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Organization Information

* indicates required field

* **Legal Name** Enter the legal name of the organization.

* **Address** Enter the address.

Address 2 If applicable, enter the address 2.

* **City** Enter the city

* **County** Gila

* **State** Select the state.

* **Zip Code** Enter the zip code.

* **Telephone** Enter the telephone number, area code included.

Website Address Enter the website address.

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Organization Details

* indicates required field

* Total Annual Organization Budget Enter the total annual organization budget amount.

\$4,941,162.00

* Annual Organization Operating Budget Upload the annual operating budget for the ORGANIZATION. Please submit the document with the following naming format – “[Organization Name]_OrgBudget [Year]”. Please note, we can only accept .xls, .xlsx, .docx, .doc or .pdf documents. Maximum file size: 10.4 MB. PDFs are preferred.

PLEASE NOTE: If you are submitting a budget in Excel, you MUST have all data on only ONE worksheet/tab. If you capture data on more than one worksheet/tab only the first worksheet will be reviewed and considered as part of your application.

Upload File

- Community Services_OrgBudget2014.pdf (52.61 K), uploaded by Christine Lopez on 01/29/2015 [Delete File]

Audited Financial Statement Upload Upload an audited financial statement, audited financial review or any independent financial review that has been done for the organization. Please submit the document with the following naming format – “[Organization Name]_Org Audited Financial Statement [Year]”. Please note, we can only accept .xls, .xlsx, .doc, .docx or .pdf documents. Maximum file size: 10.4 MB. PDFs are preferred.

Note: The Audited Financial Statement is preferred, but NOT required.

Upload File

- CommunityServices_OrgAuditedFinancialStatement2012.pdf (137.16 K), uploaded by Christine Lopez on 01/29/2015 [Delete File]

Form 990 Upload Upload your organization's most current 990 form. Please submit the document with the following naming format – “[Organization Name]_Organization Form 990 [Year]”. Please note, we can only accept .xls, .xlsx, .doc, .docx or .pdf documents. Maximum file size: 10.4 MB. PDFs are preferred.

Note: The Form 990 is preferred, but NOT required.

Upload File

* Board Members Upload Upload a list of current Board Members including Name, Title and Affiliation. Please submit the document with the following naming format – “[Organization Name]_Board [Year]”. Please note, we can only accept .xls, .xlsx, .doc, .docx or .pdf documents. Maximum file size: 10.4 MB. PDFs are preferred.

Upload File

- GCHousing_Board 2014.pdf (390.58 K), uploaded by Christine Lopez on 01/29/2015 [Delete File]

* Lodestar Training Has someone from your organization attended the Lodestar Training on Nonprofit Sustainability? Yes ▾

opportunity reviewers have to understand the overall project.

Housing Services plans to assist a minimum of 20 persons from July 1, 2015 through June 30, 2016 with minor home repair and/or adaptations. Persons eligible for this program must reside in Globe, Miami or Claypool, are aged 55 years of age or older and may be disabled or have a disabled household member. Priority will be given to those who have no other resources to provide the

(78 character(s) remaining)

*** Globe-Miami - Community Priority and Focus Area 1**

You MUST select a Community Priority: Focus Area option from the dropdown below.

—Community Services: Senior Services

Globe-Miami - Community Priority and Focus Area 2

If identifying a second Community Priority you MUST select a Community Priority: Focus Area option from the dropdown below.

*** Need for Project**

Give a *clear, concise* description of the problem/need that the project seeks to address. Note that the problem/need should be directly related to the Community Priority(ies) selected above.

It is critical that you show need from a local perspective by providing data on community need or demand for services.

In Gila County a large majority of senior citizens own their homes. The elderly and/or disabled and children are especially vulnerable to heat, cold and other conditions which threaten their health and safety. This funding will be utilized to provide assistance to repair, replace or adapt heating, cooling, septic systems, and roof repairs, etc. which are the most needed and requested repairs to the homes. Keeping a homeowner living independently in their homes is the goal of this project.

(1473 character(s) remaining)

*** Project Activities**

Describe how the proposed project activities will impact the identified problem/need.

By making these types of repairs our target populations will have adequate heating, cooling, septic/sanitation and roof systems, improving their comfort, health and safety and allow them to remain living independently in their home.

(1767 character(s) remaining)

*** Target Population**

Specify the target population and/or geographic areas to be served.

Be specific in describing the anticipated reach of the project.

Elderly (55 years of age and older)
Disabled
Residents of Globe, Miami or Claypool area

(411 character(s) remaining)

*** Direct Impact**

How many people will your project directly impact/serve? Response must be a numerical value.

