

Texas Veterans Commission Fund for Veterans' Assistance

March 2011

Grant Application

Applicant Organization Name:

Texas Veterans Commission
P.O. Box 12277
Austin, Texas 78711-2277
Phone: (512) 463-6564
E-mail: grants@tvc.state.tx.us
Web site: www.tvc.state.tx.us

Thank you for your interest in applying for a grant through the Texas Veterans Commission (TVC) Fund for Veterans' Assistance (FVA). The purpose of grants from the FVA is to enhance or improve services to Veterans and address the needs of Veterans, their families and survivors.

The information requested in this Grant Application is necessary for TVC to have an accurate understanding of your organization, proposed project and how it can address the needs of Veterans and their families. **The Commission has authorized TVC staff to reject incomplete or inaccurate applications.** Therefore, if you have questions about information requested in this Grant Application, please consult the Application Instructions or contact FVA staff at grants@tvc.state.tx.us or by phone at (512) 463-1157.

The Grant Application is consistent with Commission rules and policies and, if approved for funding, will allow the TVC to quickly develop the Grant Agreement. The Commission's action on Grant Applications is final.

The FVA staff is committed to providing a superior level of technical assistance throughout the application, award, reporting and closeout process. We look forward to working with all of you as we ensure that Texas Veterans and their families receive the first-class support they have earned through their service to our country.

Applicant Information

Organization Information				
Organization Name				
Mailing Address Line – 1	Mailing Address Line – 2	City	State	Zip Code
Telephone Number		Organization Website Address		
Texas House of Representatives District Number		Texas Senate District Number		

Applicant Contact information				
Authorized Representative				
First Name	Initial	Last Name	Title	
Telephone	Fax	Email		
Mailing Address Line – 1	Mailing Address Line – 2	City	State	Zip Code
Secondary Contact				
First Name	Initial	Last Name	Title	
Telephone	Fax	E-mail		
Mailing Address Line – 1	Mailing Address Line – 2	City	State	Zip Code

Employer Identification Number: _____

Checklist of Required Attachments. Ensure that the documents listed below are included with the completed application package. **If a required attachment is not included, the application will not be considered complete.** Required for all applicants, **except** counties and municipalities.

1 <input type="checkbox"/>	Copy of cover page from the organization’s professional liability and/or malpractice insurance.								
2 <input type="checkbox"/>	A copy of the IRS Federal Tax Exemption Letter.								
3 <input type="checkbox"/>	A copy of the Certificate of Filing from the Corporations Section of the Texas Secretary of State.								
4 <input type="checkbox"/>	<p>Financial Stability: An applicant must show financial stability in order to be eligible for a grant award. Criteria for the determination of financial stability are specified in the grant instructions.</p> <p>More detailed information can be found in the FVA Fiscal Guidelines: http://www.tvc.state.tx.us/images/uploads/about/FVA_Fiscal_Guidelines_Final.pdf.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: center;">Amount of Grant Funds Requested</th> <th style="text-align: center;">Required Financial Statements</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Greater than \$500,000</td> <td>Most recent audit report, including the management letter</td> </tr> <tr> <td style="text-align: center;">Between \$100,000 - \$500,000</td> <td>Most recent audit report, including the management letter or independently reviewed financial statements</td> </tr> <tr> <td style="text-align: center;">Less than \$100,000</td> <td>Most recent audit report, including the management letter or independently reviewed financial statements or a compilation of financial statements (compilation report)</td> </tr> </tbody> </table>	Amount of Grant Funds Requested	Required Financial Statements	Greater than \$500,000	Most recent audit report, including the management letter	Between \$100,000 - \$500,000	Most recent audit report, including the management letter or independently reviewed financial statements	Less than \$100,000	Most recent audit report, including the management letter or independently reviewed financial statements or a compilation of financial statements (compilation report)
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Grant Assurances. All applicants must agree to the following assurances. Enter the applicant name in the space provided below. This page must be signed and dated by the Authorized Representative who can obligate this organization in a contractual agreement.

