FY 2019-2020 Innovative Grants

Legacy Foundation of Southeast AZ

Organization Information

Date Founded
Please tell us the date your organization was founded.
Character Limit: 10

Organization's Mission
Please state the mission of your organization.
Character Limit: 250

Overview of Organization's History and Programs
Please provide a brief overview of your organization's history and programs.
Character Limit: 500

Articles of Incorporation*
Please upload your organization's Articles of Incorporation
File Size Limit: 3 MB

Bylaws*
Please upload your organization's current Bylaws
File Size Limit: 3 MB

Number of Full-time Staff
Character Limit: 10

Number of Part-time Staff
Character Limit: 10

Number of Volunteers
Character Limit: 10

Grant Request Information

Project Name*
Name of Project.
Character Limit: 100
Amount of Grant Request
Please provide the amount you are requesting from the Legacy Foundation.

Character Limit: 20

Description of Project
Please provide a short overview of the project you are requesting funding for.

Character Limit: 500

Project Description Updates
Add any updates to project description here:

Character Limit: 250

Project Start Date
Character Limit: 10

Project End Date
Character Limit: 10

Project Vision
In 5 sentences or less, paint a mental image of what the future of this project will or could look like.

Character Limit: 2000

Project Vision Updates
Add any updates to project vision here:

Character Limit: 250

Why should the Legacy Foundation choose this project?
In 5 sentences or less, explain why the Legacy Foundation should award your organization this grant?

Character Limit: 750

Describe success
In 5 sentences or less, describe what success looks like for this project?

Character Limit: 750

Project Narrative
Provide information on the main issue(s) or problem(s) this grant request addresses.

- Describe the issues/problems in the form of Who, What, When, Where, and Why.

Character Limit: 2000
Community Impact
Describe how the outcomes of this project will impact the community: Who, What, When, Where, How, and Why?

Character Limit: 4500

What makes this project innovative?
Select all that apply

Choices
- New and innovative way to perform existing program
- New idea that’s never been tried
- Project creates new collaborative partnerships
- New program for our organization
- New project for our organization

Innovative Description
Briefly explain how your project demonstrates the selection(s) you chose in the previous question

Character Limit: 400

Grant Purpose
Select all that apply.

Choices
- Startup/Seed/Pilot
- Planning
- General Operating Support
- Capital/Facility/Equipment
- Management/Technical Assistance
- Capacity Building
- Loan (Program-related Investment)
- Other (please specify below)

Other Grant Purpose
If you checked Other above, please specify

Character Limit: 200

What category does this project best fit?
Select the one best fit for your project

Choices
- Access to Care
- Behavioral Health
- Dental
- Economic Development
- Education
- Exercise/Activity
Food/Nutrition
Health Screenings/Prevention
Housing
Transportation
Wellness

**What geographic area does this grant benefit?**
Please select the geographic areas specifically impacted by this project:

**Choices**
All of Cochise County
Bisbee/Naco
Northern Cochise: Benson/St. David
Northern Cochise: Bowie/San Simone
Northern Cochise: Sunsites/Pearce/Sunizona
Northern Cochise: Willcox
Northern Cochise: Winchester Heights
Sierra Vista
Sierra Vista: Hereford/Palominas
Sierra Vista: Huachuca City/Whetstone
Sierra Vista: Tombstone
Southeast Cochise: Douglas/Pirtleville
Southeast Cochise: Elfrida/McNeal
Southeast Santa Cruz: Elgin/Sonoita

**Age Groups**
What age groups does your organization serve?

**Choices**
0 - 5
18 - 25
26 - 65
6 - 17
65+
All
N/A

**Population Race/Ethnicity**
Select the race/ethnicity of the target population(s) you intend to serve:

**Choices**
African American or Black
Asian/Pacific Islander
Hispanic or Latino
Native American/Indigenous
White
All
Other
Population Race/Ethnicity
If you answered 'other' above, please describe:

*Character Limit: 100*

Population Gender
Select the gender of the target population you intend to serve:

*Choices*
- Female
- Male
- Transgender
- All

Population Socio-economic
Select the socioeconomic group(s) of the target population you intend to serve:

*Choices*
- Below Poverty
- Homeless
- Working Poor
- Unemployed
- N/A

Populations
Select the target population(s) you intend to serve:

*Choices*
- Crime or Abuse Victims
- Early Childhood
- Environment
- Faith Based
- Families
- Immigrants & Refugees
- LGBTQ
- Mental/Behavioral Illness
- Offenders & Ex-Offenders
- Single Parents
- Substance Abusers
- Veterans & Military
- N/A

Adult Clients served by this Project*
Please provide the number of adults served by this project (Greater than 18 years of age).

*Character Limit: 6*

Youth served by this Project*
Please provide the number of youth served by this project (Age 9-18).

