

Grant Application

Application Guidelines

PHILOSOPHY & MISSION

The NAPE Expo Charities Fund was created to honor and empower wounded veterans in their adjustment back to civilian life through the giving of monies to various charities whose specific mission is to assist and support wounded veterans. Monies donated to the NAPE Expo Charities Fund are to be used for these veterans to promote their recovery and facilitate the adjustment in dealing with injuries received while in the service of their country. Additionally, funds donated can be used to assist in acclimating veterans back into civilian life. The NAPE Expo Charities Fund raises money through specific fund raising associated with its NAPE Charities Luncheon hosted, sponsored and paid for by NAPE Expo, LP. This luncheon is held annually in conjunction with its NAPE Expo event at The George R. Brown Convention Center in Houston, Texas.

APPLICATION PROCEDURES

To be considered in the grant review process, your request should be submitted using the following grant application form. All questions need to be answered. Narrative responses are limited to the maximum word count listed. Only provide information that is pertinent to the question asked. You do not have to use the full allotment of words.

Submit the completed grant application by mailing one (1) copy to the address provided below. A complete copy of the application should also be emailed to Mariah Martin, NAPE Project Coordinator, at mmartin@napeexpo.com. The application sent by mail should be stapled or paper clipped. Please do NOT laminate or bind (i.e., spiral-bind, book-bind, perfect-bind, etc.) your submission.

In addition to the completed grant application, a short 2-3 minute video about your organization is also required. The video should demonstrate the scope and impact of your organization's work and how it fulfills the mission of the NAPE Expo Charities Fund. The video can be sent by mail on a DVD or flash drive or electronically as a high resolution WAV file or simply email a link.

All grant applications are subject to review by the NAPE Operators Committee beginning with an initial vetting by the Committee Leadership followed by a final vote by the full committee. The review process will take place in mid-August with grant award recipients notified by the end of August, so recipients can plan for representatives to attend the NAPE Charities Luncheon in February to receive formal recognition of their award. The number of award recipients can vary from year to year at the discretion of the selection committee.

GRANT DISTRIBUTION AND RENEWALS

NAPE Expo Charities Fund awards grants on a yearly basis. Award distributions will be mailed to the selected recipient organization(s) within 6-8 weeks following the formal award recognition at the NAPE Charities Luncheon. Receiving a grant one year does not guarantee an organization will receive a grant the following year; however, organizations are welcome to reapply each year.

RETURN COMPLETED GRANT APPLICATION AND VIDEO TO:

Mail –
NAPE Expo, LP
Attn: Ron Munn, CPL/ESA
800 Fournier Street
Fort Worth, TX 76102

AND

Email –
mmartin@napeexpo.com

Grant Application

ORGANIZATION DEMOGRAPHIC INFORMATION

Organization's Legal Name:
DBA (If different from legal name):
Main Address:
City: **State:** **Zip:**
Phone: **Fax:**
Website: **Organization Email Address:**
EIN #: **501(c)(3) (Check one):** ☐ **Yes** ☐ **No** **If No, IRS Subsection:**
Ruling Year (The year the IRS granted tax exempt status): **IRS Filing Requirement:**
Founding Year: **Fiscal Year:** through

Application Contact Name (First and Last):

Title:
Address:
City: **State:** **Zip:**
Phone: **Email:**

Administrative Official To Be Notified If Award Is Made

Name (First and Last):
Title:
Address:
City: **State:** **Zip:**
Phone: **Email:**

Organization's mission statement:

Type of request (Check one):

- | | |
|---|--|
| <input type="checkbox"/> Project/Program Support
<input type="checkbox"/> New Project
<input type="checkbox"/> Existing Project
<input type="checkbox"/> Expansion of Existing Project | <input type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> General h Support | |

Project/campaign name:
 (If general , please indicate)

Proposal summary: Summarize the purpose of this request. [Character limit: 500]

PROPOSAL NARRATIVE

SECTION A: ORGANIZATION INFORMATION

1. Brief summary of organization’s history. [Character limit: 1,500]

2. Brief description of the organization’s current programs, activities, number served annually, and recent accomplishments. [Character limit: 1,500]

SECTION B: STATEMENT OF NEED**3. Describe the size and magnitude of the need. *[Character limit: 1,000]*****4. Provide the location and demographic information for the population that will benefit from the award. *[Character limit: 1,000]*****SECTION C: PURPOSE OF REQUEST****5. Describe how things will be different if the project is successful and how you plan to get to that successful outcome.***[Character limit: 1,000]*

6. Identify the tasks you plan to complete that illustrate how the work will be accomplished. [Character limit: 1,000]

7. Describe who will be served and how they will benefit. [Character limit: 1,000]

8. Name where the services are provided, including the type of facilities or specific locations. [Character limit: 1,000]

9. For ongoing work, provide context about when activities will occur during the award year, including frequency of activity and number of participants. For new projects, provide a timeline for implementation. *[Character limit: 1,000]*

SECTION D: AWARDS AND ACCREDITATIONS

10. List any awards and/or accreditations received by the organization. Include scores by any type of rating agency (i.e. Charity Navigator, GuideStar, CharityWatch, BBB Wise Giving Alliance, etc.)

SECTION E: FINANCIALS AT A GLANCE

11. Revenue & Expenses.

	Current	2019	2018
Revenue			
Contributions, Grants, Gifts	\$	\$	\$
Program Services	\$	\$	\$
Membership Dues	\$	\$	\$
Special Events	\$	\$	\$
Other Revenue	\$	\$	\$
Total Revenue	\$	\$	\$
Expenses			
Program Services	\$	\$	\$
Administration	\$	\$	\$
Fundraising	\$	\$	\$
Payments to Affiliates	\$	\$	\$
Other Expenses	\$	\$	\$
Total Expenses	\$	\$	\$

[illegible]

15. Board of Directors. Include name and title for each.

[illegible]

16. Leadership and Key Employees. Include name and title for executive leadership team and key employees responsible for the primary operations of the organization. For those in executive leadership roles, include compensation.

Name	Title	Compensation	Other

SECTION G: LEGAL

17. List any current or past litigations involving your organization over the last five (5) years.

SECTION H: CONCLUDING STATEMENT

15. Briefly explain why NAPE Expo Charities Fund should make an award to your organization. [Character limit: 1,000]

Agreement

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

I certify that any and all funds received from NAPE Expo Charities Fund will be used for the sole purpose of fulfilling the mission of NAPE Expo Charities – to promote the recovery of US veterans and facilitate the adjustment in dealing with injuries received while in the service of their country and/or to assist in acclimating veterans back into civilian life.

Signature & Title of Authorized Representative (e.g., Executive Director)

Date