Be specific. Include in your answer what other funding will be available to your organization and what other organizations with whom you may be partnering or working to carry on the work of the Proposed Project after June 30, 2017:

3. If your organization has received FVA funding in the past for the Proposed Project, describe why you are applying for a grant again.

Part II – Organization Background

Organization Overview

1. What is the purpose or mission of your organization?

2. What year was your organization established?

3. What types of programs/services does your organization as a whole currently provide? Provide examples and briefly describe program components.

4. Who is currently served by the programs/services your organization currently offers?

Organizational Structure

1. What type of organization is applying?
 - City/Municipal government
 - County government
 - Nonprofit organization
 - Other, please describe:

2. What type of governing body does your organization have?
 - City Council/Mayor/City Manager
 - County Commissioners' Court/County Judge
 - Board of Directors/Board Officers/Executive Director
 - Other, please describe:

Previous FVA Grant Awards

List any previous grants your organization was awarded from the FVA.

| Amount Awarded | Grant/Contract # | Begin Date | End Date | Was previous funding for the same Proposed Project under this application? (Y/N) |
|----------------|------------------|------------|----------|--|
| | | | | |
| | | | | |
| | | | | |

\$ Total FVA Grant Awards

Other Grants and TVC Contracts

1. List all grants and TVC contracts your organization received within the last two (2) years. Do not include FVA grants listed above. Do not list in-kind donations. Use additional pages if needed.

| Amount Awarded | Grantor | Grant/Contract # | Begin Date | End Date | Audit Performed (Yes or No) |
|----------------|---------|------------------|------------|----------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |

\$ **Total Other Grant Awards**

2. Provide a brief narrative for each TVC contract that is listed in the above table.

Fiscal Management

Answer each question below and do not leave any item unanswered.

1. What software does your organization used to record accounting transactions?
QuickBooks Sage MIP Fundware Other (If other, list software)
2. Does your organization have written accounting policies and procedures for the following? Please be aware that you may be asked to provide copies of the below policies and procedures to FVA staff should you be awarded a grant. Do not list N/A.

| | YES | NO |
|---------------------------------|--------------------------|--------------------------|
| A. Procurement | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Vendor Payments | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Payroll | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Grants Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Cash Management | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Travel | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Capitalization and Equipment | <input type="checkbox"/> | <input type="checkbox"/> |

3. Indicate if each statement is true or false for your organization. Do not list N/A.

| | TRUE | FALSE |
|---|--------------------------|--------------------------|
| A. There has been no staff turnover or reorganization in the past 6 months. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The organization uses a Chart of Accounts. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Time sheets are approved and signed by supervisory personnel. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. An A-133 Single Audit has been performed in the past 2 years. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Travel receipts are submitted for travel reimbursement requests. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. At what amount does your organization capitalize equipment? | \$ | |

Performance Reporting

1. What type(s) of data collection tools will your organization use to document Beneficiaries receiving services (required performance measure) and any additional performance measures noted in **Beneficiaries #3 a., b., and c.**?
2. How will your organization consolidate the collected data **to ensure that beneficiaries that are reported to the FVA are unduplicated?**

Part III – Budget Tables and Budget Narratives

The budget is broken up into Direct and Indirect Costs. Within Direct Costs there are seven allowable sections. Indirect Costs has one section. Each section represents a Budget Category that will make up your Total Grant Amount Request. The total grant amount request must equal the Amount Requested checked in **Part I – Proposed Project**.

Complete each Table as applicable to your Proposed Project. Costs must be broken out in Tables to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the grant project. Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Following each table, a narrative description supporting and discussing each budget item must be entered, as well as a calculation demonstrating how the cost was arrived at. For example, if there is travel in the budget, the narrative must discuss travel and the appropriateness of travel to the project, and the narrative must include calculations to support how the cost was determined.

Costs claimed as direct costs that appear indirect in nature or budgets claiming no indirect costs will be scrutinized for accuracy. Any such costs claimed as direct need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

DIRECT COSTS

A. Salaries and Wages

1. Enter **each** employee that will be directly associated with the Proposed Project. Enter their position title, employee name, percent of time to be allotted to the Project, and employee’s annual salary rate.

