



APPENDIX I - THE APPLICATION

Organization Name: _____
 Series XIII-A
 January 2013

Applicant Information

Legal Name of Organization:	
Mailing Address:	
City/State/Zip:	
Physical Address (if different):	
City/State/Zip:	
EIN number:	
DUNS number:	
Website Address:	
Applicant Contact (Project Coordinator):	
Contact Title:	
Phone Number:	
Fax Number:	
E-Mail Address:	
Applicant Contact (Financial Coordinator):	
Contact Title:	
Phone Number:	
Fax Number:	
E-Mail Address:	
Authorized Signature: (must be original)	
Name and Title:	
Phone Number:	
Date:	



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

Part 1: Organization Information

A. Organization Overview

Supply a brief overview of your organization including the purpose of your organization and the beneficiaries of the programs/services currently offered by your organization, the mission statement, and the core program(s)/service(s) provided by your organization. Indicate whether or not your organization currently provides services to Texas Veterans by checking Yes or No. (300 words maximum)

Overview:

Mission Statement:

Core Program(s)/Service(s):

Does your organization <u>currently</u> serve Texas veterans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------------------------------------------	---------------------------------	--------------------------------

B. Organizational Structure

Describe your organization's structure (ex. governing body), management roles, and what role the governing body plays in day-to-day operations.(100 words maximum)

Include in your Application Package résumés of the principal participants in the organization (**short one-paragraph bios are not acceptable**). Indicate which principal(s), if any, are Veterans.

C. Partnerships

List partner agencies and/or organizations, if any, that would be involved with delivering the program/services involved in the project. List current address(es), main telephone number(s), and web-site address(es). Use additional page(s) if needed.

D. Previous FVA Grant Awards

List any previous grant awards from the FVA.

Amount Awarded	Begin Date	End Date	Service Category

E. Other Grants



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

Amount Awarded	Grantor	Begin Date	End Date	Audit Performed (Yes or No)

Part 2: Grant Project Information

A. Grant Project Service Category

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

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

B. 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 |



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|--------------------------------------|----------------------------------|---------------------------------------|------------------------------------|-------------------------------------|
| <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"/> 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"/> Gonzales | <input type="checkbox"/> Hidalgo |
| <input type="checkbox"/> Jackson | <input type="checkbox"/> Jim Hogg | <input type="checkbox"/> Jim Wells | <input type="checkbox"/> Kennedy | <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 |



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|-----------------------------------|----------------------------------|-----------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Lee | <input type="checkbox"/> Hill | <input type="checkbox"/> Lampasas | <input type="checkbox"/> Leon | <input type="checkbox"/> Limestone |
| <input type="checkbox"/> Llano | <input type="checkbox"/> Madison | <input type="checkbox"/> McLennan 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 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 | |

C. Project Summary

Provide a name for this project and a brief description of the project. Include how the services will be delivered by your organization to the Beneficiaries. (300 words maximum)

D. Project Eligibility

Provide a description of the Beneficiaries eligible to participate in the project described in the Project Summary. Mention any other restrictions on eligibility, if applicable. The specific government forms used for verifying Beneficiary eligibility must be listed. Describe how the government document will be retained and maintained. (100 words maximum)

Part 3: Reporting and Management

The grant funding period is based on a 12-month calendar from July 1, 2013 to June 30, 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
October 1	25%	15%	15%



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January 1	50%	40%	40%
April 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 monthly. Projected performance should reflect the total number of **unduplicated** veterans, dependents and survivors that the applicant organization anticipates serving throughout the grant period with the proposed project.

For each Performance Measure listed, indicate which “tool” will be used to record or track that Measure. The project must have a tool that counts “first-time” beneficiaries, or an “unduplicated” number. Under Projected Performance, indicate the projected number of veterans, dependents, and surviving spouses to be served by the project.

Performance Measure	Tool Used to Measure Performance	Projected Performance
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.)		

B. Performance Reporting

Describe the tool to be used for the data collection and how the data will be consolidated to provide cumulative amounts. Case files, sign-in sheets, and phone records only address the collection of data, and not the consolidation; both areas must be addressed. Explain the ability to breakout all Performance Measures individually, cumulatively, and monthly. (100 words maximum)

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

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"/>



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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. Answer each question.

	YES	NO
A. Has there been staff turnover or reorganization in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
B. Does the organization use a Chart of Accounts?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are time sheets approved by supervisory personnel?	<input type="checkbox"/>	<input type="checkbox"/>
D. Has an A-133 Single Audit been performed in the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are travel receipts submitted for travel reimbursement requests?	<input type="checkbox"/>	<input type="checkbox"/>

D. Sustainability after the Grant

Describe how the proposed project will continue after the FVA grant funding period ends and what other funding will be available after the end of the FVA grant. (100 words maximum)

Part 4: Budget

Microsoft Excel tables have been inserted into this document. Use the table 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.

A. Salary and Wages

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.



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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

B. Fringe Benefits

For each Position listed in Table A, include the annual fringe benefits for that position. Below Table B, explain what costs are covered in this category, for example, health insurance, annual leave, social security, and any other applicable fringe benefits.

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

List/describe benefits in Table B.

C. Travel

Enter employee travel in the table below.

Table C



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

D. Equipment

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

Table D

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

E. Supplies

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

F. Client Services



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List each client service and the cost of each service. Client Services may include counseling services, support such as bill pay, and any contract personnel that will be providing services to Beneficiaries.

Table F

Client Service	Total Cost
Total Client Services	\$0

G. Construction

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

H. Other Direct Costs

List any costs not included in the above tables. The Budget Narrative must address the items listed in Other. Any item listed in Other may not be included in Indirect charges.

Table H

Other Items	Total Cost
Total Other Direct Costs	\$0

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

The maximum indirect charge for this grant is 7% of the total amount of the requested grant. Indirect costs cannot include any portion of a salary or direct cost included in Tables A – H above. If your organization has an indirect negotiated cost agreement with the Federal government, a copy of that must be included. You may not use an indirect rate that is higher than your federally approved rate. Enter the indirect cost item, the cost of the item, and the indirect cost rate as a percentage. The total indirect cost will calculate.



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Table J

Item	Cost	Indirect Rate (%)	Total Indirect Cost
Total Indirect Costs			\$0

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: Budget Narrative

Using the information in Table K, describe what role and impact each line will have on the proposed project. The budget narrative must support and discuss each line item (Lines A-H and J in the above Table K) in the budget in detail. For example, if there is travel in the budget, the narrative must discuss travel and the appropriateness of the travel to the project. (500 words maximum)

Additionally, discuss the following if applicable:



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- If the project includes other funding sources/matching funds, as it helps to provide a complete picture of how the project will be accomplished.
- How the needs of the Beneficiaries will be determined and how those needs will be met.
- Any planned marketing/outreach efforts.