



2024
FUNDING APPLICATION

***Campaign Pledges are collected in 2025,
Agency Payments are sent in 2026.***

SUBMITTAL DEADLINE: JANUARY 5, 2024

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Please direct all questions to:

THRIVE IN SOUTHERN NEW MEXICO
1601 10TH STREET, SUITE A
ALAMOGORDO, NM 88310
(575)-437-8400

THRIVE IN SOUTHERN NEW MEXICO
2024 FUNDING APPLICATION

TO: Potential 2024 THRIVE Partner Agencies
FROM: THRIVE in Southern New Mexico Funds Allocation Committee (FAC)
Subject: 2024 THRIVE Funding Application

Thank you so much for looking to THRIVE in Southern New Mexico to further the good works of your agency! Together, as we increase our organized capacity to help one another, we will make even more significant differences in the lives of many people. Enclosed you will find a funding application packet for Campaign 2024.

The deadline for returning the required information is **4 PM January 5, 2024**. Applications should be mailed to P.O. Box 14, Alamogordo, NM, 88311, or may be hand delivered to THRIVE in Southern New Mexico, 1601 10th Street, Suite A, Alamogordo, NM 88310. **PLEASE NOTE: APPLICATIONS WILL NOT BE ACCEPTED, POSTMARKED OR IN PERSON, AFTER THIS DATE.**

THRIVE will be conducting mandatory application training workshops. **Attendance of this training is considered part of the application process. Only one training session is required and the training sessions will be conducted on the following dates:**

MONDAY, NOVEMBER 13, 2023, 2:00PM
TUESDAY, NOVEMBER 14, 2023, 11:00AM
WEDNESDAY, NOVEMBER 15, 2023, 9:00AM

Please RSVP to stephanie@letsthrevenm.org which date you will be attending (only one training class needs to be attended). **The person/s attending MUST be the one/s responsible for completing the Funding Application.**

THRIVE considers the Funds Allocations Committee (FAC) review process of paramount importance. A team of community volunteers, along with the THRIVE administration, will carefully scrutinize all applications and evaluate the need each agency meets within the community as well as how the program proposes to meet those needs. The FAC, on behalf of the THRIVE in Southern New Mexico's Board of Directors, believe in being fully accountable to the thousands of people whose pledges assist THRIVE approved agencies.

Agencies meeting all eligibility requirements and who have submitted a complete application packet, will be invited to present their proposals and programs to the Funds Allocation Committee (FAC) on the following dates: **February 27 - 29, 2024**. All eligible agencies will be notified in writing of their designated time slot and date. **THIS IS A MANDATORY STEP OF THE APPLICATION PROCESS.** **Please come prepared to deliver a 15-minute presentation. Those of you that are submitting two programs to be funded will have twenty (20) minutes (10 minutes per program). Presentations must be kept to the time specified.**

Prior to this presentation, FAC teams will be conducting Site Visits at each agency that has a presentation. The agency will be contacted to arrange a time and date. The Site Visits will start the week of JANUARY 29, 2024, and go through FEBRUARY 16, 2024.

If you need additional information or have any problems while working on your funding application, please feel free to call the THRIVE office, (575)-437-8400.



ELIGIBILITY REQUIREMENTS – **AGENCY LEVEL**

To be eligible to apply and receive funding through THRIVE in Southern New Mexico’s funding process; an **Agency must meet all of the following criteria:**