Table A

| Position Title | Employee Name | Annual Salary | % of Time Allocated to the Grant | Total Cost |
|-------------------------|----------------------|----------------------|---|-------------------|
| <i>Ex. Case Manager</i> | <i>John Veteran</i> | <i>\$40,000</i> | <i>75%</i> | <i>\$30,000</i> |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| Total Table A | | | | \$ |

2. Describe the roles and responsibilities of each of the positions listed under Salaries and Wages **and** how each of those roles are necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

B. Fringe Benefits

1. For each Position listed in Table A, include the annual fringe benefits for that position.

Table B

| Position Title | Employee Name | Annual Fringe Benefits | % of Time Allocated to the Grant | Total Cost |
|-------------------------|---------------------|------------------------|----------------------------------|------------|
| <i>Ex. Case Manager</i> | <i>John Veteran</i> | \$8,000 | 75% | \$6,000 |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| | | \$ | % | \$ |
| Total Table B | | | | \$ |

- Describe the benefits– including health insurance, annual leave, social security and any other applicable fringe benefits – for each position listed in Table B **and** how each of those benefits are necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

C. Travel

- Enter employee travel in the table below. This can include travel to and from conferences, training, outreach, and travel to provide services to Beneficiaries. As noted in the RFA Section XI. Grantee Training, funds do not need to be budgeted for travel to Austin, TX for grantee training. This training will be done remotely via webinar or conference call, or in some instances, FVA staff may conduct onsite training visits at the Awarded Applicant’s facility.

Table C

| Travel Expense | Reason for Travel | No. of Staff | No. of Days | Total Cost |
|--|--|--------------|-----------------------|------------|
| <i>Ex. Staff Mileage @ \$0.57 per mile</i> | <i>To visit Veteran clients at their homes; conduct outreach</i> | 2 | <i>Avg. 2 days/wk</i> | \$1,095 |
| <i>Ex. Conference Registration, lodging, Meals/Incidentals, travel</i> | <i>To attend conference regarding providing Veteran services</i> | 2 | <i>3 days</i> | \$1,500 |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Total Table C | | | | \$ |

- Provide a description for each travel item included in the Table above. The description should include, but is not limited to, what the travel is for, costs to be used for mileage rates, meal rates per day, conference registration fees, **and** why the travel is necessary to accomplishing the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.

D. Equipment

- Enter a description, unit cost and quantity for each item of equipment to be purchased for the Proposed Project. Remember, capital expenditures and pieces of equipment that are capitalized are not allowable under this grant.

Table D

| Description of Equipment | Unit Cost | Quantity | Total Cost |
|-------------------------------------|------------------|-----------------|-------------------|
| <i>Ex. Workstations for 2 staff</i> | \$800 | 2 | \$1,600 |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| Total Table D | | | \$ |

2. Provide a description for each equipment item listed in the Table above **and** explain why each equipment item is necessary to accomplish the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.
3. If this is a continuation request and your organization was previously awarded funding for the Proposed Project, note each item of equipment listed in the Table above that was also requested as part of a previously funded application **and** explain why it is being requested again. Examples of such items of equipment may include laptops, projectors, printers, phones, office furniture.

E. Supplies

1. Enter a description, unit cost and quantity for each item of supplies to be purchased for the Proposed Project.

Table E

| Description of Supplies | Unit Cost | Quantity | Total Cost |
|------------------------------------|------------------|-----------------|-------------------|
| <i>Ex. Black inkjet cartridges</i> | \$35 | 12 | \$420 |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| Total Table E | | | \$ |

2. Provide a description for each item of supply listed in the Table above **and** explain why each supply item is necessary to accomplish the Proposed Project. Narrative must also include a calculation to demonstrate how the cost was determined.
3. If this is a continuation request and your organization was previously awarded funding for the Proposed Project, note each item of supply listed in the Table above that was also requested as part of a previously funded application **and** explain why it is being requested again. Examples of such items of supply may include laptops, projectors, printers, phones.

F. Client Services

1. List each client service and the cost of each service. Client Services may include, but is not limited to, participant support costs such as emergency financial assistance, transportation assistance, stipends for beneficiaries to attend trainings, and any **contract personnel** that will be providing services to Beneficiaries. An itemized break-out of each client service is required, and extra lines may be inserted into this table.

Table F

| Client Service | Average Cost per Client | No. of Clients to be Served | Total Cost |
|---|-------------------------|-----------------------------|------------|
| <i>Ex. Emergency Financial Assistance</i> | \$400 | 250 | \$100,000 |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| Total Table F | | | \$ |

- Provide a description for each Client Service listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project. Include, if applicable, the maximum amount of assistance to be provided to clients. Narrative must also include a calculation to demonstrate how the cost was determined.

