FY 2019-2020 Innovative Grants

Legacy Foundation of Southeast AZ

ORGANIZATION BACKGROUND

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

Provide a story*
Tell a story that helps us visualize and fully understand the impact your organization has had on an individual or to a population.
Character Limit: 4000

Number of Full-time Staff*
Character Limit: 10

Number of Part-time Staff*
Character Limit: 10

Number of Volunteers*
Character Limit: 10

License/Accreditations*
Has your organization received any recent licensing or accreditation results

Choices
Yes (Describe below)
No

If Yes, please describe
If YES, please list the organization's most recent license or accreditation results.
Character Limit: 250
Has your organization been a party to litigation?*
Choices
Yes (Describe below)
No

If Yes, please describe
Please list and describe any litigation your organization has been a party of and its status:
Character Limit: 250

Bankruptcy*
Has your organization ever filed for bankruptcy or similar proceedings involving the assets of the organization and their status?
Choices
Yes (Describe below)
No

If Yes, please describe
Please list all bankruptcy or similar proceedings ever filed involving the assets of the organization and their status.
Character Limit: 250

Liens*
Has your organization had liens on any assets and any assessments?
Choices
Yes (Describe below)
No

If Yes, please describe
Please list all liens on any of the assets of the organization and any assessments.
Character Limit: 250

Tax Exemption*
Is the organization defined as a 501(c)(3), governmental entity or other tax exempt charitable, educational or relief organization?
Choices
Yes
No

Document verifying tax-exempt status*
File Size Limit: 2 MB

Nondiscrimination*
Please respond to the following statement:
This organization does not discriminate against any protective class as defined by applicable anti-discrimination law.

**Choices**
- Agree
- Disagree

**Lobbying Activities**
Please confirm the funds requested will not be used for lobbying activities.

**Choices**
- Agree
- Disagree

**Not to Individuals**
The Legacy Foundation of Southeast Arizona does not grant funds to individuals. Please confirm.

**Choices**
- I confirm the funds are NOT to an individual
- I cannot confirm - the funds ARE to an individual

**Not for Personal Benefit**
Please confirm that the funds are not for personal benefit.

**Choices**
- Confirm
- Deny

**GRANT REQUEST INFORMATION**

**Project Name**
Name of this Project.

*Character Limit: 100*

**Amount of Grant Request**
Please provide the amount you are requesting from the Legacy Foundation. Innovative grants award up to $50,000/year for up to 2 years, ($100,000 max).

*Character Limit: 20*

**Description of Project**
Please provide a short overview of the project for which you are requesting funding and how these funds will be used.

*Character Limit: 500*
**Project Start Date**
*Character Limit: 10*

**Project End Date**
*Character Limit: 10*

**Project Vision**
In 5 sentences or less, describe how you envision this project to look in 3-5 years.

*Character Limit: 2000*

**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: 2000*

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

*Character Limit: 2000*

**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
- Describe How you will use the funds to improve the situation(s)

*Character Limit: 4000*

**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

Category "other"
If you selected "other" above, please describe:
*Character Limit: 250

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

**Project Budget***
Please upload the completed Project Budget form ([click on link below for blank form](#)). The Project Budget should list both expenses and revenues 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 Form

*File Size Limit: 5 MB*

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

*Character Limit: 20*

**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

**Past Funding Details**
If you marked yes, you have received funding from the Legacy Foundation in the past, please specify when you received the funding, how much you received and for what project.

*Character Limit: 250*

**Grant Workshop**
Did you or someone from your organization attend an Innovative Grant Workshop?

**Choices**
- Yes
- No

**Letters of Support**
If you have letters of support, upload them here. They must be submitted as one continuous document.

*File Size Limit: 3 MB*

**Media**
If you have media or other documents supporting this project, please upload them here. They must be submitted as one continuous document.

*File Size Limit: 3 MB*