



APPENDIX I - THE APPLICATION

Organization Name: _____

Amount Requested: _____

Series XV-A – General Assistance

Grant Funding Period: January 1, 2015 – December 31, 2015

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**



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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 DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH ALL REQUIREMENTS AND PROVISIONS NOTED IN THE ACCOMPANYING REQUEST FOR APPLICATIONS AND NOTICE OF GRANT AWARD IF AN AWARD IS MADE.

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

* Required Information



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

The grant funding period is based on a 12-month calendar from January 1, 2015 to December 31, 2015. 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
April 1	25%	15%	15%
July 1	50%	40%	40%
October 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.

- | | |
|--|--|
| <input type="checkbox"/> \$5,000
<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$20,000
<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$75,000
<input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$125,000
<input type="checkbox"/> \$150,000
<input type="checkbox"/> \$200,000
<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$400,000
<input type="checkbox"/> \$500,000 |
|--|--|

Grant Project Service Category

Check the one box that best describes the nature of the Proposed Project.

- Financial Assistance
- Homeless/Housing
- Transportation
- Employment
- Family Services
- Legal
- Referral
- Supportive Services
- Veterans Court

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 is statewide, only check the statewide box.

- Statewide



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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"/> Mernard |
| <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 | | |



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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 with 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 with the *How* of the Project.

Need Identified

- What is the community need(s) or problem(s) that the Proposed Project will address?
- How did you identify the community need(s) or problem(s)?
- How will the Proposed Project address the identified need(s) or problem(s)?



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- 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 Project apart.

Beneficiaries

- Define who will be eligible to receive services through the Proposed Project. Be specific.
 Veterans:
 Veteran Dependents:
 Surviving Spouses:
- Describe any other restrictions on eligibility, if applicable (example: income level, discharge status, beneficiaries living in a specific service area.)
- If your organization receives grant funds, it will be responsible for track 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. Projected performance should reflect the total number of unduplicated Veterans, dependents and survivors that your organization anticipates serving during the grant period.

Enter the estimated number of Veterans, Dependents, and Surviving Spouses to be served by the Proposed Project. 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.)	
Number of Dependents served. (Required performance measure if served.)	
Number of Veterans' Surviving Spouses served. (Required performance measure if served.)	
Total Estimated Number of Clients to be Served	

Project Eligibility

- List the specific government forms your organization staff will use to verify Beneficiary eligibility.
- Describe how the government forms and other eligibility document(s) will be retained and maintained.

Project Principal Participants

List the principal participants in the organization. Indicate which principal(s), if any, are Veterans. Refer to the RFA definitions for who is considered a Principal Participant. Résumés are to be included for each Principal Participant. One-page bios are not acceptable as résumés.

Name of Principal Participant	Title	Veteran (Y/N)	Résumé Attached (Y/N)
1.			
2.			



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3.			
4.			
5.			

1. What are the roles and responsibilities of the Principal Participants listed above?

Principal Participant #1:

Principal Participant #2:

Principal Participant #3:

Principal Participant #4:

Principal Participant #5:

Partnerships

List agencies and/or organizations that will assist your organization 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

1. What outreach and/or marketing efforts are planned to ensure your organization is able to provide services to the Estimated Number of Clients to be Served?

Sustainability after the Grant

1. If your organization were to receive a one-year FVA grant, will the Proposed Project continue after the one-year grant period and FVA funding ends?

Yes No

If Yes, please describe how the Proposed Project will continue? Include in your answer what other funding will be available to your organization and what other organizations with whom you'll be partnering or working:

Evaluation

1. In addition to meeting Commission-established benchmarks for Expenditures and Performance, what measurements will your organization use to determine the effectiveness of the Proposed Project?

2. In addition to meeting Commission-established benchmarks for Expenditures and Performance, what results do you expect to achieve by the end of the one-year grant period?



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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 currently provide? Provide examples.

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	Service Category

\$ **Total FVA Grant Awards**

Other Grants

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

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



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\$ Total Other Grant Awards

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:

	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.

	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 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? (Example: case files, sign-in sheets, phone logs.)

2. How will your organization consolidate the collected data to ensure that beneficiaries that are reported to the FVA are unduplicated? (Example: database, spreadsheets, software.).



