

Texas Veterans Commission Fund for Veterans' Assistance

Grant VII – January 2012

Grant Application

Applicant Organization Name:

Texas Veterans Commission
P.O. Box 12277
Austin, Texas 78711-2277
Phone: (512) 463-1157
E-mail: grants@tvc.state.tx.us
Web site: www.tvc.state.tx.us

**Grants Applications must be RECEIVED
by 5:00 p.m. on February 7, 2012 to be considered.**

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 address the needs of Veterans, their families and surviving spouses.

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, ineligible or inaccurate applications.** Therefore, if you have questions about information requested in this Grant Application, please consult the Application Information 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 your application is 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 Organization Information

Organization Name:

Mailing Address:

City:

State:

Zip Code:

Physical Address (if different from mailing address):

Organization Telephone:

Organization Website Address:

Texas House of Representatives District Number(s) of where project services will be provided:

Texas Senate District Number(s) of where project services will be provided:

Employer Identification Number:

Authorized Representative of Organization (representative with signature authority)

First Name:

Initial:

Last Name:

Title:

Telephone:

Fax:

Email:

Mailing Address (if different from organization mailing address):

City:

State:

Zip Code:

Applicant Contact for Grant Project

First Name:

Initial:

Last Name:

Telephone:

Fax:

Email:

Mailing Address (if different from organization mailing address):

City:

State:

Zip Code:

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.**

The following documents are required for **ALL** applicants, except Counties and Municipalities:

- Copy of cover page from the organization’s general liability, professional liability and/or malpractice insurance.
- Copy of the IRS Federal Tax Exemption Letter.
- Copy of the Certificate of Filing from the Corporations Section of the Texas Secretary of State.
- Financial Documentation
An applicant must submit financial documents based on the amount of the grant request to show financial stability in order to be eligible for a grant award. Criteria for the determination of financial stability are specified in the FVA Fiscal Guidelines
(http://www.tvc.state.tx.us/images/uploads/about/FVA_Fiscal_Guidelines_Final.pdf)

Amount of Grant Funds Requested	Required Financial Documents
\$500,000 - \$1,000,000	Most recent audit report, including the management letter
\$100,000 - \$499,999	Most recent audit report, including the management letter <u>or</u> independently reviewed financial statements
\$10,000 - \$99,999	Most recent audit report, including the management letter <u>or</u> independently reviewed financial statements <u>or</u> a compilation of financial statements (compilation report)

Grant Assurances

All applicants must agree to the following assurances. This page must be signed and dated by the Authorized Representative who can obligate this organization in a contractual agreement.

Applicant assures that:

1. It has read and understood the FVA Fiscal Guidelines.
2. It will restrict the use of TVC grant funds to activities and/or purposes that are authorized under the grant agreement.
3. It will comply with applicable laws including those pertaining to anti-discrimination measures for employment and services.
4. 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.
5. 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.
6. 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.
7. It will provide written reports detailing the use of TVC grant funds consistent with the proposed use described in the grant agreement.
8. 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.
9. It will not use any TVC grant funds for the purpose of lobbying as defined in Chapter 305 of the Texas Government Code.
10. It will comply with state and federal laws, regulations, rules, and agency policies, and all applicable OMB Circulars.
11. It will maintain its tax exempt status under Section 501 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

Applicant Organization Name:

Part 2: Grant Project Information

2.1 Grant Project Service Category

Please check the service category box that best describes the primary focus of the proposed project. Refer to the Grant Instructions for definitions of the following categories. Please choose only one.

- Financial Assistance
- Homeless/Housing
- Counseling
- Transportation
- Employment
- Family Services
- Legal
- Referral
- Supportive Services
- Other – (please explain in 1-2 words)

2.2 Project Summary

Provide a summary of the proposed project. (100 words maximum)

2.3 Geographic Service Area

Regions

Please check all regions in which services will be provided through the proposed project. Refer to Page 6 of the Grant Instructions for the FVA Region Map and County List.

- 1. Panhandle Region
- 2. West Texas Region
- 3. Alamo Region
- 4. South Texas Region
- 5. Gulf Coast Region
- 6. Central Texas Region
- 7. East Texas Region
- 8. North Texas Region
- 9. Statewide

Counties

Please list all counties to be served by the proposed project. If the service area covers the entire state, list "statewide."

2.4 Eligibility Definition

Please provide definitions of who will be eligible to participate in the project (veteran, dependent, family member, etc.) and how you will determine eligibility. (100 word maximum)

Part 3: Reporting and Management

Organizations receiving funding will be required to periodically report project activity and expenditures as outlined in their Grant Agreement. Project progress will be measured using Commission-established benchmarks. Organizations unable to meet benchmarks will be subject to Corrective Action.

