

Application for a Project Continuation Grant: Deadline—May 7, 2024

#### ORGANIZATION INFORMATION

**Organization name**:

If UAB, school/department:

If not UAB, Federal Tax ID #:

**Mailing address**:

Physical address, if different from above:

Office phone:

Website:

Name of primary contact and title:

Primary contact email address:

Primary contact phone, if different from above:

Note: Any funds awarded by ESFA must be used solely for the purposes described in the proposal and budget submitted and approved by ESFA. ESFA must approve any substantial changes in the project and project budget. A progress update will be due on January 15, 2025.

ESFA allows up to 5% of the award amount to be moved from one project budget category to another without ESFA approval, as long as the new use is within ESFA's funding guidelines, within the scope of your approved project, and the change is itemized and explained in the reporting stage.

- At the end of your project, if there are unused funds, up to 5% of the awarded amount may be redirected to another use, as long as the purpose remains within ESFA's funding guidelines. The new use should show up in the reporting stage.
- Any unused portion of the award beyond 5% of the awarded amount must be returned, whether from the project coming in under budget or from other factors.
- Grantees are responsible for keeping ESFA abreast of any delays or changes in project.
- If a project has not been completed within a specified time period, grantee should not apply for a new grant.

### **AUTHORIZATION**

Name and title of top executive—president/CEO, dean, dept. chair, etc. (please print):

Signature of top executive:

Signature of primary contact, if different from top executive:

## PROJECT INFORMATION (for current grant proposal)

**Project title**:

**Amount requested from ESFA:** 

**Total project budget**:

Brief project description including goals for new funding cycle:

## PROJECT DESCRIPTION (for current year grant proposal)

<u>Organization background:</u> Mission (include mission statement), history (including year founded), major programs, accomplishments, collaborations with other organizations.

<u>Proposed project or program:</u> Specific eye care need or issue you will address; population you will serve; estimated number of people you will serve; goals and objectives; activities that will be carried out to accomplish the objectives; key personnel and their qualifications; other organizations involved in your project; other organizations providing similar services.

<u>Project evaluation:</u> Your criteria for effectiveness; the methods you will use to analyze your results (measure your progress/success); who will assess the results. Criteria might include number of vision screens completed; number of eye glasses purchased; and so forth.

When is your fiscal year-end?

<u>Project Timeline: If your current project is funded by ESFA (funds disbursed early September), when will you begin using the funds received? When do you anticipate the funds will be fully spent?</u>

<u>Project continuation:</u> If the project is ongoing, list and describe your plans to continue beyond this funding period – donations from individuals, grants from foundations and other funding sources, earned income, insurance reimbursements, etc.

<u>Additional funding:</u> List other foundations or sources to which you have submitted a proposal for this project, with amount and status of each request – approved, declined or pending.

<u>Factors that may influence funding:</u> Are there internal or external issues that may affect your project and/or organization's funding or financial position, such as the economy, changes in healthcare reimbursements/coverage/laws, a shift in mission or focus, or challenges within the organization? Help the EyeSight Foundation understand special circumstances or challenges that you face.

<u>Budget:</u> The budget form can be found on the last page of this document. Include the time period for the project.

#### SUPPORTING DOCUMENTATION

## Please provide:

- Current operating budget for entire organization (in addition to project budget; see below)
- Income and expense statement for last fiscal year (if different than period covered by most recent audited financial statements)
- Most recent Form 990
- Most recent audited financial statements
- List of current Board of Directors, including affiliation of each member
- Tax-exempt letter from IRS

### STEWARDSHIP REPORT ON PRIOR FUNDING

The following information assists us in measuring the achievements of the projects we support. We ask for your honest, critical attention in completing this report. We are interested in what qualities contributed to the successful aspects of your project, as well as reasons that made other goals more difficult or impossible to achieve. This report should help you assess your accomplishments, evaluate your work and point to ways to improve a project. Your answers need not be lengthy; a short response is adequate and preferred.

1. List the original goals and objectives of the funded project and tell how they have been met during this reporting period with funds received from the EyeSight Foundation of Alabama. If applicable, describe the status towards meeting any special terms or conditions of this award.