G. Construction

The FVA grant does not cover the cost of construction. This line is blank.

H. Other Direct Costs

- List any direct costs not included in the above tables. Direct costs that appear indirect in nature need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

Table H

| Other Direct Costs | Annual Cost | Allocation % (if applicable) | Total Cost |
|-------------------------|-------------|------------------------------|------------|
| <i>Ex. Annual Audit</i> | \$6,000 | 20% | \$1,200 |
| | \$ | % | \$ |
| | \$ | % | \$ |
| | \$ | % | \$ |
| | \$ | % | \$ |
| | \$ | % | \$ |
| | \$ | % | \$ |
| | \$ | % | \$ |
| Total Table H | | | \$ |

- Provide a description for each item of other direct costs listed in the Table above **and** explain why each cost is necessary to accomplish the Proposed Project. If costs are allocated an approximate percentage to be charged to this grant is to be included. Narrative must also include a calculation to demonstrate how the cost was determined.

I. Total Direct Charges

All Personnel, Fringe Benefits, Travel, Equipment, Supplies, Client Services and Other Direct Charges and should sum to Total Direct Charges on Line I of Table K below.

INDIRECT COSTS

J. Indirect Costs

Allowable Indirect Cost Recovery for FVA grants is limited to 10% of total direct costs for all applicants. Indirect charges are those items that are often considered “overhead,” and can be classified as those costs associated with accounting, human resources, and other administrative and facility-related costs.

Typical examples of indirect cost for many nonprofit organizations may include depreciation on buildings and equipment, the costs of operating and maintaining facilities, and general administration, such as the salaries and expenses of executive officers, personnel administration, and accounting.

If your organization has a federally negotiated indirect cost agreement, that document must be submitted as part of the Application Package so that staff is able to determine that direct and indirect costs are similarly treated.

If your organization does not have a federally negotiated indirect cost agreement, the flat 10% rate of total direct costs is allowable. Please keep in mind that direct and indirect costs must be treated in a similar manner as they are across your organization and may be reviewed for accuracy during compliance visits.

Costs claimed as direct costs that appear indirect in nature or budgets claiming no indirect costs will be scrutinized for accuracy. Any such costs claimed as direct need to be fully explained, supported, be reasonable and treated in a consistent manner across your organization. The FVA may ask the applicant to re-classify costs as indirect if the support provided does not meet the above criterion.

For more information regarding direct and indirect costs, please see 2 CFR §200.412-414.

1. Enter the total Direct Costs in Table J. to calculate the total allowable Indirect Recovery. Then enter the total Indirect Recover to be charged to the grant – this amount may not be more than the total allowable Indirect Recovery.

Table J

| Total Direct Costs (Total of Table A through Table H) | Maximum Indirect Costs (as percentage of Direct Costs) | Total Allowable Indirect Recovery | Total Indirect Recovery to be Charged to Grant |
|--|---|--|---|
| \$ | 10% | \$ | \$ |
| Total Table J | | | \$ |

2. If your organization is not submitting a federally negotiated indirect cost agreement, provide a basic line item description for each indirect cost (ex. Executive Director, IT, Facilities). No further explanation is required. Again, direct and indirect costs are to be treated consistently and similarly either as a direct or an indirect cost in order to avoid double-charging the grant.

K. Budget Table

Enter the all Total lines from Tables A-H and J on the corresponding line below. The total of Table K must match the grant amount being requested in Part I: Proposed Project Information Amount Requested.

Table K

| Table | Budget Category | Total Cost |
|---------------------|------------------------|-------------------|
| DIRECT COSTS | | |
| A | Salaries and Wages | \$ |

| | | |
|-----------------------|-------------------------------------|----|
| B | Fringe Benefits | \$ |
| C | Travel | \$ |
| D | Equipment | \$ |
| E | Supplies | \$ |
| F | Client Services | \$ |
| G | Construction | |
| H | Other Direct Costs | \$ |
| I | Total Direct Costs | \$ |
| INDIRECT COSTS | | |
| J | Indirect Costs | \$ |
| | Total Indirect Costs | \$ |
| | Total Grant Amount Requested | \$ |

L. Matching Funds

Describe what other funding sources and/or matching funds your organization will be using to support and accomplish the goals of the Proposed Project. This information helps to provide a complete picture of what resources will be used to accomplish the Proposed Project. Be specific in your answer by including, for example, any other grants that may fund portions of the Proposed Project, in-kind donations, or volunteer time that assists in the delivery of Proposed Project services.