

2019 AAF/HF Discretionary Grant Application

NOTE: PLEASE USE INTERNET EXPLORER to fill out the application completely. Contact grants@aaf-hf.org or 806.376.4521 if you have any questions. Unless otherwise specified, any attachment uploaded in the Spectrum Portal must be a file size of 10MB or less and be one of the following file extensions: Word document (.doc or .docx), Excel document (.xls or .xlsx), PDF (.pdf), or Picture (.jpeg, .gif, .tiff, or .png).

Contact Information

Please enter the information for the person whom the Foundation should contact regarding this grant proposal.

Contact Name **Contact Title**
Contact Work Phone **Contact Alternative Phone**
Contact e-mail address

Is the contact person the Executive Director/CEO? Yes No

ED/CEO name **ED/CEO official title**
ED/CEO phone number **ED/CEO e-mail address**

Who is the current leader of the Board?

What do you call your board leader? i.e. Board President, Board Chair, etc.

When does the current Board leader's term end?

Attachments

Please note that ALL attachments have a 10MB file size limit. If a file is too large to attach, please try to reduce the size of the document. If a document (such as an Audit or a 990) is simply too large to attach, please e-mail to grants@aaf-hf.org, personally deliver, or mail to:

Amarillo Area Foundation
 C/O Kathie Grant
 801 S. Fillmore, Suite 700
 Amarillo, TX 79101

Upload cover letter (Letter must be from an individual authorized to act on behalf of the applicant organization)

Upload IRS Letter of Determination (only applicable to nonprofit organizations applying for the first time)

Upload the organizational chart

Upload list of staff (include title or position, if the position is full time or part time, pay rate, and identify which staff are key to the funding request)

Upload a list of board members (include position on board and occupation)

*Note: File type requirement for board member list is Word or Excel.

Upload the organization's bylaws

Upload organization's current operating budget

To be eligible to apply for funding, organizations must meet the following financial requirements:

Annual Operating Budget	Corresponding IRS Requirement	Financial Information Required
<\$50,000	990-N (Postcard)	Internal financial statements
\$50,000-\$499,999	990-EZ or 990	IRS 990 Form
\$500,000+	990	Audit*

For organization's with an annual operating budget of >\$500,000, current AAF/HF policy requires that the organization must be able to provide an annual financial Audit that follows generally accepted accounting principles (GAAP) and is completed by an independent CPA.

Is the organization's annual operating budget under \$50,000? Yes No

Upload internal financial statements for most recent fiscal year-end

Is the organization's annual operating budget over \$500,000? Yes No

Upload Audit for most recent fiscal year-end

Upload IRS 990 for most recent fiscal year-end

If the financial information provided is not from the most recent fiscal year end, please provide an explanation

(Character count: x)

If the financial information provided is not from the most recent fiscal year, please upload internal financial statements for the most recent fiscal year end.

Upload organization's year to date (or most recent) Statement of Activities (i.e. income/expense)

Upload the organization's year to date (or most recent) Statement of Financial Position (i.e. balance sheet)

Upload full project budget (include all income and expenses related to the project for which funding is requested)

*File type requirement for project budget list is Word or Excel. Please be sure the budget includes both income AND expenses for the project.

If applicable, upload letters of support

Letter of Support (2)

Letter of Support (3)

Letter of Support (4)

Letter of Support (5)

If you have additional attachments that do not have a location to be uploaded please contact Kathie Grant, Grants Administrator, (contact information on top of page) to discuss whether or not to include those attachments.

Additional Attachment

Additional Attachment

Additional Attachment

General Financial Information

Does the organization operate on a calendar year? Yes No

Please indicate the dates of your fiscal year. Start: End:

Please do not duplicate information when filling out the table below (i.e. if the organization has an Agency Endowed Fund at AAF only put that information under Fund at AAF and state it is an endowed Fund in the description.)

Item	Amount	As of	Description
Current Operating Budget			
Reserves:			
Endowment(s)			
Fund at AAF			

Please describe any financial restrictions on reserves, endowments, or AAF Funds and provide additional information that may be helpful to understand any of the above.

