2019 HRMC Grant Programs

Please fill out the application completely following all guidelines outlined in the RFA. Incomplete applications or applications that do not follow the guidelines will be considered ineligible. All documentation must be submitted through the Spectrum Portal or it will not be considered as part of the application. Contact grants@aaf-hf.org or 806.376.4521 if you have any questions.

Please note: All file uploads have a size limit of 10MB.

Contact Information

	prmation for	the person wh		indation should conta	ct regard	ling this gran	t proposal.
Contact Name			0	Contact Title			
Contact Work Phone		Con	Contact Alternative Phone				
Contact e-mail add	dress						
Is the contact pers	son the Exe	cutive Direc	tor/CEO?	🔿 Yes 🔿 No			
ED/CEO name				ED/CEO official title	e		
ED/CEO phone nu	mber			ED/CEO e-mail add	lress		
Who is the current	t leader of t	the Board?					
What do you call y	our board	leader?	i.e. Board I	President, Board Chair	r, etc.		
When does the cu	rrent Board	leader's ter	m end?				

Organization Information

Legal na	me of organizat	ion 🛛									
0	able, organizatio		or AKA								
	EIN Number	L									
Organiza	tion Type						\checkmark				
If availab	ole, upload docu	imentati	on from IRS s	tating Ch	urch's stat	tus as	a nonp	rofit er	tity.		
Upload I	RS Letter of Det	erminati	ion								
Upload st	tatement or cer	tificatior	that shows o	lassifica	ion as gov	ernme	ent enti	ty			
Upload a	letter from the	fiscal sp	onsor.								
Organiza	tion physical ad	ldress									
City			State		Zip Code						
Is the ma Mailing A	ailing address th ddress	ne same	as the physic	al addres	s? () Y	′es C) No				
City			State	Z	ip						
Organiza	tion Phone			Orga	nization fa	ax nun	nber				
Organiza	tion Website										
Year orga	anization was fo	ounded									
Organiza	tion Mission Sta	atement									
											1
										~	1
	of the Harrington ganization geog									<u>mc-grant-</u>	<u>-programs</u>

○ Yes ○ No
Please select which grant program to submit this application for.

https://aaf.spectrumportal.net/ProposalApplicants/ApplicationPrint2/0/60/

 \checkmark

Organization Financial Information

Fiscal year							
Current operating budget							
Please note, file size limit for attachments is 10 megabytes. Upload the organization's current operating budget							
Upload the organization's year to date Statement of Activities (i.e. income/expense statement)							
Upload the organization's year to date Statement of Financial Position (i.e. balance sheet)							
Please upload financial statements for the most recent fiscal year end.							
Does your organization have reserves? O Yes O No							
Amount in reserves Description of reserves							
Does your organization have an endowment? O Yes O No							
Amount in endowment Description of endowment							
Does your organization have a fund at AAF? O Yes O No							
Amount in fund Name of Fund							

Project Information

Upload a cover letter.			
Project Title		^	
		\checkmark	
(Characters left: >	x)		
Project start date	Project end date		
Amount requested	Total project budg	let	
Please upload the complete project budget.			
*Note: Please be sure the project budget includes	both income AND exper	ises for the project.	
Type of support requested	\checkmark		
as board training, building a strategic plan, creating Capital = Sometimes called 'brick and mortar' requ purchases, and computer technology (usually is a d General = Overall support for the organization that Other = Any request that does not fit into the abov Program = Expenses directly associated with a pro Research = Funding for scientific research Student Aid = Funding that would be allocated for : One short sentence describing what the funds	some type of student a	ich as building renovation and construction financial statements) verhead, etc. n d such as scholarships	, equipment
(Character count: x)			
Summary: Please thoroughly, but succinctly, describe your pro	oject or program here.	<u>Fhis is your opportunity to 'make your case</u>	?' for funding.
(Character count: x)			
What service area will this project serve?			
Out of region = Outside of the top 26 counties of tl Regional = Serves all (or the majority) of the top 2 Rural = Serves a rural county (any county outside	26 counties in the Texas		

Local = Potter/Randall

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

 (Characters left: x)

 Timeline and Evaluation:

 (Characters left: x)

 Project Goals/Objectives:

 Please insert SMART objectives for the project. S=Specific, M=Measurable, A=Achievable, R=Relevant, T=Timely

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 Please insert SMART objective, Iso the project, Iso the selected scientifically based health educat

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

(Character count: x)

How will this project improve quality of life in the Texas Panhandle through exceptional healthcare, education, and research?

(Character count: x)