



APPENDIX I - THE APPLICATION

Organization Name: _____

Amount Requested: _____

Series XIV-A

Grant Period: January 1, 2014 – December 31, 2014

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:	
EIN number:	
DUNS number:	
Website Address:	
Applicant Contact (Project Coordinator):	
Contact Title:	
Phone Number:	
E-Mail Address:	
Applicant Contact (Financial Coordinator):	
Contact Title:	
Phone Number:	
E-Mail Address:	
Authorized Signature: (must be original)	
Name and Title:	
Phone Number:	
Date:	



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List any previous grant awards from the FVA.

Amount Awarded	Grant/Contract #	Begin Date	End Date	Service Category

\$ **Total FVA Grant Awards**

E. Other Grants

List all grants received by your organization within the last two (2) years. Do not include FVA grants listed above in D. 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)

\$ **Total Other Grant Awards**

Part 2: Grant Project Information

A. Amount Requested

Check the one box for the amount being requested.

- | | |
|------------------------------------|------------------------------------|
| <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"/> \$400,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$500,000 |

B. Grant Project Service Category

Check the one box that best describes the nature of the proposed project.

- Financial Assistance
 Homeless/Housing
 Counseling



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- Transportation
- Employment
- Family Services
- Legal
- Referral
- Supportive Services
- Veterans' Court

C. 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

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"/> Gray | <input type="checkbox"/> Eastland | <input type="checkbox"/> Fisher |
| <input type="checkbox"/> Floyd | <input type="checkbox"/> Garza | <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 |



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Tom Green Uvalde Val Verde Wilson Zavala

Region 4 – South Texas

Aransas Bee Brooks Calhoun Cameron
 DeWitt Duval Goliad Hidalgo Jackson
 Jim Hogg Jim Wells Kenedy Kleberg Lavaca
 Live Oak McMullen Nueces Refugio San Patricio
 Starr Victoria Webb Willacy Zapata

Region 5 – Gulf Coast

Austin Brazoria Chambers Colorado Fort Bend
 Galveston Harris Liberty Matagorda Montgomery
 Walker Waller Wharton

Region 6 – Central Texas

Bastrop Bell Blanco Bosque Brazos
 Burleson Burnet Caldwell Coryell Falls
 Fayette Freestone Grimes Hamilton Hays
 Lee Hill Lampasas Leon Limestone
 Llano Madison McLennan Milam Mills
 Robertson San Saba Travis Washington Williamson

Region 7- East Texas

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

Region 8 – North Texas

Archer Baylor Clay Collin Cooke
 Cottle Dallas Denton Ellis Erath
 Fannin Foard Grayson Hardeman Hardeman Hood
 Hunt Jack Johnson Kaufman Montague
 Navarro Palo Pinto Parker Rockwall Somervell
 Tarrant Wichita Wilbarger Wise Young



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D. Project Summary (300 words maximum)

1. Provide a name for the proposed project.
2. Provide a brief description of the project.
3. Describe how the services will be delivered to the Beneficiaries by your organization.

E. Project Eligibility (300 words maximum)

1. Provide a description of the Beneficiaries eligible to participate in the project described in the Project Summary.
2. Describe any other restrictions on eligibility, if applicable.
3. List the specific government forms used for verifying Beneficiary eligibility.
4. Describe how the government document(s) will be retained and maintained.

Part 3: Reporting and Management

The grant funding period is based on a 12-month calendar from January 1, 2014 to December 31, 2014. The required expenditure and program performance benchmarks (below) should be used as guidelines when completing Sections A-D.

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

A. Performance Measures

Organizations receiving grant funds must track performance by counting 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 quarterly. Projected performance should reflect the total number of unduplicated veterans, dependents and survivors that the applicant organization anticipates serving throughout the grant period.

In the column below, enter the estimated number of veterans, dependents, and surviving spouses to be served by the project.

Performance Measure	Estimated Number of Clients to be Served
Number of veterans served.	



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(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.)	

B. Performance Reporting (100 words maximum)

- Describe the tool to be used for the data collection (case files, sign-in sheets, phone logs).
- Describe how the data will be consolidated to provide cumulative amounts (database, spreadsheets, software).
- Explain the ability to breakout all Performance Measures individually, cumulatively, and monthly.

C. Fiscal Reporting

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

1. What software is 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"/>

3. Indicate if each statement is true or false for the 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 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"/>



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Part 4: Budget 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.

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 this 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	% 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 what role and impact the positions listed under Salaries and Wages will have on 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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Table B

Position Title	Employee	% of Time Allocated to Grant	Annual Fringe Benefits	Total Cost
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
		0%	\$0	\$0
Total Fringe Benefits				\$0

- Describe the benefits for each position listed in Table B. including, for example, health insurance, annual leave, social security, and any other applicable fringe benefits.

C. Travel

- Enter employee travel in the table below. This includes travel to and from conferences, training, etc. This does not include travel to provide client services. Include those travel expenses relating to providing client services under Table F Client Services.

Table C

Destination	Reason for Travel	No. of Staff	No. of Days	Total Cost
Total Travel				\$0

- Describe what role and impact employee travel will have on the proposed project. The narrative should include, but is not limited to, mileage rates, meal rates per day, and conference registration fees.

D. Equipment

- Enter a description, unit cost and quantity for each item of equipment to be purchased for the proposed project.

Table D



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

2. Describe what role and impact each item of equipment listed will have on the proposed project.

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

2. Describe what role and impact each item of supplies will have on the proposed project.

F. Client Services

1. List each client service and the cost of each service. Client Services may include, but is not limited to, non-staff counseling services, 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

2. Describe what role and impact each Client Service will have on the proposed project.

G. Construction

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

H. Other Direct Costs

1. List any direct costs not included in the above tables.

Table H

Other Items	Total Cost
Total Other Direct Costs	\$0

2. Describe what role and impact the other direct costs listed will have on the proposed project.

I. Total Direct Charges

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

J. Indirect Costs – only applicable for organizations with a federally negotiated cost allocation plan

The maximum total amount of the indirect charge allowed with this grant is 7% of direct costs being requested. Indirect charges may only be requested if the applicant organization has previously filed an indirect cost agreement with the Federal government and this rate must be used.

A copy of the federal indirect negotiated cost agreement must be submitted as part of the Application Package if the organization has one.



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If an applicant organization does not have a previously filed indirect cost agreement with the Federal government, all charges requested as part of this application must be included in one of the direct cost tables listed previously.

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. If you do not have a federally negotiated indirect cost agreement, enter "N/A."

Table J

Item	Federal Indirect Cost Rate	Total Direct Costs (from Table K, Line I.)	Indirect Rate (%)	Total Indirect Cost
Federal Negotiated Cost Agreement			7%	\$0
Total Indirect Costs				\$0

2. Describe what role and impact each indirect cost item will have on 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

Part 5: Sustainability, Need, and Marketing

A. Matching Funds

Describe what other funding sources and/or matching funds exist, as it helps to provide a complete picture of how the project will be accomplished.



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B. Need Identified

Describe what efforts were taken to determine that the proposed program and the service it provides were needed.

C. Marketing and Outreach

Describe all planned marketing and outreach efforts.

D. Sustainability after the Grant

1. Describe how the proposed project will continue after the FVA grant funding period ends.
2. Describe what other funding will be available after the end of the FVA grant.