- Be recognized as an organization exempt from federal income tax under I.R.S. Section **501(c)(3)** of the Internal Revenue Code 1986.
- Be primarily involved in providing program(s) and services that are **health, education, or self-sufficiency** focused.
- Have an independent governing body of voting members who are resident volunteers. This governing body has the authority to decide policy and strategic direction with respect to the agency’s programs, administration and finances, in accordance with the organization’s By-Laws, and who shall meet at least four times per year. **Paid staff must not be a voting member of the Board.**
- **Maintain a non-discrimination policy or plan** that does not discriminate on the basis of race, cultural heritage, religion, gender, national origin, age, marital status, sexual orientation, veteran status or status as a qualified disabled or handicapped individual.
- **Have an annual audit or financial review performed by a certified accountant that is licensed and in good standing with the State of New Mexico.** Organizations with annual revenue totaling **less than \$500,000** may have their financial statements reviewed by an independent accountant (CPA) in lieu of an audit.
- **Agency’s record of address must be in Otero or Lincoln County.**
- **Agency has been in business for a minimum of three (3) years.**

ELIGIBILITY REQUIREMENTS – **PROGRAM LEVEL**

To be eligible to be considered for THRIVE in Southern New Mexico’s funding process, a **program must:**

- Meet the funding expectations and requirements for the focus areas of **Education, Health, and Self-Sufficiency** and strategies under which the request is made.

SUMMARY

For office use only



CAMPAIGN 2024 FUNDING REQUEST SUMMARY

County: _____

Agency Name: _____

Program Name: _____

	Is This a New or Existing THRIVE FUNDED Program	If Existing, What Funding was Requested in 2023	2024 Requested Funding
EXAMPLE:	<i>Existing</i>	<i>\$10,000</i>	<i>\$12,000</i>

Agency Signature

Date

CHECKLIST

2024 Application for Funding Checklist

Funding applications and all required documentation should be mailed to THRIVE in Southern New Mexico (P.O. Box 14, Alamogordo, NM 88311) or dropped by the THRIVE office at 1601 10th Street, Suite A, Alamogordo, no later than **4PM, January 5, 2024**, for consideration for the 2024 funding cycle. **Please complete your application thoroughly and arrange application materials and attachments in the order provided in the checklist. ONE APPLICATION PER PROGRAM MUST BE SUBMITTED**

Incomplete applications WILL NOT be processed or considered.

REQUIRED DOCUMENTATION – Submit one (1) complete, original, application package with the below listed items (one-sided, unstapled, original signatures):

1. _____ **Summary** (page 4);
2. _____ **Checklist, COMPLETED** (page 5);
3. _____ **Certificate of Participation** for the mandatory application workshop (received from THRIVE);
4. _____ **Section A-Agency Information, General** (page 6);
5. _____ **Section B-Agency Information, Governing Body** (page 7);
6. _____ **Section C-Agency Information, Financial Management** (page 8-9);
7. _____ **Fundraising Blackout Commitment** (page 10);
8. _____ **Section D-Program Applicant Information** (page 11-17);
9. _____ **IRS Form 990** – Return of Organization Exempt from Income Tax (Include at back of Section D);
10. _____ **IRS Determination Letter** for 501(c)3 Status Designation (include at back of Section D);
11. _____ **Section E-Certification and Approval** (page 18);
12. _____ **Section F-Agency On-Site Visit Questionnaire** (page 19-20);
13. _____ **Section G-Non-Discrimination Certificate** (page 21);
14. _____ **Section H-Anti-Terrorism Compliance and Charitable Status** (page 22);
15. _____ Attach any brochures, literature, posters, media, etc. that depicts your Agency as a THRIVE Partner Agency (if previously funded. If not previously funded, please notate by stating N/A);

SECTION A

AGENCY Information – General

Please provide the following information about the governing agency that is/will be responsible for providing the program for which funding is being requested.

AGENCY NAME:

AGENCY EIN/TAX NUMBER:

PHYSICAL ADDRESS:

MAILING ADDRESS:

EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR’S PHONE NUMBER:

EXECUTIVE DIRECTOR’S E-MAIL ADDRESS:

WEB SITE:

Indicate the total number of programs for which this agency is requesting funding: ____

[NOTE: Only two (2) programs, per agency per county, may request funding]

Submitted by

Prepared by

Title

SECTION B

AGENCY Information – Governing Body

1. Is the agency a 501(c)(3) program in good standing? Please provide proof of good standing as an attachment.

2. Do any paid staff members of the agency sit as voting members on the governing board?

3. Board of Directors:
 - a. What is the size of your present Board?

 - b. When does the Board Meet?

