You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

### Before You Begin

- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

### Organization Information

- **Organization Name**
- **Address**
- **City**
- **State**
- **Postal Code**
- **Phone**
- **Website**
- **E-mail Address**
- **Charity Navigator Link**
  Access your Organization Profile through [https://www.charitynavigator.org/](https://www.charitynavigator.org/) and provide the link.
- **Tax ID**
- **Sovereign Immunity Status**
  - **Yes**
- **Country(s) served:**

If your organization has multiple sites please provide each location's clinic name and address.

- **Mission Statement**
  Word count: 0 of 500

### Financial Information

- **Fiscal Year Start Date**
- **Fiscal Year End Date**
- **Legal Structure**
  - **Select One**
- **Choose the Option that Corresponds to an Independent CPA Examination of your Finances**
  If you choose the last option, you must include in your Request for Funding the preparation of a audit (or a review; if your budget is $100,000 or less) that will be completed by June 30, 2020.
  - **Select One**
- **Date of Last Audit/Review/Compilation**
- **Most Recent Board Approved Operating Budget**
If your clinic/network is part of a multi-service organization, only include the income/expenses, including personnel, allocable to the clinic/network; if your clinic owns and operates multiple sites or multiple programs under membership, be sure that the budget encompasses all sites; do not count capital expenditures or in-kind contributions.

FAFCC members who belong to parent organizations are required to submit an operating budget that reflects the cost to operate the clinic only, this should NOT include programs or other parent organization entities not included in FAFCC membership. If this cannot be reflected in the "income" field, this can at least be done so in the "expenses" field.

**Income**

**Expenses**

The expenses inputted below will be used by the applicant to determine whether the request amount is no more than 20% of their organization's budget.

**Date of when your most recent operating budget was approved by your board**

**Previous Fiscal, Actual Operating Budget**

If your clinic/network is part of a multi-service organization, only include the income/expenses, including personnel, allocable to the clinic/network; if your clinic owns and operates multiple sites or multiple programs under membership, be sure that the budget encompasses all sites; do not count capital expenditures or in-kind contributions.

FAFCC members who belong to parent organizations are required to submit an operating budget that reflects the cost to operate the clinic only, this should NOT include programs or other parent organization entities not included in FAFCC membership. If this cannot be reflected in the "income" field, this can at least be done so in the "expenses" field.

**Income**

**Expenses**

If there is a 20% difference (positive or negative) in your operating expenses between the previous fiscal year's actual operating budget and the current, board-approved operating budget, please provide a detailed explanation and budget justification.

**Executive Director Contact Info**

- **Prefix**
  - <Select One>
- **First Name**
- **Middle Initial**
- **Last Name**
- **Title**
- **E-mail**
- **Direct Phone**
- **Ext.**
- **Employment Status**
  - Full-time

**Project Liaison**

- **Prefix**
  - <Select One>
- **First Name**
- **Last Name**
- **Title**
- **E-mail**
- **Direct Phone**
- **Ext.**

**Proposal Title**

Please think critically when devising a Proposal Title that identifies an overarching or unifying theme of your grant request. A successful Grant Title will accurately and succinctly identify the scope of your Grant proposal.

The Proposal Title is intended to be specific to your Grant Proposal; however, the language should also be broad enough, that if your proposal is not fully funded, the title will still be relevant to your awarded balance. This should NOT be derivative of your organization’s mission statement.

**Budget Breakdown**

- **2019-2020 State Funds Grant Application**
Personnel Costs

- Describe the scope of work to be performed under Personnel Costs from implementation to completion by June 30, 2020. At a minimum, it will detail the activities and/or tasks, timeline and deliverables under personnel expenses.

- Amount Requested
  This is the sum amount of personnel costs.

- Budget Justification
  Explain how you arrived at the amount requested, please be specific as possible.

- Have any of the provided line items in the budget justification been funded by FAFCC in the 18-19 Grant Cycle? Yes

- Statement of Need
  Explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission.

- If FAFCC cannot fully fund this specific item, please indicate whether and how much you would still need to receive in order to implement and operationalize this item by June 30, 2020.

Operational Costs

- Describe the scope of work to be performed under Operational Costs from implementation to completion by June 30, 2020. At a minimum, it will detail the activities and/or tasks, timeline and deliverables under operational expenses.

- Amount Requested
  This is the sum amount of operational costs.

- Budget Justification
  Explain how you arrived at the amount requested, please be specific as possible.

