



TEXAS FINANCIAL EDUCATION ENDOWMENT 2024-2025 GRANT APPLICATION

Answer the following screening questions to determine whether or not your organization is eligible to apply for a grant from the Texas Financial Education Endowment. Answering “yes” to any of these questions will make the organization ineligible and the application will not be reviewed.

ELIGIBILITY CHECKLIST

YES

NO

		YES	NO
1.	Does the organization hold a license or registration regulated by the Texas Finance Commission?		
2.	Will any of the funds be used to create a new company or business venture?		
3.	Will any of the funds be used to pay tuition for a staff member to attend college or professional school?		
4.	Will any of the funds be used to support individuals who do not reside in Texas?		
5.	Will the organization require the entire grant amount requested to sustain the program or business operations (i.e., the applicant will not be able to supplement or adjust the program budget if a lesser amount is awarded)?		
6.	Will any of the funds be used to purchase capital expenditures (e.g. land, real estate, construction of a new building)?		
7.	Does the organization object to or anticipate issues complying with the reporting requirements listed in the Grant Application?		
8.	Does the funded program have difficulty adhering to state and federal Equal Employment Opportunity laws?		
9.	Will any of the funds be used to support programs or activities that do not align with the TFEED mission and objectives identified in the Grant Application?		



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I. CONTACT INFORMATION

Name of Organization:

Website:

Primary Contact

Name:

Position or Title:

Email:

Phone:

Mailing Address:

Head of Organization

Name:

Position or Title:

Email:

Phone:

Physical Address (if different from mailing):

City, State:

ZIP code:

City, State:

ZIP code:

II. ORGANIZATION BACKGROUND

1. Date founded:

2. Tax ID number:

3. Legal name:

4. DBA:

5. # Full-time staff:

6. # Part-time staff:

7. Unduplicated number of individuals served in prior reporting year:

8. Organizations with whom you collaborate with and briefly identify how:

9. Organization mission statement:

10. Has the organization applied for TFEE funding before? If yes, which cycles?

11. Has the organization been a recipient of TFEE funds? If yes, which cycles?



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III. GRANT REQUEST INFORMATION

1. Program title:

2. Date Program founded/anticipated start date:

3. Brief description of grant request (100 or less):

4. Amount Requested (request may be up to \$90,000):

5. Total project budget:

6. Is this program offered to participants at little to no cost? If no, please explain:

7. Grant term (refer to the grant instructions for guidelines):

One Year Term

Two Year Term

8. Grant category (refer to the grant instructions for guidelines):

K-12 Financial
Education and
Capability

Adult
Financial
Education and
Capability

Financial
Coaching

9. Geographic area served: City/ies, MSA/s or County/ies:

10. Statewide (yes or no):



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IV. PROGRAM INFORMATION

1. State the purpose and goal(s) of the program, include the problem or need this program will address.

2. Identify the program's target audience. Briefly describe how you reach, affect, and maintain them.

3. Provide projected, unduplicated number of people to be served during the grant term.



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IV. PROGRAM INFORMATION CONT.

4. Clearly identify 2 -3 impactful program objectives and performance measurements (outcomes and outputs) to be tracked during the grant cycle, and outline the plan that will be used to achieve them. These objectives will be reported on throughout the grant cycle.

Learning Objective Title	
Description	
Action Plan	
Performance	
Measurement	
Required Resources	



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IV. PROGRAM INFORMATION CONT.

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9. Describe organization's capacity to deliver the program. Include a summary of key personnel/partners and their anticipated roles in the program. Attach biographies for key staff administering/implementing the program.

IV. PROGRAM INFORMATION CONT.

10. Indicate any anticipated, significant changes to the organizational structure, revenue stream or expenses in the next year.

11. Video Submission (OPTIONAL): Please include 3 minute or less video showcasing the program proposal.

V. PROGRAM BUDGET

Provide a budget narrative to justify the requested funds and proposed expenses. Include a description of each line item used on the corresponding budget spreadsheet. If expenses exceed revenues by more than 10%, explain how the difference will be offset.

Program Budget

*Worksheet will automatically calculate when Tab is used to move between cells.

Expenses	Total Projected Budget	Amount Requested from TFEE
Salaries and wages		
Equipment		
Supplies & materials		
Travel		
Telecommunications		
Contract Services (consulting & professional fees)		
Other:		
Other:		
TOTAL EXPENSES		

Revenues	Committed	Pending
Contributions, gifts, grants, & earned revenue		
<i>Local Government</i>		
<i>State Government</i>		
<i>Foundation</i>		
<i>Corporations</i>		
<i>Membership Income</i>		
<i>Program Service Fees</i>		
<i>Fundraising Events (net)</i>		
<i>Investment Income</i>		
<i>In-Kind Support</i>		
<i>Other:</i>		
TOTAL REVENUES		
DIFFERENCE (Revenue less expenses)		



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Attachments

Required

Eligibility Checklist

Key Program Staff Biographies (include role in the program, tenure with organization, and contact information)

Organizational Chart

Board list and affiliations

Most recent IRS Form 990 (if applicable)

Most recent financial statement (audited, if available)

Previous two years of tax returns (if applicable)

Optional

Program Summary/Impact report

Examples of curriculum, evaluation and tracking tools

3 minute or less video showcasing program proposal

Support documents to demonstrate accomplishments (research findings, news articles, awards, letters of support, etc.)



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Statement of Authenticity

I do hereby certify that the appropriate governing body or individual of this organization has given formal approval for submission of this application and that all figures, facts, and representations made in this application are true and correct to the best of my knowledge. Submission of this application signifies intention to comply with all guidelines and restrictions imposed by the Texas Financial Education Endowment Grant Program and the Finance Commission of Texas. This organization will comply with Title VI of the 1964 Civil Rights Act; the Drug Free Workplace Act of 1988, Title IX of the Education Amendment of 1972, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973. I certify that any funds received with this application will not be used for lobbying and will be expended for the project described, and I understand that the organization may be precluded from future Financial Education Endowment funding if I fail to submit a final report at the conclusion of the grant period in form and detail as required by the Finance Commission.

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

Texas Public Information Act: As a state agency, the OCCC is subject to, and complies with, the requirements of the Texas Public Information Act (Chapter 552 of the Texas Government Code). The information provided on this application and any other materials submitted to the OCCC may be subject to public inspection or disclosure if requested under the Act. Certain confidential or exempt information may be specifically withheld by law, but any records not excepted must be provided when properly requested.