- 2. What impact did this project have on the people or community you served during the award period? How many people were served? Did you reach the population you originally targeted? Use <u>measurable indicators</u> (numbers, percentages, etc.).
- 3. List any changes in your organization that have occurred since you received the award (leadership, personnel, mission, funding, etc.). It is your responsibility and duty to inform us of any changes and how those changes might affect your project.
- 4. If grant funds were used to purchase specific equipment, please provide invoice and proof of payment for that equipment and explain how use of it impacted your work.
- 5. We recognize that variance from original project plans often occur. In what ways did the actual project vary from your initial plans? List any changes to the budget, the scope of the project, collaborators, etc. Describe how and why.
- 6. Were there any unanticipated results, either positive or negative? Describe what was learned.
- 7. Describe any adjustments already implemented or planned based on these changes, variances or results as described above in questions 3, 4 or 5.
- 8. Did you receive funding from other sources for this project? If so, from who and how much? Describe your progress toward securing funding to sustain this project in the future.
- 9. Factors that may influence funding: Are there internal or external issues that may affect your project and/or organization's funding or financial position, such as the economy, changes in healthcare reimbursements/coverage/laws, a shift in mission or focus, or challenges within the organization? Help the EyeSight Foundation understand special circumstances or challenges that you face.
- 10. Explain how any collaborative/cooperative efforts with individuals and organizations proceeded as planned during the project.
- 11. Describe any other important outcomes as a result of this award.
- 12. Have you or will you share your results or findings and, if so, describe how.
- 13. Have you acknowledged EyeSight Foundation of Alabama as a source of funding for this project? Please provide copies of printed recognition, as appropriate.
- 14. Please share comments, recommendations, or feedback. You may attach additional pages.

# PROJECT BUDGET FORM – CURRENT (New) PROPOSAL

**If your project is funded**, you will use this same worksheet to report actual expenses and to explain any significant variances at the end of the funding period. Cells can be added, if needed.

**If you are part of UAB:** use accepted Contracts and Grants Accounting classifications/terminology. If filling in this budget form or complying with any other application requirement shifts your project into UAB Contracts and Grants/Sponsored Research, and you would prefer your project be treated as a Gift instead of a Grant, please contact our office to discuss potential modifications to support that goal.

Time period this budget covers: (Specify Fiscal year ending? Calendar year ending? 6 months ending?)

EXPENSE ITEMS related to this project only  (ex: salaries, benefits, supplies, equipment, mileage, assistive technology devices, etc.)	ANTICIPATED EXPENSE  AMOUNT – to be filled in during application process	ACTUAL EXPENSE  AMOUNT – to be filled in during reporting phase (next year)	variance = anticipated – actual expense (to be filled in next year)	EXPLANATION/DE TAILS/ ADDITIONAL INFO (to be filled in next year)  Explain any significant variance. Reminder: any significant changes to approved budgets must be submitted for approval before modification is allowed.
	\$	\$	\$	

# PROJECT BUDGET FORM – PRIOR AWARD STEWARDSHIP REPORT

**If your project is funded**, you will use this same worksheet to report actual expenses and to explain any significant variances at the end of the funding period. Cells can be added, if needed.

**If you are part of UAB:** use accepted Contracts and Grants Accounting classifications/terminology. If filling in this budget form or complying with any other application requirement shifts your project into UAB Contracts and Grants/Sponsored Research, and you would prefer your project be treated as a Gift instead of a Grant, please contact our office to discuss potential modifications to support that goal.

Time period this budget covers: (Specify Fiscal year ending? Calendar year ending? 6 months ending?)

EXPENSE ITEMS related to this project only  (ex: salaries, benefits, supplies, equipment, mileage, assistive technology devices, etc.)	ANTICIPATED EXPENSE  AMOUNT – to be filled in during application process	ACTUAL EXPENSE  AMOUNT – to be filled in during reporting phase	VARIANCE = anticipated — actual expense	EXPLANATION/DE TAILS/ ADDITIONAL INFO  Explain any significant variance. Reminder: any significant changes to approved budgets must be submitted for approval before modification is allowed.
	\$	\$	\$	