

# FY 2019-2020 Innovative Grants

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*Legacy Foundation of Southeast AZ*

## ORGANIZATION BACKGROUND

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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*

### **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

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#### 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*