

# FY 2019-2020 Innovative Grants

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*Legacy Foundation of Southeast AZ*

## *Organization Information*

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### **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*

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### **Project Name\***

Name of Project.

*Character Limit: 100*

### **Amount of Grant Request**

Please provide the amount your 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 of 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***

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### **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.



*Character Limit: 5000*

### Goal #3 - Performance Measures

Please list the performance measures for the third goal.

*Character Limit: 5000*

### 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.

*Character Limit: 5000*

### Provide a story\*

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

*Character Limit: 4000*

### Additional Information

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

*File Size Limit: 3 MB*

*File Size Limit: 3 MB*

## Board Information

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### 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)?

*Character Limit: 200*

## **Please upload a Board of Directors list with officers identified.\***

*File Size Limit: 1 MB*

## *Budget*

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### **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.

*File Size Limit: 3 MB*

### **Interim Financial Statements\***

Please upload interim financial statements for current year to date (income statement, balance sheet and statement of cash flows).

*File Size Limit: 3 MB*

### **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.)

*Character Limit: 50 | File Size Limit: 5 MB*

### **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.

*Character Limit: 500*

### **Have you received funding from The Legacy Foundation in the past?**

#### **Choices**

Yes

No