



## Hill Country Charity Ball Association, Inc. (HCCBA) 2019-2020 Grant Package

### **Please Note:**

This Grant Proposal Form is used by HCCBA to obtain the additional information needed to enable the Board of Directors to make its assessment of each organization's grant proposal in relation to the HCCBA's Program Guidelines and competing proposals. This information is being requested, no assurance may be given that a grant by the HCCBA will result. Please also be aware that any grant, if awarded, may be for less than the amount requested and/or have special conditions. Every proposal considered by the HCCBA may include a site visit as a part of the review process. **Due to By-laws, article IV, Section 2A, HCCBA does not fund salaries or operating expenses.**

### **Instructions:**

Please complete the enclosed grant proposal and attach all requested documents. The following guidelines are recommended:

- Please include a cover letter on your organization's letterhead, which is signed by the executive director.
- Type and double-space your proposal using a 12-point font and 1-inch margins and letter size paper.
- Prepare your proposal according to the headings, subheadings and numbers provided.
- **Answer all questions in the order listed.**
- Include all applicable attachments. If a question or attachment is not applicable, please explain. If a problem exists that might detract from the credibility of your organization or project, address it briefly, but do not dismiss it.
- Do not include any materials other than those specifically requested in this proposal packet including video footage.
- **Please do not go to the time or expense of placing your application in a special binding or notebook. Applications are disassembled and copied during processing. Invest your time in content rather than presentation. Entire application must be printed in black ink on white paper. Please DO NOT print on both sides of the paper.**
- **All grant packages must be postmarked by Friday, July 12, 2019.** You will be notified by Monday, July 29, 2019, if you have been one of the few selected to move into the next step of this process.
- When you are ready to submit your proposal, please mail one copy of the proposal and one copy of attachments to:

**Hill Country Charity Ball Association, Inc.  
Attn: Markie Atkission  
PO Box 291933, Kerrville, Texas 78029**

## **KEY for Grant Proposal Summary Sheet**

**Legal name of the organization applying:** This is the legal name used on the IRS Determination Letter and IRS Form 990. It is the name listed in the IRS directory. If the organization has undergone an officially registered name change, please include documentation.

**Address:** Please list the complete mailing address of the organization. If it is a P.O. Box, please note the street address separately.

**Executive Director:** This is the name of the person who is responsible for the overall operations of the organization. If the person responsible has a different title than Executive Director, please indicate his/her title on the application.

**Tax ID Number:** This is the 9-digit number assigned to you by the Federal Government. It is the number you use for correspondence with the IRS. You can find the number on your IRS Form 990 or any correspondence from the Federal Government.

**Registration Date:** If your organization acquired its Federal Identification number prior to receiving its 501(c)(3) status we need the date the number was assigned. This date can be found on the letter received from the Federal Government notifying you of the assigned number.

**Organization's Fiscal Year:** This is the month and day of the beginning and ending period of the organization's annual financial records. An example would be those organizations that operate on a calendar year period (January 1 – December 31).

**Total Revenue as listed on Line 12 of IRS Form 990:** This is the total revenue in all areas required by the IRS. If your organization is not required to file a Form 990, then please enter the total revenues from your annual financial statements for your most recently completed fiscal year.

**Project Start date:** This should be the date that the project for which you are requesting funds will begin. In the case of capital campaign requests, please indicate the start date for the actual construction.

**Project End date:** This should be the date that the project for which you are requesting funds is projected to end. In the case of capital campaign requests, please indicate the completion date for the actual construction.

**Project Name:** This is the name of the specific project for which you are requesting funds. Please make sure the name reflects the project if it is separate from the overall program. If it is a capital campaign, please indicate this in the name.

**Total Project cost:** This amount should be the total amount of the project for which you are requesting support. This amount should be reflected in your project budget and may be separate from the overall program budget.

**Amount Requested:** The amount the HCCBA will consider is listed in the letter that was sent with this proposal.

**Nature of Request:** Please place an "X" on the applicable line.

**Specify applicable Hill Country Charity Ball Association, Inc. (select more than one if applicable):**

It is very important that you indicate the Goal your project is designed to accomplish.

**Geographical area served:** HCCBA serves Kerr County. This may differ from the counties your organization serves in general.

**Signatures:** We must have at least one signature from a member of the organization who is a legal officer and has the authority to bind the organization to any contractual agreements. If the organization does not have an Executive Director, please indicate the title of the person responsible for the day-to-day operations of the organization. If a proposal is submitted without proper signatures from the organization, the complete application will be returned.