 - c. Do you keep official minutes of Board meetings? If so, attach your most current minutes.

 - d. Please attach the most current list of Board Officers and Directors with contact information and mailing addresses.

 - e. Please attach current version of the agency’s bylaws and indicate the date that they were last updated.

Last Updated On: _____

- f. Briefly describe the role of your organization’s Board of Directors, including how your board carries out its responsibilities for financial and programmatic oversight?

SECTION C

AGENCY Information – Financial Management

Please provide the following information about the financial management of the agency that is/will be responsible for providing the program for which funding is being requested.

1. Was an audit or audit review completed by a Certified Public Accountant (CPA) at the end of the last fiscal year? If not, please provide an explanation for not using a CPA or not having an audit completed?
2. Please provide **most recent** audit or financial review to this section.
 - a. YES-Audit or financial review is attached.
 - b. NO – Audit or financial review is not attached.
3. Does the agency currently have any unsatisfied judgments or tax liens? If so, please explain the circumstances.
4. Are FICA and taxes paid? If no, please explain the circumstances.
5. What percentage of the total agency budget is used for Administrative costs?
6. What percentage of the total agency budget is used for fundraising?
7. Please describe the supplementary fundraising activities the agency has conducted during the past year. Note the results of these activities including both the actual and projected amounts of funds raised.
8. Please note the months that the supplementary fundraising activities will be conducted in the 2024 calendar year.

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9. Are fees charged for any of your programs or services? If yes, describe the fee structure (sliding scale, age, etc.).

10. What percent of your services are free?

11. Are two (2) signatures required on all checks written?

12. Non-Compliance Issues: Please list any non-compliance issues for the present and past two years for your agency. List corrective actions taken and give dates that the non-compliance was cleared. Only list serious non-compliance issues that will affect the Agency's operations.

FUNDRAISING BLACKOUT

Partner Agency Fundraising Activities during THRIVE in Southern New Mexico's Active Campaign Period of September 1st through October 31st, 2024 are strictly prohibited. This includes ANY fundraising that is **advertised as "benefiting" your Agency or Program by another Business/Organization or community fundraising event.**

I have read and accept the above restriction (please sign below):

Name _____

Date _____

SECTION D

PROGRAM Applicant Information

Please provide the following information about the program for which the Agency is requesting funding.

1. Program Name:
2. Physical Address:
3. Mailing Address:
4. Program Contact Person:
5. Program Contact E-Mail Address:
6. Program Phone Number:
7. What is the mission statement of this program?
8. Is this program directly related to Education, Health, or Self-Sufficiency? Please read below and type in the word/words Education, Health, or Self-Sufficiency and number/numbers that apply to this program request for funding.
9. Please share the measurable purpose of this program. How was the local need identified? (Provide statistical data/research behind the program.
10. What strategies will be, or are implemented, for the program's intended results?

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11. How will the outcomes of this program be measured?
12. Attach a sample(s) of the program measurement tool(s). This is required.
13. List below, the total Revenues and Expenses for **the Agency (as a whole, not just the program)**. Use information from the submitted audited Financial Statement.

Agency Total Revenues	Agency Total Expenses

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14. Use the table below to list all sources of funding and/or revenue and dollar amounts the agency receives for **this program only**. Include foundation grants, government funding, fundraising efforts, program service fees, THRIVE funding, thrift shop, and any other forms of funding.

Please be prepared to discuss and have accurate knowledge of the information listed on the worksheet below

Revenue From	Current Fiscal Year	Next Fiscal Year (Projected)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL REVENUES	\$	\$

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15. Use the table below to list all expenses directly related to **the program** for which funding is being requested.