Applicant Name:

Applicant assures that:

1. It will restrict the use of TVC grant funds to activities and/or purposes that are authorized under the grant agreement.
2. It will comply with applicable laws including those pertaining to anti-discrimination measures for employment and services.
3. It will, upon request, cooperate with all data collection and evaluation activities undertaken by the Texas Veterans Commission and give any authorized representative of the State of Texas (i.e., State Auditor's Office) access to any copies of all financial records, books, papers, or documents at no cost to the TVC.
4. It understands and agrees that the Commission may, in its sole discretion, grant funds in greater or lesser amounts and/or for greater or lesser periods of time than requested in this application.
5. It understands and agrees that the application, once received by the Commission, becomes the property of the Commission, and any or all ideas contained therein may be used by the Commission.
6. It will provide written reports detailing the use of TVC grant funds consistent with the proposed use described in the grant agreement.
7. It will promptly notify the Texas Veterans Commission if any organizational or project changes occur such that information contained in its grant agreement is no longer correct, or that would render the organization ineligible for a TVC grant award.
8. It will not use any TVC grant funds for the purpose of lobbying as defined in Chapter 305 of the Texas Government Code.
9. It will comply with state and federal laws, regulation, rules, and agency policies, and OMB Circular A-87 (Cost Principles for State and Local, and Indian Tribal Governments) or OMB Circular A-122 (Cost Principles for Nonprofit Organizations).
10. It will maintain its tax exempt status under Section 501(a) of the Internal Revenue Code of 1954, for the life of the grant, and will notify TVC immediately if such status changes.

I have read these assurances and understand that the grant will be subject to these assurances if this application is approved for funding. I certify that the applicant will comply with these assurances if the application is approved.

Authorized Representative signature

Date

Part 1: Organization Information

1.1. Organization Overview Using only the space provided, write a brief description of the organization, including: (1) your organization's mission statement; (2) major programs and/or services provided by your organization; and (3) how long your organization has provided services to veterans in Texas.

1.2. Organizational Structure Please describe your organization's structure including a list of board members. Provide a short description of the background of key staff.

1.3. Partnerships Please list partner agencies and/or organizations and how you coordinate services with them.

1.4. Other Grants Please list other grants received by your organization within the last three (3) years in the table below.

Grantor Agency	Grant Amount	Begin Date	End Date	Summary of Grant Project

Part 2: Grant Project Information

2.1. Project Summary In 100 words or less, provide a summary of the proposed project.

2.2. Geographic Service Area Using only the space provided, list all **counties** to be served by the proposed project. If the project scope covers the entire state, specify "statewide".

2.3. Eligibility Definition Please provide definitions of who will be eligible to participate in the project (veteran, dependent, family member, etc.)

Part 3 Reporting and Management Organizations receiving funding will be required to periodically report project activity and expenditures as outlined in their Agreement. Project progress will be measured using benchmarks. Expenditure and Performance Benchmarks are as follows:

Grant Period Elapsed	Portion of Total Award to be Expended	Portion of Required Performance Measures Met
25%	15%	15%
50%	40%	40%
75%	70%	70%

3.1. Performance Measures Organizations receiving grant funds will calculate performance by counting each veteran, their dependents, and survivors that receive grant-funded service. The aggregate number of veterans, dependents and survivors will be reported periodically to TVC using the program performance report form. Projected outcomes should reflect the total number of veterans, dependents and survivors that the applicant anticipates serving throughout the grant term. Please list performance measures and deliverables in the table below (see the Application Instructions for detailed instructions regarding measures.)

Performance Measure or Deliverable	Tool Used to Measure Performance	Projected Outcome
<i>Example: Number of surviving spouses receiving counseling services.</i>	<i>Example: Sign-in sheet</i>	1 2 5
Number of veterans served. <i>(Required performance measure.)</i>		
Number of dependents served. <i>(Required performance measure.)</i>		
Number of veteran's surviving spouses served. <i>(Required performance measure.)</i>		

In the rows below, add other performance measures as appropriate for the grant project

3.3. Fiscal Reporting Using only the space provided, describe the organization's plan, policies, and/or procedures for how grant fiscal management and reporting activities will be managed and monitored. Describe the organization's fiscal management system, including software used.