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 Monthly Performance and Expenditure Report Form. **Projected performance** should reflect the total number of unduplicated veterans, dependents and survivors that the applicant organization anticipates serving throughout the grant term through the proposed project. Please list projected performance and the tool by which numbers served will be measured in the table below. If the proposed project will not serve one of the categories, please list "N/A." Refer to Grant Instructions for detailed directions.

Performance Measure/Deliverable	Tool Used to Measure Performance	Projected Performance/Result for the Grant Period
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.)		

If applicable, please list any additional performance measures in the table below.

Additional Performance Measure/Deliverable	Tool Used to Measure Performance	Projected Performance/Result for the Grant Period (% or #)

3.2 Performance Reporting

Please describe how each Performance Measure listed in the Performance Measures Table above allows you to measure the success of the project and which project goals are met, explain the tools and methods used to measure and monitor performance (including any specific software, program, or database used), and how each projected performance result is determined. (300 words maximum)

3.3 Fiscal Reporting

Please describe your plan, policies, and/or procedures for grant fiscal management and how reporting activities will be managed and monitored. Describe your fiscal management system, including software used. (300 words maximum)

3.4 Sustainability Plan

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. (300 words maximum)

Part 4: Budget and Budget Narrative

4.1. Budget Summary and Tables

Enter the amount of Project Costs in Column A (*Please refer to the Grant Instructions for detailed directions*).

Grant Period: (list if different from 7/1/2012-06/30/2013)

Amount of Grant Funds Requested: \$

Indirect Cost Percentage cannot exceed 7% of total grant award

	Budget Table 1	Total Budget
	Budget Category	Total Costs
	Direct Costs	
1	Personnel (total salary and benefits from table 2)	\$
2	Client Services (including counseling, support such as rental assistance, bill payments, etc., transportation, and contracted services, including contract personnel providing services to clients)	\$
3	Equipment (non-capitalized)	\$
4	Supplies and Materials	\$
5	Travel	\$
6	Other (Provide detail in Budget Narrative)	\$
A	Total Direct Costs (Line 1 thru 6)	\$
B	Indirect Costs (not to exceed 7% total award)	\$
C	TOTAL BUDGET (sum lines A and B)	\$

4.2 Budget Narrative

The Budget Narrative **MUST** include a description of each line-item in Budget Table 1, and 2 and **MUST** also include a calculation showing how you arrived at the budgeted amount for each line item (*Please refer to the Grant Instructions for detailed directions*).

Table 2 - A . Salaries and Wages (support each position included in Budget Table 2 Personnel Breakdown).

Table 2- B . Employee Benefits (support each position included in Budget Table 2 Personnel Breakdown).

Table 1-2 Client Services

Table 1- 3 Equipment (non-capitalized).

Table 1 - 4 Supplies and Materials

Table 1 - 5 Travel

Table 1 - 6 Other (list line items by category.e.g, Repairs and Maintenance, Utilities, Rental of Space. Next, list the expected costs by line item and the total for the category. The grand total must tie to Table 1 'Other').

Part 5: Statement of Work

Statement of Work MUST include the following: 1) a detailed description of the project including services to be provided and goals of the project, 2) how the organization determined/assessed the need(s) for the project within the geographic area of service; 3) how the project meets that determined need(s); 4) how the organization will target/reach veterans to provide the services of the project. *Please refer to the Grant Instructions for detailed directions.* (Total 2,500 words maximum)

5.1 Detailed Description

Please provide a detailed description of the project including the services to be provided and the goals of the project.

5.2 Need Determined

Please provide a description of how your organization determined, identified, and assessed a need(s) for the project within the area of service.

5.3 Need Met

Please describe how the project meets identified need(s).

5.4 Outreach

Please describe how your organization will target and reach veterans to provide project services.

Part 6: Current or Previous FVA Grantees

This section is to be completed only by organizations that currently have or have previously had an FVA grant. Refer to the Grant Instructions for detailed directions.

6.1 Previous Grant Contract Number

6.2 Amount Previously Awarded

\$

6.3 Grant Period Dates

/ / - / /

6.4 Benchmarks

Performance

Did you meet your performance benchmarks? Yes No

If no, please explain why. (250 words maximum)

Expenditure

Did you meet your expenditure benchmarks? Yes No

If no, please explain why. (250 words maximum)

6.5 Grant Successes and Challenges

Please provide a detailed description of the success and challenges of your FVA grant-funded project. (300 words maximum)