Please be prepared to discuss and have accurate knowledge of the information listed on the worksheet below

Expense	Current Fiscal Year	Next Fiscal Year (Projected)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL EXPENSES	\$	\$

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16. Please list all services that are provided as part of this program.

17. Please describe the target population for this program? Be specific as to Education, Health, or Self-Sufficiency.

18. What are the hours of operation for this program? Please be complete and specific.

19. What is the geographic area(s) served by this program?

20. Please share a “success story” from this program.

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21. Use the table below to describe the results of this program from the past, present and projected fiscal year.

Population	# Served During Past FY	# Served During Current FY	Projected # to be Served Next FY
ADULTS			
Male			
Female			
General			
CHILDREN (12 & UNDER)			
Male			
Female			
General			
TEENS (13-18 Years)			
Male			
Female			
General			
SENIORS (65 & Over)			
Male			
Female			
General			
OTHER (Please Specify)			
TOTALS			

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22. Please provide a brief description of the program in 100 words or less. (This is an opportunity to provide any additional information not asked for above that you would like the Funds Allocation Committee to be aware of.)

SECTION E

Certification and Approval

The undersigned certify that this proposal was considered and approved for submission by the requesting agency's Board of Directors and that all information contained within is complete and accurate.

Agency Board President

Executive Director

Program Director

SECTION F

Agency On-Site Visit Questionnaire (This will be used during FAC Site Visits)

Agency Name _____

(Note: Any no or N/A answers need to be explained)

- 1) What program(s) are you applying to THRIVE for funding assistance? Explain increases and/or decreases, and same amounts of continuing programs from last year's funding request (if applicable).

- 2) What is the Focus Area/s (education, health, and self-sufficiency)? Give a brief explanation on how the program directly relates to the selected Focus area/s.

- 3) What would you like to highlight about your organization?

- 4) Where do you see your organization in the next five (5) years? Is THRIVE still a factor in the funding process and why?

- 5) Beyond THRIVE, what are the funding sources of the program your organization is requesting assistance for?
 - a. What steps are being taken within your organization to make this program self-sustaining?

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6) Check each event below that was attended. If the **REQUIRED** events were not attended and or participated in, please explain reason below?

EVENT	PARTICIPATED
2023 Annual General Meeting	
2023 Day of Caring	
2023 THRIVE Agency Fair at Gerald Champion- REQUIRED	
2023 Campaign Pledge Participation by agency’s employees OR Board Members – REQUIRED AS OF 2024 FUNDING CYCLE	
Agency requesting a THRIVE Presentation from THRIVE staff in 2023	

7) Referring to above chart, of the four events that are not required, list below two events that your agency can participate in 2024.

8) List below where the THRIVE logo is used in your agency or program. (i.e. brochures, newsletters, emails, business lobby, office, etc.)

9) What questions do you have for us?

Funds Allocation Committee Member/s Signature and date:

SECTION G

NON-DISCRIMINATION CERTIFICATE

In compliance with the Federal Directive on non-discrimination Standard of Voluntary Health and Welfare Services, we

Name of Organization _____

Hereby state that we are complying with the federal directive:

1. No person is excluded from service because of race, ethnicity, gender, age, or physical disabilities.
2. There is no segregation of those served on the basis of race, ethnicity, gender, age, or physical disabilities.
3. There is no discrimination with regard to hiring, assignment, promotion or other conditions of staff employment on basis of race, ethnicity, gender, age, or physical disabilities.
4. Governing bodies are open to representation from all segments of the public, regardless of race, ethnicity, age, gender, or physical disabilities.

Signed

Title

Date

SECTION H

Anti-Terrorism Compliance and Charitable Status

In compliance with the USA Patriot Act and other counterterrorism laws, **THRIVE in Southern New Mexico** requires that each agency certify the following:

“I hereby certify on behalf of _____ that all THRIVE funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.”

Additionally, I hereby certify that the above named organization is eligible to receive charitable contributions as defined under section 170(c) of the Internal Revenue Code.

Print Name

Title

Signature

Date
