

Quilter's Guild of Dallas, Inc.

305 Spring Creek Village, Box 521
Dallas, TX 75248-5744

www.quiltersguildofdallas.org

QGD Helena Hibbs Grant Application Cover Sheet

*This is a fillable PDF document. Please "tab" to each section to complete forms.
Please print and mail with your proposal and attachments.*

2019 Grant Award **Grant Amount Requested** _____

Contact/Coordinator Name _____

Organization/Group Name _____

Mailing Address _____

City _____ State _____ Zip (9 digit) _____

Phone _____ Email _____

Project Title _____

Project Start Date _____ Project Completion Date _____

OR

Check if Project is Ongoing

Project Website _____

Local Newspaper _____

Address _____

Contact Person _____ Email _____

For Office Use Only

Award Amount _____ Date Recipient Notification Mailed _____

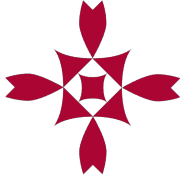
Receipt of Signed Grant Award Contract _____

Interim Report Due _____ Date Received _____

Final Report Due _____ Date Received _____

Check # _____ Mailed _____ Amount _____

Check # _____ Mailed _____ Amount _____



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Part I – Financial Status Designation

Name and Address of Individual or Group Applying for Grant

Name _____

Address _____

City _____ State _____ Zip (9 digit) _____

Note: You do not have to be tax-exempt to apply for a grant. However, we are required to report to the IRS, the amount of grant monies awarded. Please check one of the following designations and fill in the appropriate tax information:

- Organization with recognized Internal Revenue Service 501(c)(3) tax exempt status. A Copy of your IRS determination letter must be included with this application.

Tax ID# _____

- Organization/individual without tax-exempt status, but represented by a fiscal sponsor with recognized Internal Revenue Service 501(c)(3) tax exempt status. A copy of your fiscal agent's IRS determination letter must be included with this application.

Name of fiscal agent: _____

Address of fiscal agent: _____

Tax ID# _____

- Organization/individual without 501(c)(3) status whose activities, programs and projects conform to IRS definition of charitable, educational, or scientific activities.

Tax ID _____

(If you are an individual, your Social Security number will be required with contract)

- Organization/individual without any tax exempt status as noted above.
Social Security Number will be required with contract for tax reporting purposes

As a duly authorized representative of the above named organization/individual, I confirm that the above information is true and accurate. **IF YOU ARE USING A FISCAL AGENT, THIS FORM MUST BE SIGNED BY THAT ORGANIZATION/S DULY AUTHORIZED REPRESENTATIVE.**

Signature _____ Print Name _____

Title _____ Date _____



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Part II – Grant Award Contract Compliance:

I accept and will comply with the following QGD Grant Award Requirements:

- All information represented in this application is true and accurate.
- A final detailed report as to how grant monies were spent will be submitted no later than due date specified in Grant Award Contract.
- I understand that 50% of the award will be made upon QGD's receipt of the signed Grant Award Contract. (This contract is mailed to Grant Recipient upon notification of award.) The balance of the award is contingent upon the recipient's submission of an interim progress report as specified in the Grant Award Contract.
- Grant Recipient shall acknowledge the Quilter's Guild of Dallas, Inc. as being a funding sponsor of the project in all lectures, documentation, publicity, press releases, media coverage and printed material associated with this project. The following acknowledgment must be used: "The (organization/project) is funded in part by a grant from the Quilter's Guild of Dallas, Helena Hibbs Endowment Fund." Supporting evidence of these acknowledgements must be included in the final report.
- If the project is not initiated and/or completed as proposed, notification will be mailed to the Quilter's Guild of Dallas, Inc. via certified mail and all funds awarded will be returned immediately.
- If a Grant Recipient makes money from a commercial product, which the grant has in any way underwritten, then said grant monies must be repaid to the Quilter's Guild of Dallas Endowment Project Fund. In such a case, both parties would reach an agreement prior to the awarding of the grant. The agreement would be contingent on actual profits realized from the commercial venture.

To encourage objectivity in the selection process, members of the Endowment Committee prefer not to be contacted personally by Grant Applicants. Lobbying of the Endowment Committee by or on behalf of a Grant Application will result in the disqualification of the proposal in question.

Grant Funds are distributed to an individual or institution/organization without regard to race, color, creed, national origin, sex or handicap. Current members of the QGD Endowment Committee are not eligible to apply.

