

Las Vegas New Mexico Community Foundation

2024 Community Grant, Checklist, & Application

Guidelines

The Las Vegas New Mexico Community Foundation (LVNMCF) awards funds to nonprofit organizations to provide services and programs to residents of San Miguel and Mora Counties to help our communities thrive. LVNMCF is committed to the belief that communities thrive when agriculture & environmental sustainability, arts & culture, education, health & wellness, historic preservation, and community development are supported. As resources permit, the Foundation will support the efforts of nonprofit organizations to foster and promote a healthy and thriving community.

Eligible organizations may apply for a grant by completing and submitting this application *on or before* Friday, **December 6, 2024.** Organizations that have received LVNMCF funding in the past are only eligible to apply if they have completed all prior reporting requirements. Priority will be given to organizations that have not previously received funding. The LVNMCF grant review committee will review applications and inform successful applicants by Friday, December 27, 2024. Grant recipients will be formally announced on Friday, January 10, 2025. For more information, visit the LVNMCF Foundation website at w<u>ww.lvnmcf.org</u> or email <u>admin@lvnmcf.org</u>.

Eligible to Apply

- Nonprofit organizations under the Internal Revenue Service regulations <u>and</u> registered <u>and</u> in good standing with the New Mexico Secretary of State
- Local governmental entities
- Public or not-for-profit educational entities
- All funding requests must serve San Miguel and Mora communities

Ineligible to Apply

- For-profit organizations or businesses
- Private foundations
- Individuals
- Political or lobbying organizations
- Awardees of prior foundation grants that did not meet all reporting deadlines or other requirements of the LVNMCF Grant Funding Agreement
- Projects for religious purposes

Reporting Requirements

If funded, the LVNMCF requires both interim and final reporting that is detailed in the application below. The Foundation also requests recognition in any media or advertisements regarding the funded project.

<u>Checklist</u>

Check list of application items to be completed and/or attached. Please check off and retain as a sheet of the application. Thank you.

- Applicant's Information (1A-F)
- ____Funding Category (2)
- _____ Proposal Narrative, Goals, objectives (3A-E)
- ____Budget (4A-E)
- _____Annual Income (5A-C)
- _____Total Cost of Project (7-D)
- ____Itemized Breakdown of Costs
- ____Matching Funds (if applies)
- ____IRS status (6-A)
- ____Copy of Determination Letter properly labeled
- _____Fiscal Sponsor (8-B as needed)
- ____Copy of Determination Letter as needed
- _____Certificate of Good Standing properly executed and labeled as required
- _____Signature certification

2024 Community Grant Application

Name of Organization:	Date:	
1. Applicant Information		
A. Contact Person:		
B. Phone #:		
C. E-mail:		
D. Address of the organization:		

E. Mission Statement: B

F. Brief history of the organization including past activities and accomplishments:

G. If the organization has been awarded LVNMCF grant monies in the past, indicate each year applied, amount requested, amount granted: ______

Include the date you submitted the final report for the grants received previously:

2. Funding Category: (Select (1) category below that best fits your project)

Agriculture & Environmental Sustainability

Arts & Culture

Community Development

Education

Health & Wellness

Historic Preservation

3. Proposal Narrative:

A. Project title that reflects the intent of the requested project to be funded:

B. Purpose of the project:

C. Scope of Work, include goals, objectives, and an action plan with a timeline:

- D. Project as well as geographic region, target population and the anticipated number of people who will benefit from the program:
- E. Measurable expected outcomes and how these outcomes will impact our community:

4. Budget for the Program or Activity:

- A. Total Cost of the Proposed Project: \$_____
- B. Amount Request from the Foundation: \$_____
- C. Detailed breakdown of project costs (which equals the total cost of the project):
- D. If the total cost of the project is greater than the amount requested from the Foundation, indicate the amount and sources of other funds.

**If the amount awarded is less than the amount requested, a revised Scope of Work will be requested for approval.

If yes, what is the source and amount of the matching funds? (please specify):

5. Additional Required Documents

Provide the following information from your most current Annual Income Statement: (If you have a Fiscal Sponsor, list this information from their annual income statement)

A. Total Assets:	\$	
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B. Total Liabilities: \$ _____

C. Net Assets: \$

** All grant awards are subject to the availability of funds as determined by the LVNMCF Board of Directors and are granted for one year and may be renewed with submission of a subsequent grant application.

6. The Organization's IRS Status (complete the following):

A. Is your organization a Qualified IRS 501(c)(3) Charitable Organization? No Yes If yes, what is the date of the IRS Letter of Determination for 501(c)(3) status: _______ and EIN: ______

** **Attach a copy** of the IRS Determination Letter granting nonprofit status. Name the pdf file: *"organization name_IRSDL"*

B. *If not* currently a Qualified IRS 501(c)(3) Charitable Organization, but you are applying under the auspices of a Qualified Charitable Organization as Fiscal Sponsor, provide the name, contact information for organization that serves as your organization's fiscal sponsor (fiscal sponsor approval signature required below):

****Attach a copy** of your fiscal sponsor's IRS Determination Letter granting nonprofit status. Name the pdf file: "organization name_FiscalSponsor_IRSDL"

7. Certificate of Good Standing

Attach a copy of your organization's current Certificate of Good Standing from the New Mexico Secretary of State's Office. Access this document at <u>https://portal.sos.state.nm.us/BFS/online</u>. Login to your organization's account. In the upper left-hand corner, click Dashboard Corporations, *select* Certificate of Good Standing, and proceed. Name the pdf file: "organization name_CGS2021".

8. REPORTING REQUIREMENTS:

Interim Reporting

Grants are awarded for a period of nine months. An interim report will be required at approximately halfway through the grant period. The interim report must be submitted via email and include a description of the progress made in a paragraph summary and a list of expenditures to date if applicable.

Final Reporting

The final report is due within 30 days of completion of the project. The final report must include a paragraph summary of progress, a list breakdown of how the funds were expended, and must include at least 3 photos. Future funding of nonprofit organizations is subject to compliance with reporting requirements.

The undersigned herby certifies that:

- All information included in this application is correct to the best of your knowledge. The organization's 501(c)(3) status is not revoked, canceled, or modified.
- Grant funds will be used for the purpose outlined in this application.
- An interim report and a final report along with photographs will be submitted.

Applicant signature:	_ Date:
Print applicant's name:	_
Fiscal Sponsor Signature:	Date:
Print Fiscal Sponsor Name & Title:	

Applications must be complete and received by the deadline indicated. Applicants will be notified of receipt of their application. Additional information and/or clarification may be requested to assist in determining the award. Awardees must sign a LVNMCF Grant Funding Agreement prior to disbursement of funds.

The grant application and the required attachments are due by 5:00 pm on FRIDAY, DECEMBER 6, 2024. *Late applications will not be accepted.*

Email to: admin@lvnmcf.org

<u>Mail to:</u> Las Vegas New Mexico Community Foundation P.O. Box 1002, Las Vegas, NM 87701

Hand deliver to:

Aneata O'Brien, Administrative Coordinator, LVNMCF Office 504 Douglas Ave. Las Vegas, New Mexico 87701

Foundation use only:

Approved/Denied Date: _____

Grants Committee Chair (sign and print name):

Board Chair (sign and print name):