

# Previous Grantee v2

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*The Henderson-Wessendorff Foundation*

## REQUEST INFORMATION

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You may find answers to Frequently Asked Questions on our Grants web page at <https://hw-foundation.com/grants/>.

**Project name:\***

*Character Limit: 250*

**Proposed purpose:\***

*Character Limit: 250*

**Amount requested:\***

*Character Limit: 20*

**Total project, program or operating cost:\***

*Character Limit: 20*

**Amount of funds received to date in support of the total cost of the project, program or operations:\***

*Character Limit: 20*

**List outstanding funding requests related to this project, program, or operations:\***

*Character Limit: 500*

**Upload a detailed budget for the amount requested.\***

If requesting operating support, upload the organization's budget.

*File Size Limit: 6 MB*

**When do you plan to use these grant funds?\***

*Character Limit: 100*

**What needs have been identified, and how will the requested funds be used to address these needs?\***

Include geographic area and numbers to be served.

*Character Limit: 4000*

**Which organizations will help to accomplish your plan?\***

Include entities, facilities, partnerships, etc.

*Character Limit: 1000*

## **REQUEST CODING\***

Options listed below are used for internal classification purposes and do not represent the Foundation's areas of focus for grants. Please visit [www.hw-foundation.com](http://www.hw-foundation.com) for the Foundation's grant guidelines.

### **Target Population**

Choose the best option.

#### **Choices**

Abuse/Neglect Victims  
Behavioral/Mental Health  
Disaster Victims  
Economically Challenged  
General Population  
Homeless  
Intellectually/Developmentally Disabled  
Physical Health Conditions/Illnesses  
Physically Disabled  
Substance Abuse Victims  
Unemployed/Underemployed  
Veterans  
Other

### **Program Area\***

Choose the best option.

#### **Choices**

Animals  
Community Development  
Education  
Employment  
Environment  
Food, Agriculture & Nutrition  
Government  
Health & Wellness  
Housing  
Human Services  
Legal  
Public Benefit  
Public Safety  
Recreation & Sports  
Religion  
Science & Technology  
Social Science, Culture & Humanities  
Other

**Geographic Area\***

Choose the best option.

**Choices**

- Blanco Area
- Fort Bend County
- Greater Houston
- Richmond
- Richmond and Rosenberg
- Rosenberg
- Texas
- Other

**Funding Type\***

Choose the best option.

**Choices**

- Construction
- Equipment
- Land Acquisition
- Operating Support
- Program Development/Support
- Research
- Scholarships/Endowments
- Other

**Age Group\***

Choose the best option.

**Choices**

- Infants to Preschool (under 5 years)
- Children & Youth (0-19 years)
- K-12 (5-19 years)
- Adolescents (13-19 years)
- Adults
- Senior Citizens
- All Ages

**ORGANIZATION AND BOARD INFORMATION**

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**Mission statement:\***

*Character Limit: 300*

**Upload a list of the organization's current board members.\***

Include their company and community affiliations, number of years served and contact information.

*File Size Limit: 2 MB*

## **Describe upcoming leadership changes or changes which occurred during the past two years.\***

*Character Limit: 1000*

## **Upload a one page cover letter on organization letterhead.\***

This letter should be signed by the Executive Director and Board Chair, and include the following:

- Specific amount of the request and purpose for use of funds
- Name, title, phone numbers and email address of the Executive Director
- Name, title, phone numbers and email address of the Board Chair
- Name, title, phone numbers and email address for the person with whom the Foundation is to communicate about this request
- Name, title, phone numbers and email address for the person who is authorized to execute an electronic Grant Agreement, if a grant is approved

*File Size Limit: 2 MB*

## **FINANCIAL INFORMATION**

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### **Fiscal year end date:\***

*Character Limit: 10*

### **Upload the organization's current, board approved, budget.\***

*File Size Limit: 4 MB*

### **Upload the organization's previous budget.\***

*File Size Limit: 4 MB*

### **Upload the organization's most recent reviewed, compiled, or audited financial statements.\***

*File Size Limit: 6 MB*

### **Upload the organization's internal financial statements for the previous fiscal year.\***

*File Size Limit: 6 MB*

### **Does the board have a reserve policy?\***

If so, provide a description and the current reserved amount.