20

*** Indirect Impact**

How many people will your project indirectly impact/serve? Response must be a numerical value.

67

*** Project Partners**

Describe the role of partners/ collaborators in the project and how the partnership/ collaboration will increase the effectiveness, efficiency and/or reduce costs. Include a list of formal agreements that are required for project implementation (e.g. school Board approval, Memorandum of Understanding, etc.)

The response to this question should show that the community in which the organization is implementing a project or programming has been considered and all stakeholders have been included/consulted (this includes organizations with similar missions). Do not list organizations that do like work or have a similar mission if they do not have an active role in the delivery of the project.

All projects should have at least ONE partner.

A "Partner" is defined as any other entity or group that is formally involved in supporting the project and ensuring its success. A partner may be another nonprofit organization, a business, a government office, a school, a parent/ teacher association (PTA), a group of community volunteers, etc.

Partners include: Pinal Gila Council for Senior Citizens(PGCSC) and the Arizona Department of Economic Security/Utility Repair, Replace and Deposit Assistance Program (URRD). PGCSC provides \$6,200 and URRD will be providing \$22,000 towards this project.

(744 character(s) remaining)

*** Capacity To Implement Project**

Describe the organization's capacity to implement the proposed project.

For example: staff has necessary expertise/ training to implement and support the project; a project of this financial scope has been successfully executed in the past; there is a diverse, well represented Board of Directors overseeing the project. etc.

Program staff have many years 20+ of experience in operating this type of program. Gila County Housing Services has successfully operated this type of program using URRD and PGCSC funding since 1988. The Gila County Board of Supervisors provides oversight to all our programs.

(1719 character(s) remaining)

Volunteer Need Does the project for which you are applying have a need for volunteers? If yes, please indicate the scope of the volunteer need. (Please note - volunteer support from Freeport-McMoRan is not guaranteed should your project be awarded funding).

(2000 character maximum)

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Project Information

* indicates required field

* **Project Title** Enter the project title for the project for which you are applying.

Minor Home Repair Program

* **Grant Amount Requested** Enter the amount of funding you are requesting.

\$20,000.00

* **Project Budget** Enter the total PROJECT budget amount.

PLEASE NOTE: The Grant Amount Requested should be less than the Project Budget. It is recommended that a diversified budget be presented with at least 10% of the Project Budget in cash from another source and/or 10% of the Project Budget be in-kind/non-financial support from another source.

\$89,831.00

* **Project Budget Upload** This upload is requesting a detailed budget specific to the project for which you are applying. It should be a full showing of all dollars requested. The budget should include current and / or pending sources of funding as well as annual expenses (real or projected).

Please submit the document with the following naming format – “[Organization Name]_ProjectBudget [Year]”. Please note, we can only accept .xls, .xlsx, .doc, .docx or .pdf documents. Maximum file size: 10.4 MB. **PDFs are preferred.**

PLEASE NOTE: If you are submitting a budget in Excel, you MUST have all data on only ONE worksheet/tab. If you capture data on more than one worksheet/tab only the first worksheet will be reviewed and considered as part of your application.

Upload File

- GCHousing_ProjectBudget2015.pdf (7.77 K), uploaded by Christine Lopez on 02/12/2015 [\[Delete File\]](#)

* **Projected Project Start Date** Enter the project start date.

07/01/2015

(MM/DD/YYYY)

* **Projected Project End Date** Enter the project end date.

06/30/2016

(MM/DD/YYYY)

* **Project Community** Miami/Globe, Arizona

* **Project Summary** Summarize the proposed project. Briefly identify the project for which you are applying. Include the need, anticipated outcomes of the project, how the project fits into the organization’s goals and the intended impact on the overall community. (This is a project overview, not an overview of the organization).

This should be completed after all the other questions have been answered as it provides the first

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Community Sustainability

* indicates required field

This Fund has been established to support programs and projects that demonstrate a strong focus on [capacity-building](#), [community development](#) and [sustainability](#).

Definitions:

Capacity refers to an organization's overall capability to achieve its mission effectively and to sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals.

Capacity building refers to activities that improve an organization's ability to achieve its mission or a person's capability to define and realize his/her goals or achieve increasing levels of success.

Community development is the process or effort of building/improving a community on a local level with emphasis on activities that improve a community's ability to be sustained, grow and prosper.

Sustainability refers to the ability of an organization, program or project to help the community continue to exist and prosper into the future without dependency on one particular industry, business or source of economic stimulus.

Sustainable Benefit refers to an outcome or result that is sustainable over time and contributes to increased levels of individual, family and/or community success and viability.

* **Community Capacity (Short-Term Impact)** Describe how the project activities build the skills and/or capabilities of the target population?