*Character Limit: 6*
Children Served by this Project*
Please provide the number if children served by this project (Age 0-8).
Character Limit: 6

Beneficiaries of the Project*
List any secondary or indirect beneficiaries of this project.
Please include any secondary or indirect beneficiaries for the organization.
If none, please type None.
Character Limit: 250

Implementation Timeline for this Project*
Please include major events and activities for this project, and when they will take place. Use bullet points and please put them in chronological order.
Character Limit: 7000

Collaboration Plan
Please explain with which organizations you will collaborate and how you will collaborate. If this project does not require collaboration, please mark N/A and skip the next two questions.
Character Limit: 2000

Collaborators
Please describe your relationship(s) with those organizations with which you are collaborating
Character Limit: 1000

Collaborator's E-mail
If you are collaborating with other organizations on this project, please provide an e-mail address for the contact person.
Character Limit: 250

Letters of Commitment
Please attach letters of commitment from other funders associated with this project or other organizations committed to collaborate with you on this project.
File Size Limit: 3 MB

Grant Request Goals & Performance Measures

Goals aligned with our Mission*
How will the goals of your request relate to the priorities and the mission of the Legacy Foundation of Southeast Arizona?
Character Limit: 1000
Logic Model Example: Attached is an example of a logic model.

Sample Logic Model

Please provide the goals, inputs, activities, outputs, outcomes and performance measures for this project specifically related to this grant request.

Goals: The individual goals of this particular project (not organizational goals).
Inputs: The resources required to effectively run your program (partners, funding, research and best practices).
Activities: The activities you have chosen to accomplish the individual goal.
Outputs: The tangible activities that allow you to measure results. These are often, but not always, quantitative measures (i.e. # of participants, # of sessions held, # of courses offered).
Outcomes: The benefits, impact or changes in behavior, knowledge, skills or attitudes after project activities are completed. These can be both short and/or long term outcomes.
Performance Measures: The types of data or information that will be collected and how it will be collected (i.e. surveys, test scores, awards, studies).

Goal #1*
Please list the first goal for this project.

Character Limit: 100

Goal #1 - Inputs*
Please list the inputs for the first goal.

Character Limit: 5000

Goal #1 - Activities*
Please list the activities for the first goal.

Character Limit: 5000

Goal #1 - Outputs*
Please list the outputs for the first goal.

Character Limit: 5000

Goal #1 - Outcomes*
Please list the outcomes for the first goal.

Character Limit: 5000

Goal #1 - Performance Measures*
Please list the performance measures for the first goal.

Character Limit: 5000
Goal #2
Please list the second goal for this project.

Character Limit: 100

Goal #2 - Inputs
Please list the inputs for the second goal.

Character Limit: 5000

Goal #2 - Activities
Please list the activities for the second goal.

Character Limit: 5000

Goal #2 Outputs
Please list the outputs for the second goal.

Character Limit: 5000

Goal #2 - Outcomes
Please list the outcomes for the second goal.

Character Limit: 5000

Goal #2 - Performance Measures
Please list the performance measures for the second goal.

Character Limit: 5000

Goal #3
Please list the third goal for this project.

Character Limit: 100

Goal #3 - Inputs
Please provide the inputs for the third goal.

Character Limit: 5000

Goal #3 - Activities
Please list the activities for the third goal.

Character Limit: 5000

Goal #3 - Outputs
Please list the outputs for the third goal.

Character Limit: 5000

Goal #3 - Outcomes
Please list the outcomes for the third goal.
Goal #3 - Performance Measures
Please list the performance measures for the third goal.

Supportive data
Do you have any research or evidence that the activities listed above will help you attain your goals? Please provide experience, best practice research, or other evidence-based data.

Provide a story*
Tell a story that helps us visualize and clearly understand the impact your organization has had on an individual or individuals.

Additional Information
Please upload any additional information you feel is helpful in evaluating this application (i.e. brochures, annual reports, survey results, etc).

Board Information
Board Contributions*
What percentage of your board contributes financially to the organization?

Choices
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

Board Members*
How are board members expected to participate in your organization (financially or other role)?
Please upload a Board of Directors list with officers identified.*

File Size Limit: 1 MB

Budget

Project Budget*
Has your budget changed from the LOI stage?
If yes, please upload a new project budget below.
If no, please upload copy of LOI project budget below.

Choices
Yes
No

Project Budget Upload (Revised or Unchanged)
If unchanged, upload copy of LOI project budget.

If different from the project budget uploaded in the LOI stage, please re-upload the completed project budget form (click on the link below for a blank form). The project budget should list both revenues and expenses associated with the project for which you are requesting funds. The budget explanation section should provide justification for each expense item. Please DO NOT upload a budget form other than the standard one provided here: Project Budget

File Size Limit: 5 MB

Cost per Participant*
State the cost per participant for the project and explain how you calculated this figure.

Character Limit: 250

Minimum Funding*
Provide the minimum amount of funding that could achieve a demonstrable result if your proposal is not fully funded. Also explain, if only partially funded, how will that impact your ability to achieve desired results.

Character Limit: 250

Annual Operating Budget
Please provide the full annual budget for your organization for this current fiscal year.

Character Limit: 20

Organizational Budget (different fiscal years)
If available, please provide future organizational budgets for fiscal years of proposed project.
Interim Financial Statements*
Please upload interim financial statements for current year to date (income statement, balance sheet and statement of cash flows).

Audited Financials
Please indicate if you receive an OMB A-133 annual audit.
Additionally, please upload your most recent audited financial statements (income statement, balance sheet, statement of cash flow, audit footnotes, auditor letter(s), etc.)

Sustainability
Describe plans to financially sustain the project beyond the grant period. If the request represents a one-time purchase, training, etc., please indicate that the project will end within the grant period.

Have you received funding from The Legacy Foundation in the past?
Choices
Yes
No