*Character Limit: 1000*

**Does the organization have an endowment fund?\***

If so, what is the current amount and what percentage is available annually for expenditure?

*Character Limit: 1000*

**Does the organization file an IRS Form 990?\***

If so, the Form 990 will be reviewed through online sources and you will be contacted if additional information is needed.

**Choices**

Yes

No

## FEEDBACK

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**What feedback would you give to the Foundation about our grantmaking process or system?**

Responses to this question will not affect future grant decisions for your organization. We truly wish to improve and streamline our process where possible.

*Character Limit: 10000*

Clicking submit will notify the Grants Officer of your request. Please do not send an additional email. The Grants Officer will begin the review process and will contact you within the next one to two months.

## ADDITIONAL DOCUMENTATION

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**Upload additional documents important to this request. (optional)**

*File Size Limit: 6 MB*

**Upload additional documents important to this request. (optional)**

*File Size Limit: 6 MB*

**Upload additional documents important to this request. (optional)**

*File Size Limit: 6 MB*

**Application - HWF Staff Notes**

*Character Limit: 10000*

**Board meeting date for consideration:**

Enter 7/12/1972 if not going to the Board

*Character Limit: 10*

## *Internal Not Used*

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#### **Target Population**

Choose the best option.

##### **Choices**

Abuse/Neglect Victims  
Developmentally Disabled  
Disaster Victims  
Economically Challenged  
General Population  
Health Conditions/Illnesses  
Homeless  
Mental Health  
Physically Challenged  
Substance Abuse Victims  
Unemployed/Underemployed  
Veterans  
Other

#### **Describe the plan for using grant funds including a timeline, if applicable.**

*Character Limit: 3000*

#### **Provide a history of the program. If new or requesting operational support, type NA.**

*Character Limit: 2000*

#### **Are there other organizations in the area addressing the same issue/need?**

If so, indicate how the organization or proposal differs in scope or approach.

*Character Limit: 3000*

#### **Describe any potential challenges and opportunities related to this request.**

*Character Limit: 2000*

#### **NOT USING Action taken by grant staff, if any, regarding the feedback given above:**

*Character Limit: 1000*

## *Internal Not Used EXECUTIVE DIRECTOR ACKNOWLEDGMENT*

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If you **are** the Executive Director, skip to the *Organization and Board Information* section.

If you **are not** the Executive Director, enter the email address of the Executive Director, copy the text below, click *Compose Email*, and paste this text in the Body of the email with the subject line *Action Required*.

*Body Text to Copy:* Please look for a separate email with instructions to acknowledge the request to The Henderson-Wessendorff Foundation.

*Character Limit: 254*

Your organization is requesting a grant from The Henderson-Wessendorff Foundation. To acknowledge this request, enter the requested amount and proposed use of funds.

### **Requested Amount:**

*Character Limit: 20*

### **Proposed Use of Funds:**

*Character Limit: 250*

### **Authorized Individual**

If the request is approved, an Authorized Individual will need to be a user in our online grants system to electronically sign grant agreements. If the Authorized Individual is not already an established user, we will create their user account and send log on instructions to their email address.

Are you authorized to execute a grant agreement on behalf of your organization?

#### **Choices**

Yes

No



If you are not, type the name, title, phone number, and email address of the individual who is authorized to execute a grant agreement.

*Character Limit: 500*

### **Your Signature**

First and Last Name:

*Character Limit: 50*



Your Title:

*Character Limit: 50*



Your Email Address:

*Character Limit: 254*



Date:

*Character Limit: 10*