- Have any of the provided line items in the budget justification been funded by FAFCC in the 18-19 Grant Cycle? Yes

- Statement of Need
  Explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission.

- If FAFCC cannot fully fund this budget category, please indicate whether and how much you would still need to receive in order to implement and operationalize this item by June 30, 2020.

Programmatic Costs

- Describe the scope of work to be performed under Programmatic Costs from implementation to completion by June 30, 2020.
At a minimum, it will detail the activities and/or tasks, timeline and deliverables under programmatic expenses.

**Amount Requested**
This is the sum amount of programmatic costs.

**Budget Justification**
Explain how you arrived at the amount requested; please be specific as possible.

**Have any of the provided line items in the budget justification been funded by FAFCC in the 18-19 Grant Cycle?**
Yes [ ]

**Statement of Need**
Explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission.

**If FAFCC cannot fully fund this budget category, please indicate whether and how much you would still need to receive in order to implement and operationalize this item by June 30, 2020.**

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### Recommended Project Funding for 2020 FAFCC Conference

**Number of Attendees**

**Amount Requested for 2020 Annual Conference**
The number of attendees you provided above multiplied by $250.00 for cost of each registration fee equals your total amount requested for the 2020 Annual Conference.

<table>
<thead>
<tr>
<th>Number of Attendees</th>
<th>Amount Requested</th>
<th>0.0000</th>
</tr>
</thead>
</table>

---

### Grant Requests

**Grant Amount**

**Calculated Grant Amount Requested for Grant Proposal**
This calculated amount includes the sum of all budget expenses, including conference registrations and should match the request amount above.

<table>
<thead>
<tr>
<th>Grant Request Amount</th>
<th>Calculated Grant Amount</th>
<th>0.00</th>
</tr>
</thead>
</table>

**Does the above Grant Request reflect no more than 20% of your annual operating expenses as advised in the July 22nd Webinar?**
- <Select One> [ ]

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### Grant Overview

**Describe the demand for the grant by the community, including the target population (if appropriate).**
Include the current local, state or national climate to support your request.

---

### Successes and Outcomes

**Successes**

- Aside from patient services data, how will you track your progress?

- How will you measure your successes, identify barriers, and make corrections in your program?
Outcomes

What are the specific outcomes you expect to achieve within the grant’s scope of work?

What is the anticipated timeline for achieving these results?

How will you know when your results have been achieved?

Sustainability

Aside from FAFCC are there any partners critical to your success? If so, please list them and describe what role they will play.

Total Number of Grant and Award Dollars received from Funders in the last fiscal year.
This number should exclude grant dollars received from the FAFCC State Funds Grant.

Total number of Fundraising and private dollars received from Donors in the last fiscal year.

Describe how you intend to sustain the grant’s scope of work once the approximate 9 month grant cycle is complete?

Outside of FAFCC funded projects, how has your clinic or network implemented steps toward self-sustainability?

Attachments and Signatures

The required documents you need are:

1. Attachment 1 – 501c3 Letter
2. Attachment 2 – Most Recent Board Approved Operating Budget
3. Attachment 3 – Previous Fiscal year, Actual Operating Budget
4. Attachment 4 – Audit, Review, Compilation, or Letter of Explanation
5. Attachment 5 – Overall Grant Budget
6. Attachment 6 – Clinic/Network’s most recent 990 form or proof of exemption

Attachments must be submitted to FAFCC by no later than 5 pm EST on August 23rd, 2019. Please submit the application below. Grant Applications and Attachments received after 5 pm EST on Friday, August 23rd, 2019 will not be considered. Upon submission, the GiftsOnline Account holder will receive an automated email confirming receipt of your application. If an email is not received, please check your spam inbox prior to contacting Matt (matt@fafcc.org) or Christina (christina@fafcc.org) to confirm.

501c3 Letter

Browse…
No file selected.

Upload

Most Recent Board Approved Operating Budget

Browse…
No file selected.

Previous Fiscal year, Actual Operating Budget

Audit, Review, Compilation, or Letter of Explanation

Overall Grant Budget
Please use the template found on the FAFC website.

Clinic/Network’s most recent 990 form or proof of exemption

Signatures
I, the Project Liaison, hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of my knowledge.

I, the Board Chair or Executive Director, hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of my knowledge.

Project Liaison, please sign by typing your full name.

Board Chair or Executive Director, please sign by typing your full name.

Save & Finish Later  Submit