**HCCBA, Inc. Grant Proposal –  
Part I: Summary Sheet**

**Please Print All Information**

Legal name of organization applying: \_\_\_\_\_  
(Should be same as on IRS Determination Letter and as supplied on IRS Form 990)

Address: \_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month Day Year)

Organization's Fiscal Year: From: \_\_\_\_/\_\_\_\_ to : \_\_\_\_/\_\_\_\_  
(Month Day) (Month Day)

Total Revenue as listed on Line 12 of IRS Form 990: \$ \_\_\_\_\_

Project Start date: \_\_\_\_\_ Project End date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Total project cost: \$ \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

Nature of Request:  (1) Project/Program costs  (5) Other: \_\_\_\_\_  
 (2) Equipment  
 (3) Facilities  
 (4) Scholarships \_\_\_\_\_

Specify applicable HCCBA, Inc. Goal (select more than one if applicable):

- (1) To improve the quality of life for the elderly and those with disabilities
- (2) To develop character and self-reliance in young persons through organized activities founded on traditional values of respect and responsibility.
- (3) To free children from abuse and neglect.
- (4) To improve the health of persons living in Kerr county in Texas through selected medical research efforts.
- (5) To foster meaningful cultural activities and broaden public participation therein.
- (6) To expand or improve the public use of information and learning available through museums and libraries.
- (7) To expand or improve public parks, zoos and wildlife sanctuaries and broaden the use of such facilities.
- (8) To prevent cruelty to animals.
- (9) Other: \_\_\_\_\_

Geographic area served:  (1) Bandera  (2) Gillespie  (3) Kerr  (4) Kendall  
 (4) Other: \_\_\_\_\_

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Signature, President, Board of Directors Typed name and title Date

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Signature, Executive Director Typed name and title Date

## HCCBA, Inc. Grant Proposal - Part II: Narrative

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Please follow the outline provided below. We request that you use the numbering system and headings given for the narrative portion of your grant proposal. *Please be brief in your response.*

### A. Executive Summary

Please provide a one-page Executive Summary of the project.

### B. Agency Information

1. List your agency's mission statement.

### C. Purpose of the Grant

1. Describe the issues to be addressed by the proposed project.
2. Describe the project goals.
3. Provide a timeline for your project.

#### **A project budget including income and expenses**

4. Provide a detailed summary of your proposed income and expenditures for the **Project**. Please be as detailed as possible.

### D. Evaluation

1. Measurable, time-specific goals
2. A description of information to be collected to measure progress and how that information will be collected, including baseline or current levels (if available)
3. Describe how you will determine the success of this project.

### E. Staffing

1. Describe qualifications of key staff and volunteers that will ensure the success of the program. Include information on educational background, job title, number of years working in field, and the numbers of years with your organization.

### F. Current Year's Budget for Organization

1. Your organization's current operating budget and year-to-date financial statements

### G. Historical Financial Information

1. The last certified audit or the last fiscal year's statements and the last IRS Form 990 filed

### H. Attachments: (Please provide one copy of each of the attachments.)

1. IRS Determination Letter indicating 501(c)(3) tax-exempt status. Proposals will be returned if this letter is omitted.
2. If Historical Financial Information for most recent fiscal year is not as of a date within six months of the date this Grant Proposal is submitted, please attach a copy of the most recently available interim financial statements.
3. Copy of the most recent audited financial statements together with the auditor's report. If an audit is not obtained, then substitute internally generated financial statements and footnotes for the last fiscal year.
4. List of Board of Directors. Please include name, number of years on board, committee and assignment. Please indicate the officers and include their addresses and phone numbers.

## H.C.C.B.A., Inc. Proposal Checklist

Please use the checklist below to verify that all of the requested information is included with your proposal. Proposals with missing information listed may be returned to the applicant and could delay the review of your request.

### ***Format of Proposal Summary:***

- Double-spaced
- 1.0 inch margins
- 12-point font
- 8 ½ X 11

### ***Contents of Proposal:***

- Cover letter on your organization's letterhead, which is signed by the Executive Director.
- One-page Executive Summary
- Grant Proposal Summary Sheet** (provided by HCCBA)
- Agency Information
- Purpose of the Grant
- Evaluation
- Staffing
- Project Budget with narrative
- Summary of current year's operating budget for your entire organization.
- A summary historical financial information

### ***Attachments:***

- IRS Determination Letter indicating 501(c)3 tax-exempt status.
- Copy of recent interim financial statements, if applicable.
- Copy of the most recent audited financial statements together with the auditor's report. If an audit is not obtained, then substitute internally generated financial statements and footnotes for the last fiscal year.
- Copy of most recent filed IRS Form 990. If a Form 990 is not filed by your organization, please submit a letter of explanation.
- List of Board of Directors. Please include name, number of years on board, and committee assignment. Please indicate the officers and **include their addresses and phone numbers.**

### ***Number of Copies to be Submitted:***

- Please submit one (1) copy of *Contents of Proposal* and one (1) copy of *Attachments*.