Describe what will be gained by the community that does not currently exist or is not currently being accomplished.

There are not currently any other programs that offer these type of repairs and/or adaptations in the Globe, Miami and Claypool areas. Assistance through this program allows our target populations to remain in their homes and realize an improvement to their homes health and safety levels.

(1708 character(s) remaining)

* **Community Sustainability (Long-Term Impact)** Describe how the project builds a stronger, more sustainable community.

Explain how the project activities lead to long-term benefits and economic viability for the broader community.

The project activities enable the target population to remain living in their homes. If we did not offer this assistance, many elderly and/or disabled would not be able to afford to repair their heating, cooling, roof and septic system repairs and/or make adaptations so their homes are safe and healthy. This program is free of charge. Local contractors will be completing the work, which in turn their business will be receiving dollars that

(1011 character(s) remaining)

* **Project Sustainability** Describe how the project impact will continue beyond the initial funding year.

If the project requires ongoing funding, specifically address how the funding will be secured.

If additional funding is not required, specifically address how the project will continue to operate.

This program will continue yearly. We hope to use this funding to enhance and expand the current program. Through annual contract agreements with Pinal Gila Council for Senior Citizens and the Arizona Department of Economic Security, this program will continue indefinitely. We have successfully operated this program since 1988.

(1666 character(s) remaining)

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Impacts & Evaluation

* indicates required field

Click on the link below (Globe-Miami Community Benefits) to see a list of Community Benefits that apply to the Community Priorities and Focus Areas selected in the Project Information section of the application.

Globe-Miami Community Benefits

Select the Community Benefit for each Community Priority/Focus Area from the drop-down box(es) below.

Note: You must select a Community Benefit AND complete the 'Community Benefit Measurement Details' field for each Community Priority/Focus Area selected in the Project Information section.

* **Globe-Miami Community Benefit-** Increase programs/services for seniors that increases engagement/independence ▼
 Community Priority: *Community Services*
 Focus Area: *Senior Services*

- * **Community Benefit 1 Measurement Details**
1. Describe how the Community Benefit selected will be realized as a result of the project.
 2. Define the specific measurable outcome that will be realized in relation to the Community Benefit and how the project activities will create the outcome. The measurable outcome should be defined numerically. For example: "We will increase the retention rates of quality teachers from 40% to 80%."
 3. Describe the methods that will be used to measure the change anticipated from the project activities i.e. how will you know the change has occurred?

We will provide minor home repairs and/or adaptations to a minimum of 20 elderly, and/or disabled residents in the Globe, Miami and Claypool areas. As a result of this assistance, these 20 households will remain independent in their own homes, and their health will not suffer unduly due to lack of adequate heating, cooling, septic and roof systems or adaptations.

(1457 character(s) remaining)

- Community Benefit 2 Measurement Details
1. Describe how the Community Benefit selected will be realized as a result of the project.
 2. Define the specific measurable outcome that will be realized in relation to the Community Benefit and how the project activities will create the outcome. The measurable outcome should be defined numerically. For example: "We will increase the retention rates of quality teachers from 40% to 80%."
 3. Describe the methods that will be used to measure the change anticipated from the project activities i.e. how will you know the change has occurred?

(2000 character maximum)

* **Impact Statement** In ONE SENTENCE, describe the proposed change that will occur as a result of the project including specific information on the number or scope of impact and the timeline for implementation.

For example: "The Economic Development Council will facilitate the establishment of five new businesses in Metropolis by offering small business development training in four sessions and access to capital services during the next year."

Gila County Housing Services Department will assist 20 elderly and/or disabled persons with minor home repairs and/or adaptations during the next 12 months. By providing this assistance, it will have the effect of elevating the health and safety levels of that home, so that each household will be able to remain independent in their homes.

(7 character(s) remaining)

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Statement of Understanding

* indicates required field

If awarded, grant funds must be used for developing and implementing the project as described in the application, unless additional clarification is provided in the award letter received at time of funding. A mid-year and end of year review must be completed and submitted. The mid-year review will be sent six months from date of award and the end of year review will be sent one-year from date of award. An email with instructions for completing the mid-year and end of year reviews will be sent to the contact person listed in this application. The Freeport-McMoRan Copper & Gold Foundation has the right to disseminate information and materials developed as a result of the project.

* **Statement of Understanding** Do you agree to the terms & conditions described in this Statement of Understanding?

Yes ▼

* **Electronic Signature** Please enter your first and last name. Typing your name is equivalent to a legal signature confirming that you will comply with the obligations specified above.

Christine M Lopez

* **Date** Please enter the date you are electronically signing this Statement of Understanding.

02/12/2015

 (MM/DD/YYYY)

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