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Part III – Budget Tables and Budget Narratives

Microsoft Excel tables have been inserted into this document. Use the tables to the extent they apply to your Proposed Project. To activate the Excel tables, double-click on the table. This will open an active Excel window to be filled in. Once all information is entered into an Excel budget table, totals will calculate automatically. If additional lines are needed, they may be inserted in the tables using the Insert function. Do not modify tables, columns, totals, or formulas. Use whole dollar amounts.

Following each table, a narrative description supporting and discussing each budget item must be entered. For example, if there is travel in the budget, the narrative must discuss travel and the appropriateness of travel to the project.

A. Salary and Wages

1. Enter each employee that will be directly associated with the Proposed Project. Enter their position title, employee name, percent of time allotted to the project, and employee's annual salary rate. The Total Cost will automatically total once all information is entered.

Table A

Position Title	Employee Name	% of Time Allocated to Grant	Annual Salary	Total Cost
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
Total Salary and Wages				\$0

2. Describe the roles and responsibilities of the positions listed under Salaries and Wages and how those roles are necessary to accomplishing the Proposed Project.

B. Fringe Benefits

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



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Description	Unit Cost	Quantity	Total Cost
			\$0
Total Equipment			\$0

- Provide a description for each equipment item listed in the Table above and explain why that equipment item is necessary to accomplish the Proposed Project.

E. Supplies

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

Table E

Description	Unit Cost	Quantity	Total Cost
			\$0
Total Supplies			\$0

- Provide a description for each item of supply listed in the Table above and explain why that supply item is necessary to accomplish the Proposed Project.

F. Client Services

- List each client service and the cost of each service. Client Services may include, but is not limited to, support such as bill pay, transportation to provide client services, and any contract personnel that will be providing services to Beneficiaries. List, if applicable, the maximum amount of assistance to be provided to clients.

Table F



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Client Service	Maximum per Client	Total Cost
Total Client Services		\$0

- Provide a description for each Client Service listed in the Table above and explain why that cost is necessary to accomplish the Proposed Project.

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.

Table H

Other Items	Total Cost
Total Other Direct Costs	\$0

- Provide a description for each item of other direct costs listed in the Table above and explain why that cost is necessary to accomplish the Proposed Project. If costs are allocated be sure to include an approximate percentage to be charged to this grant.

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.

J. Indirect Costs

This grant has a **maximum indirect charge of 10% of total direct costs** requested. 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. **Any item listed as an Indirect Charge cannot also be included as a Direct Charge.**



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- Under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, if the applicant organization has an indirect cost agreement with the federal government, this rate must be used, but the total amount of indirect charges may not exceed 10% of total direct costs requested. A copy of the federal indirect negotiated cost agreement must be submitted as part of the Application Package if the organization has one. See 2 CFR §200.414 Indirect (F&A) Costs to ensure compliance.
 - Under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, if the applicant organization has never received a negotiated indirect cost rate, the applicant organization may elect to charge a flat rate of 10% of Modified Total Direct Costs for indirect charges. See 2 CFR §200.414 Indirect (F&A) Costs to ensure compliance.
1. Enter the indirect cost item, the cost of the item, and the indirect cost rate as a percentage. The total indirect cost will calculate.

Table J

Item	Federal Indirect Cost Rate	Total Direct Costs (from Table K, Line I.)	Indirect Rate (%)	Total Indirect Cost
Federal Negotiated Cost Agreement			10%	\$0
Total Indirect Costs				\$0

2. Provide a description for each item of indirect costs listed in the Table above and explain why that indirect cost is necessary to accomplish the Proposed Project.

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.

Table K

Budget Categories		Total Cost
Table		
A.	Salary and Wages	
B.	Fringe Benefits	
C.	Travel	
D.	Equipment	
E.	Supplies	
F.	Client Services	
G.	Construction	
H.	Other	
I.	Total Direct Costs	\$0
J.	Indirect Costs	
	Total	\$0



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L. Matching Funds

Describe what other funding sources and/or matching funds your organization will be using to support the proposed project. This information helps to provide a complete picture of what resources will be used to accomplish the Proposed Project.