



Hermit’s Peak/Calf Canyon Wildfires

Phase 2: Long-term Recovery Grant Application 2022

The Las Vegas New Mexico Community Foundation (LVNMCF) is accepting applications for **Phase 2 Long-term Recovery** from the Hermit’s Peak/Calf Canyon Wildfires. **Phase 2** emphasizes recovery needs such as reoccupying or replacing homes, providing safe drinking water, food storage, finding or repurposing work, getting agricultural products to market and flood mitigation.

Foundation grants will be awarded to area nonprofit (501c3) organizations, cities under the Internal Revenue Service regulations, government agencies and churches (for nonreligious activities). Nonprofit organizations and churches that solicit donations must also be registered and in good standing with the NM Secretary of State or with the fiscal sponsorship of an eligible nonprofit (501c3) organization. The grantee must provide services directly related to the Hermit’s Peak/Calf Canyon wildfires in San Miguel and Mora counties. Grants up to a maximum amount of \$25,000 (per cycle) will be awarded. In alignment with the Foundations’ mission of helping Las Vegas thrive, funds granted are required to be spent on local goods and services unless there are no local alternatives.

The Foundation Board of Directors will acknowledge the receipt of your application within 5 working days. The Foundation will review the application and will notify you of its decision within 30 calendar days of receipt of the application.

For more information, visit the LVNMC Foundation website at www.lvnmcf.org or email info@lvnmcf.org.

Applicant’s Information:

1. Contact Person: _____ Phone #: _____ e-mail: _____
2. Name of the organization: _____
3. Address of the organization: _____
4. Mission statement and a brief history of the organization:

If the organization has been awarded LVNMCF grant monies specifically for the Hermit's Peak/Calf Canyon Fire Relief in the past, indicate the date applied, amount requested and amount granted:

Include the date you submitted the final report for the grants you received: _____

5. Complete the following information:

A. Describe the purpose, goals, and objectives of the long-term recovery project:

B. What are the expected measurable outcomes of the project or activity and how they will be achieved?

C. Who is the anticipated target population, number to be reached, geographic region to be served?

D. How long after receipt of a grant under this application do you estimate you will complete spending the grant funds (up to a maximum of 1 year):

6. Budget for the Long-term Recovery Project or Activity

Describe how the funds will be used.

Provide the following information:

A. Total cost of the proposed project or activity: \$ _____

Provide an itemized breakdown of the project costs below. Funds are required to be spent on local goods and services unless there are no local alternatives.

Itemized cost description:	Location of the Vendor	Amount/Cost:

B. Amount of funding you are requesting: \$ _____

If the total cost is greater than the amount requested, *please describe* your plan to fund the completion of the project.

*****If the amount awarded is less than the amount requested, a revised Scope of Work will be requested for approval.***

Are there matching funds/money? Yes No

If yes, what is the source and amount of the matching funds? (please specify):

*** All grant awards are subject to the availability of funds as determined by the LVNMCF Board of Directors and are granted for up to one year and may be renewed with submission of a subsequent grant application and Board approval.*

7. The Organization's IRS Status (complete the following):

A. Is your organization a Qualified IRS Charitable Organization? No Yes

If yes, what is the date of the IRS Letter of Determination for 501(c)(3) status: _____
and EIN: _____

**** Attach a copy** of the IRS Determination Letter granting nonprofit status.

Name the pdf file: "organization name_IRSDL"

Provide the following information from your most current Annual Income Statement:

(If you have a Fiscal Sponsor, list their information)

Total Assets: _____

Liabilities: _____

Net Assets: _____

B. If not currently a Qualified IRS Charitable Organization, but you are applying under the auspices of a Qualified Charitable Organization as Fiscal Sponsor, provide the name of the organization and provide the tax status of the organization that will serve as your fiscal sponsor:

C. What is the date of your fiscal sponsors IRS Letter of Determination for 501(c)(3) status:

Provide the EIN: _____ Contact Name & Title: _____

Phone number: _____ Email address: _____

****Attach a copy** of your fiscal sponsor's IRS Determination Letter granting nonprofit status. Name the pdf file: "organization name_FiscalSponsor_IRSDL"

8. **Attach a copy** of your organization’s current **Certificate of Good Standing** from the New Mexico Secretary of State’s Office. Access this document at <https://portal.sos.state.nm.us/BFS/online>. Login to your organization’s account. In the upper left-hand corner, click Dashboard Corporations, *select* Certificate of Good Standing, and proceed. Name the pdf file: “organization name_CGS2021”.

9. Final Report:

Phase 2 grants are awarded based on the timeline indicated in Section 5B above, with a possible extension (upon Foundation Board approval). A final report is required to be submitted to the LVNMCF within 30 days of completion of the grant expenditures. Include in the final report information regarding how the purpose, goals and objectives listed in this application were met. Future funding of nonprofit organizations may be subject to compliance with reporting requirements.

10. The undersigned hereby certifies that:

- All information included in this application is correct to the best of your knowledge.
- The organization’s charitable status is not revoked, canceled, or modified.
- Grant funds will be used for the purpose outlined in this application.
- A final report will be submitted to the Foundation. Include any photographs or newspaper articles (if available) along with the final report.

Applicant signature: _____ Date: _____

Print applicant’s name: _____

Applications must be complete. Applicants will be notified of receipt of their application. Additional information and/or clarification may be requested to assist in determining the award. Awardees must sign a LVNMCF Grant Funding Agreement prior to disbursement of funds.

Email to:

info@lvnmcf.org

or

Mail to:

Las Vegas New Mexico Community Foundation

P.O. Box 1002

Las Vegas, New Mexico 87701