

## 202X Slentz LOI

(Amarillo Area Foundation)

*General operating support requests will not be considered. The priorities for funding are:*

- *Health (need based, direct care, preventative, training, regional impact)*
- *Education (post-secondary)*
- *Animal Welfare (does not include therapies using animals)*

*Letters of Inquiry (LOIs) from the 26 northernmost counties of the Texas Panhandle will be considered. Priority will be given to proposals from organizations located in and benefiting the counties of Carson, Donley, Gray, Hemphill, Roberts and/or Wheeler.*

Incomplete LOIs or LOIs 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 and must 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).\*

Letters of Inquiry (LOIs) will be due **Friday, April XX, 202X by 12 noon.**

### Slentz LOI Contact Information

<b>What is the name of your organization?</b>	<input type="text"/>
<b>EIN number</b>	<input type="text"/>
<b>Contact Name</b>	<input type="text"/>
<b>Contact Title</b>	<input type="text"/>
<b>Contact Work Phone</b>	<input type="text"/>
<b>Contact Alternative Phone</b>	<input type="text"/>
<b>Contact e-mail address</b>	<input type="text"/>
<b>Is the contact person the Executive Director/CEO?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>ED/CEO name</b>	<input type="text"/>
<b>ED/CEO official title</b>	<input type="text"/>
<b>ED/CEO phone number</b>	<input type="text"/>
<b>ED/CEO e-mail address</b>	<input type="text"/>
<b>Who is the current leader of the Board?</b>	<input type="text"/>

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

When does the current Board leader's term end?

## Slentz LOI Project Summary

Project Title

Summary of Purpose

(Characters left: x)

Project Start Date

Project End Date

Request Amount

Total Project Budget

Upload Project Budget

Type of Support

Service Area that would benefit

Describe the target population for this project

(Characters left: x)

Select the counties served

- Armstrong ▲
- Briscoe
- Carson
- Castro ▼

Which of the Slentz priority counties are served?

- <All> ▲
- <None>
- Carson
- Donley ▼

What is the focus area of this project?

Please explain how the project addresses any of the focus areas of need based direct healthcare, post-secondary education, or animal welfare.

**Describe the Project Goals and Objectives**

(Characters left: x)

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

(Characters left: x)

**How is this project sustainable?**

(Characters left: x)

**Mission Statement**

(Characters left: x)

**Upload a cover letter signed by an individual authorized to submit a grant application on behalf of the organization.**

**\* Slentz Main Organization Information**

**\*The following information is only needed if the LOI advances.**

**Legal name of organization**

**If applicable, organization's DBA (doing business as) or AKA (also known as)**

**Physical Address**

**City**

**State**

**Zip**

**Is the mailing address the same as the physical address?**

Yes  No

**Organization's mailing address**

**City**

State

Zip

Does the organization require a fiscal sponsor?  Yes  No

Name of Fiscal Sponsor

Fiscal Sponsor's Address

City

State

Zip

Organization Phone

Organization Website

Programs Offered

(Characters left: x)

Year organization was founded

Number of clients served annually

Number of full time staff

Number of part time staff

Number of volunteers serving annually

Number of Board members

List key personnel and their titles

(Characters left: x)

### Slentz Main Financial Information

Fiscal Year Start

Fiscal Year End

Current Operating Budget

Upload the organization's current operating budget

Is the organization's current annual operating budget under \$50K?

Yes  No

Upload YTD internal Statement of Activities (i.e. income/expense statement)

Is the organization's annual operating budget over \$500K?

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 FYE, please provide an explanation

(Characters left: x)

Upload internal Statement of Activities (Income/Expenses) for most recent FYE

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

Does your organization have reserves?

Yes  No

Amount in reserves

Description of reserves

Does your organization have an endowment?

Yes  No

Amount in endowment

Description of endowment

Does your organization have a fund at AAF?

Yes  No

Amount in fund

Name of fund

Please enter the FYE financial information from most recent 3 years below.

Most recent FYE date

Income

Expenses

Variance

Net Assets

Second recent FYE date

Income

Expenses

Variance

Net Assets

Third most recent FYE date

Income

Expenses

Variance

Net Assets

Additional Notes, if any:

(Characters left: x)

Received previous funding from Slentz Advise and Consult Fund?

Yes  No

Describe the history of previous Slentz Funding received

(Characters left: x)

## Slentz Final Report

**(a) Describe the progress made toward the goals and objectives as stated in the funded grant application.**

*(Characters left: x)*

**(b) Summarize the organization's key evaluation results related to the funded grant.**

*(Characters left: x)*

**Describe the significant successes and challenges the organization experienced related to the funded grant.**

*(Characters left: x)*

**Describe what the organization learned based upon the results, successes, and challenges reported in Questions 1 and 2. Address programmatic, evaluative, or organizational changes that will be made based upon these lessons learned.**

*(Characters left: x)*

**Share anything else that happened during the grant period that impacted the organization, either positively or negatively.**

*(Characters left: x)*

**(a) Submit your organization's Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) for the year(s) in which the grant was used.**

**(b) If reporting on a specific program/capital budget, also submit income and expenditure information compared to the approved budget for the program/capital project.**

**(a) Explain any significant changes in the organization's financial position since the grant was awarded.**

*(Characters left: x)*

**(b) If all funding was not expended during the grant period, explain why.**

*(Characters left: x)*

**(c) For program and capital grants, explain any major variances between the approved budget and the final financial statements being submitted with this report.**

*(Characters left: x)*

**Evaluation Attachment 1**

**Evaluation Attachment 2**

**Please attach any additional documents pertinent to the awarded grant.**