(Character count: x)

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Please complete the following table with figures from your IRS Form 990, Audited Financial Statements, or Year-End Financial Statements (as indicated in the above chart) for the past three consecutive years.

*NOTE: In the first column, note which type of document you are referencing and the FYE, e.g., IRS Form 990 12/31/2016.

3 Most Recent Year-End Financials	Income	Expenses	Variance	Net Assets

Please be sure to include an explanation for any apparent abnormality with the financial information. For example, please explain any of the following:

- A negative variance for any fiscal year
- An apparent excess variance for any fiscal year
- Net assets that appear to be off
- Anything specific to the organization's financials that might need further explanation

Additional Notes, if any:

General Organization Information

Organization Legal Name:

Organization EIN or Tax ID Number

If applicable, organization DBA or AKA

Year organization was founded

Mailing Address:

City: State: Zip:

Is physical address the same as mailing address? Yes No

Physical Address (if different):

City State: Zip:

Organization Phone: Organization Fax:

Website:

Mission Statement:

Does the organization require a fiscal sponsor? Yes No

Name of fiscal sponsor

Fiscal Sponsor Address

Fiscal Sponsor City **Fiscal Sponsor State** **Fiscal Sponsor Zip**

Programs Offered: Please list all of the programs that the organization offers.

(Character count: x)

Total Number Served Annually:

Staff: Full-time **Part-time** **Volunteers**

Proposal Information

Project Title

Project start date **Project end date**

If needed, additional explanation of proposed project start and end date.

(Character count: x)

- Capacity building or 'technical assistance' = activities that would build the infrastructure or sustainability of an organization (such as board training, building a strategic plan, creating a development plan, etc.)
- Capital = Sometimes called 'brick and mortar' requests; includes things such as building renovation and construction, equipment purchases, and computer technology (usually is a depreciable item on the financial statements)
- Program = Expenses directly associated with a program of the organization
- General = Overall support for the organization that can include salaries, overhead, etc.
- Research = Funding for scientific research
- Student Aid = Funding that would be allocated for some type of student aid such as scholarships
- Other = Any request that does not fit into the above categories

Type of support requested

One short sentence describing how the requested funds will be used.

(Character count: x)

Brief summary of the funding request

(Characters left: x)

What is the target population of the project/who are the clients that will be served by the project?

(Characters left: x)

Out of region = Outside of the top 26 counties in the Texas Panhandle
 Regional = Serves all (or the majority) of the top 26 counties in the Texas Panhandle
 Rural = Serves a rural county (any county outside of Potter/Randall) or a handful of rural counties
 Local = Potter/Randall

What service area will this project serve?

Please check off the counties this project will serve.

To select more than one county, select a county and then push and hold the control button to click an additional county.

- Armstrong
- Briscoe
- Carson
- Castro
- Childress
- Collingsworth
- Dallam
- Deaf Smith
- Donley
- Gray
- Hall
- Hansford
- Hartley
- Hemphill
- Hutchinson
- Lipscomb

General Project Information

Please round request amount to nearest dollar.

Amount Requested:

Total Project Budget:

Please thoroughly, but succinctly, describe your project or program here. This is your opportunity to "make your case" for funding.

Summary:

(Character count: x)

Timeline and Evaluation:

(Character count: x)

Project Goals / Objectives

Please insert SMART objectives for the project. S=Specific, M=Measurable, A=Achievable, R=Relevant, T=Timely
Please note each objective should be SMART - not one objective for each letter of the acronym.

i.e. Non-SMART objective=Teachers will be trained on the selected scientifically based health education curriculum. SMART objective=By year two of the project, LEA staff will have trained 75% of health education teachers in the school district on the SELECT health education curriculum.

See <https://www.amarilloareafoundation.org/file/SMART-objective-brief.pdf> for more information on SMART objectives.

(Character count: x)

If applicable, describe how the project has been funded previously and the plan for funding it in the future.

(Character count: x)

How will this project improve quality of life for residents in the Texas Panhandle?

(Character count: x)