Notarized Signature:

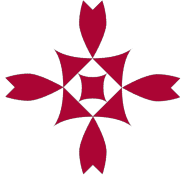
Applicant Signature _____ Date _____

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, _____

Notary Public, State of _____

Printed Name of Notary

My Commission Expires: _____



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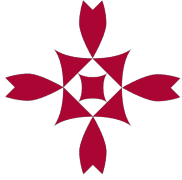
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Part III – Proposal Narrative

Insert your Responses OR Using no more than five (5) pages single spaced, one inch margins all around and no smaller than 10 point Times New Roman, provide a written narrative, including answers to the following questions: (If additional space is needed, please add as an Attachment – “Proposal Narrative Continued”)

- 1. What is your individual or organization's mission? What is your individual/organizational history as a quilt maker, quilt historian, quilt related researcher, or quilt-related community service group?**

- 2. What is the purpose of the project? Why should it be undertaken? Who will benefit?**



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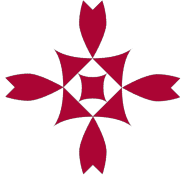
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3. What is the methodology for this project? What are the activities that will be undertaken? What is the length of the project? How will the project conclude?

4. What are the goals for the project: How will you know the goals have been or are being achieved?

5. List all other entities you are seeking funding from, the amounts you are seeking and their contact information.



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- 6. Who is the project leader? What is their experience? What qualifies them to lead this project?**
(As an attachment, include the resumes of the Project Leader(s), and all other individuals working on the project in a leadership role. Include their name, contact information, title, description of their responsibilities and duties with this project as well as work related qualifications.)
- 7. If this project is ongoing, how will you continue to fund your efforts?**
- 8. Identify any similar projects being done by others. What makes your project different and unique?**
- 9. List all individuals or groups you are collaborating with on this project. Include their contact information and a description of their involvement in your project. Please include a Letter of Commitment from such individuals/groups.**



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Part IV – Budget

Please complete the following budget for your project. Do not enter anything in the shaded areas.
Please note that we do not support expenses that would be considered general operating costs.

ANTICIPATED REVENUE	Column A AMOUNT <i>(other sources)</i>	Column B QGD REQUEST	A + B TOTAL
My/Our own Contribution			
Cash Donations from Individuals			
Grant Requests			
In-Kind Donations			
Events and/or Admissions			
Product Sales			
Other Sources <i>(please identify)</i>			
TOTAL ANTICIPATED REVENUE			
ANTICIPATED EXPENSES	AMOUNT	USE OF QGD FUNDS	A+B TOTAL
Salaries			
Employee Related Expenses			
Contract Labor <i>(individuals paid for their unique expertise for this project only – Describe)</i>			
Consumable project supplies <i>(i.e.: fabric, thread)</i> List items to be purchased			
Office Supplies			
Travel and Mileage Reimbursement			
Postage and Delivery			
Printing			
Telephone, FAX, Internet Access			
Rent			
Utilities			
Maintenance			
Insurance			
Marketing Expense(s)			
Other <i>(Please identify)</i>			
TOTAL ANTICIPATED EXPENSES			
NET PROFIT OR (LOSS)			

Use a separate page to describe expensed categories and all items identified as "OTHER".
Please label it: **Part IV – Budget Explanation**



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Part V – Submission Requirements (Applicant **MUST** include this page)

LETTERS OF RECOMMENDATION:

Please include Two (2) letters of recommendation. Each letter must address the project for which you are applying as well as the author's knowledge of the qualifications of the project leader/s and their experience working with them.

NUMBER OF COPIES OF APPLICATION:

You must submit six (6) copies of the complete application (*one (1) original, plus five (5) duplicates*), including all required attachments.

Failure to supply the correct number of copies or an incomplete application submission will result in disqualification. A cover letter is not required, however, please include and identify each part of the submission and attachments with tab separations to be collated as indicated below. DVD's, CD's, video or any other type of media cannot be returned.

METHOD OF SUBMISSION:

- Submissions are only accepted through the U.S. Mail or overnight delivery services such as UPS or FedEx.
- Proposal submissions made via FAX or email will be disqualified.

APPLICATION CHECKLIST:

(All items **MUST** be included in Application)

- Cover Sheet
- Part I, Financial Status, completed and signed
- Part II, Contract Compliance, completed, signed and notarized.
- Part III, Project Narrative (maximum 5 pages)
- Part IV, Budget Form (Use separate page to describe "Expense Categories")
- Attachments, collated as follows:
 - "Proposal Narrative Continued", if added
 - IRS Determination Letter
 - Resume(s) of Project Leader(s) and committee chairs
 - Two Letters of Recommendation

How did you learn about the QGD Grant Program?

Please include the name of the individual, publication, website, or other source:

MAIL COMPLETED APPLICATION TO:

Quilters Guild of Dallas, Inc.
ATTN: Endowment Fund Chair
305 Spring Creek Village, Box 521
Dallas, TX 75248-5744

Applications MUST BE RECEIVED no later than midnight April 30, 2019