3.4. Sustainability Plan Using the space provided, describe the plan for continuing the project after the grant period ends. Also, describe the organization's commitment to continuing the grant project using existing financial or other resources.

Part 4: Budget and Budget Narrative

4.1. Budget See pages 12 – 13 of the Application Information and Instructions document for detailed directions.

Program Period: _____ **Amount of Grant Funds Requested:** \$ _____
Administrative Cost Percentage: _____ %

Direct Cost Rate (Please provide cost allocation plan with Indirect Cost Rate, if applicable): _____ %

Enter the amount of project costs in Column A. Enter the amount of administrative costs in Column B. The Total Budget column (Column C) is the sum of project costs *plus* administrative costs. Matching Funds are listed in Column D.

Budget Table 1		Column A	Column B	Column C (Col A + Col B)	Column D
	Cost Category	Project Costs	Admin Costs	Total Budget	Matching Funds
A	PERSONNEL COSTS (Provide detail on Budget Table 2 - see page 13)				
1	Salaries and Wages	\$	\$	\$	\$
2	Employee Benefits	\$	\$	\$	\$
3	Total Personnel Costs	\$	\$	\$	\$
B	NON-PERSONNEL COSTS				
1	Client Services (including counseling, support such as rental assistance, bill payments, etc., transportation, and contracted services, including contract personnel providing services to clients)	\$	\$	\$	\$
2	Equipment – not capitalized	\$	\$	\$	\$
3	Repairs and Maintenance	\$	\$	\$	\$
4	Rental of Space/Facilities	\$	\$	\$	\$
5	Supplies and Materials	\$	\$	\$	\$
6	Utilities	\$	\$	\$	\$
7	Employee Travel	\$	\$	\$	\$
8	Other – (Provide detail on Budget Table 3 – see page 13)	\$	\$	\$	\$
9	Total Non-Personnel Costs	\$	\$	\$	\$
C	TOTAL BUDGET	\$	\$	\$	\$

Budget Table 2 (Totals should tie to Total Personnel Costs – Budget Table 1)
Personnel Costs Breakdown

Position Title (List each position individually)	Administrative Cost	% time allocated to grant	Annual Salaries & Wages	Employee Benefits	Total Annual Salary + Fring
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL			\$	\$	\$

Budget Table 3

Breakdown of Line #8 – "Other" (Totals should tie to Budget Table 1)		Column A	Column B	Column C (Col A + Col B)	Column D
List each item in the "Other" category individually in the table below		Project Costs	Admin Costs	Total Budget	Matching Funds
1		\$	\$	\$	\$
2		\$	\$	\$	\$
3		\$	\$	\$	\$
4		\$	\$	\$	\$
5		\$	\$	\$	\$
6		\$	\$	\$	\$
7		\$	\$	\$	\$
8		\$	\$	\$	\$
9	TOTAL	\$	\$	\$	\$

4.2 Budget Narrative See pages 13 – 14 of the Application Information and Instructions document for detailed directions. NOTE: The Budget Narrative MUST include a description of each line-item in Budget Table 1 and MUST also include a calculation showing how you arrived at the budgeted amount for each line item in Budget Table 1. REMINDER – include all administrative costs and matching funds.

4.2 Budget Narrative (continued)

Part 5: Statement of Work See page 14 of the Application Information and Instructions document for detailed directions. Provide a detailed description of the project including services to be provided and goals of the project. Statement MUST include 1) how the organization determined/assessed the need(s) for the project within the geographic area of service; 2) how the project meets that determined need(s); 3) how the organization will target/reach veterans to provide the services of the project.

5 Statement of Work (continued)