

**The Legacy Fund**  
**Operations Grant Application**



Amount of Grant Request \$ \_\_\_\_\_  
(\$3,000 Maximum)

Brief Description of use of grant funds: \_\_\_\_\_  
\_\_\_\_\_

Below are the requirements for a Legacy Community Fund Operations Grant Request:

**Agency Information:**

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Organization

\_\_\_\_\_

Address

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Fax

\_\_\_\_\_

Email

\_\_\_\_\_

Website

\_\_\_\_\_

Date Organization Incorporated

\_\_\_\_\_

Population Served

\_\_\_\_\_

Region Served

\_\_\_\_\_

Executive Director

Mission of Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Operational Information:

Please provide the information requested below in six (6) pages or less. The following information is **required** and should be numbered and provided in the following order.

1. **Category:** Identify the ONE category that best applies to the Organization:  
(i) Arts and Culture; (ii) Education and Training; (iii) Community Development/Community Service; (iv) Environment; (v) Health; (vi) Human Services; (vii) Recreation or (viii) Animal-Related Services
2. **Organizational Description:** Describe the organization, including a summary of the critical issues/opportunities it addresses; its benefits to the community and the changes/results it hopes to attain.
3. **Key Staff and Volunteers:** List the names of key staff and volunteers involved with the organization. Include brief background information on these people.
4. **Board Support:** What percentage of the agency's board provided financial support to the organization in the most recent fiscal year? What was the total amount of the financial support received from Board members in the most recent fiscal year? (Please indicate the year for which this information is provided.)
5. **Evaluation:** What objective criteria are used to indicate the Organization is a success? How will you know if the criteria are met?
6. **Operational Budget:** Specifically itemize your operational budget showing how the funds requested from the Legacy Community Fund will be used and identify sources of revenue for other operational expenses.
7. **Partial Funding:** Should the organization receive partial funding from the Legacy Community Fund, identify other funding sources for the operational expenses.

## Other Information:

Please see the following checklist below for list of attachments. The information requested should be provided in the following order:

- Agency Information
- Operational Information (Items 1-7 above in 6 pages or less.)
- List of board of directors showing occupation, if any, of each board member
- Current operating budget
- Most recent year-end financial statements (provide audit, if one is prepared)
- Most recent IRS Informational Return Form 990, if applicable
- 501(c)(3) Tax-determination letter or Copy of Fund Agreement with The Legacy Fund\*
- Accreditation certificate, if applicable
- Letters from recipient organization(s), if the project/program involves providing services to other organization(s)

The Grant Request Packet may be mailed to the Legacy Fund, P.O. Box 234, Marble Falls, TX 78654 or emailed to [mdockery@hllegacyfund.org](mailto:mdockery@hllegacyfund.org). If emailed, delivery receipt is strongly suggested.

\*Note: If organization has a fund established with The Legacy Fund, organization is eligible to submit a grant request to the Legacy Community Fund.