2026 ISA Grant

Impact San Antonio

Organizational Questionnaire - Instructions to Agencies

Welcome to Impact San Antonio's Agency Organizational Questionnaire - Step 1 of our application process.

Our two-step application process begins with an assessment of your agency's readiness to receive and implement an Impact San Antonio grant. Only after an agency submits this Questionnaire (Step 1) by the deadline and is determined by Impact San Antonio to be "ready" will it have the opportunity to submit a Project Application (Step 2), which will focus on the project/program for which you are requesting funds.

NOTE: While this form is referred to by the grant management system as an "LOI," this Questionnaire is not a Letter of Inquiry. A system limitation prevents us from renaming this step.

NEW FOR 2026:

- You will need to upload your agency's most recent IRS 990 filing. ***If your agency did not submit either a 990 or 990 EZ form to the IRS for your most recent fiscal year, it is not eligible to apply in this grant cycle.***
- You will need to provide financial data for your agency's fiscal year end 2023, 2024 and 2025 in this questionnaire.
- You will not see most of the questions in this Questionnaire until you have completed the "Grant Criteria – Agency Qualification" section, which contains questions relevant to whether your Agency qualifies for a grant in this cycle. If your answers indicate that you do not qualify, your agency will not be deemed eligible or "ready" to move forward to Step 2 although our system will allow you to submit the Questionnaire. Once you complete all the answers in this section, you will then see additional questions that need to be completed. ***We strongly recommend that you complete the Grant Criteria section before preparing your financial information and other answers to ensure that you do not waste your time and effort preparing that information if your agency is not eligible.***

There are two ways (both at the top right of this form) to create a PDF of this questionnaire that you can save/print:

- "Question List" creates a PDF of only this questionnaire; you may want to use this as you are drafting.
- "LOI Packet" creates a PDF of this questionnaire and any documents you've uploaded; you may want to use this to do a final review before you submit.

You will have the option to save your responses and reopen the Questionnaire at any point until you submit.

Click the blue button at the bottom right, "Submit LOI," to submit the Questionnaire. You should receive a confirmation email upon submission. ***Once you successfully submit, you will no longer be able to make changes.***

Impact San Antonio (Impact SA) is a volunteer-led organization that makes every effort to implement fair and impartial processes, including safeguards to protect applicant confidential information and to avoid potential conflicts of interest of our reviewing members. No agency applying for a grant from Impact SA will receive any special treatment or consideration with respect to our grant award process, regardless of whether any individual or entity associated with the agency (including staff, management, board members, volunteers and contributors/supporters) becomes a member, non-voting grant contributor, or sponsor, or makes any monetary or in-kind contribution to Impact SA.

We are committed to working with all applicants in a transparent, consistent and respectful manner, while assuring good stewardship of our member contributions.

If you have concerns about your experience during this process, please contact us as soon as possible at grantinfo@impactsanantonio.org.

Basic Agency Information

Project Name*

NOTE: **Your Project Name MAY NOT contain *either* your agency name or Impact San Antonio's name *(40 Character Limit).*** ***You will have the opportunity to revise this answer in the Project Application.***

Character Limit: 40

EIN*

Character Limit: 250

Year Agency Established*

What year was the Agency established?

Character Limit: 4

Organizational Changes*

Has the Agency undergone an organizational restructuring (including a merger with, or spin-off from, another agency, creation of, or re-absorption of an affiliate or affiliates) in the past 5 years? If yes, please explain, including the legal name and EIN of all other agencies that have

been merged out of existence as a result of any restructuring. Also, please describe the effect of any such activity on your agency's financial information.

Character Limit: 1000

Name Change Information*

Has the Agency's legal name changed in the past 5 years? If so, what is the Agency's former legal name?

Character Limit: 250

Mission Statement*

Character Limit: 500

Number of Employees*

How many FTE (full-time equivalent) employees does the Agency currently have?

Choices

0-14
15-19
20-49
50-99
100+

Annual Revenue*

What was the annual revenue for the Agency's most recently ended fiscal year?

Choices

Less than $250,000
$250,000-$499,999
$500,000-$999,999
$1,000,000 or more

Chapter or Branch of Larger Organization*

Is the Agency a chapter or branch of a larger (regional or national) agency or organization?

Choices

Yes
No

Grant Criteria - Agency Qualification

Public Charity Status*

You will not see all questions until you answer this question.

Is the Agency recognized by the IRS as a tax exempt 501(c)(3) public charity?

NOTE: If we cannot verify that your Agency is recognized by the IRS as a 501(c)(3) public charity, then your agency is not eligible to apply for a grant from Impact SA.

Choices
Yes
No

IRS 990 Filing Requirement*
You will not see all questions until you answer this question.
Did the Agency file either a 990 or a 990-EZ with the IRS for its most recently ended fiscal year?

Choices
Yes - 990
Yes - 990-EZ
No

Most Recent IRS 990 Filing*
Upload a PDF copy of the agency's most recent 990 (or 990-EZ, if applicable) filed with the IRS (must be for the agency's fiscal year ending in 2024 or the fiscal year ending in 2025).

File Size Limit: 9 MB

Political Activities*
You will not see all questions until you answer this question.
The Agency is not eligible to receive a grant from Impact SA if it engages in one or more of the following activities:

- politically partisan activities
- political lobbying (except for advocacy activities that educate policymakers and the public about broad social issues)
- supporting or opposing a candidate for public office

Choices
I confirm that the Agency does NOT engage in any of the activities described above.
The Agency engages in one or more of the activities described above.

Agency's Primary County of Operation*
You will not see all questions until you answer this question.
In which Texas county listed below is the Agency headquartered or have significant operations?
NOTE: If the Agency has significant operations in more than one county listed below, choose the county in which it has the most significant presence. ***If the Agency does not have significant operations in one of the listed counties (our Service Area), it is not eligible to apply for a grant from Impact SA.***

Choices
Bexar County
Atascosa County
Bandera County
Comal County
Guadalupe County
Kendall County

Medina County
Wilson County
None of the above

Clients Served in 2025*

You will not see all questions until you answer this question.

How many unique clients did the Agency serve in 2025?

NOTE: The term “unique clients” applies to the number of discrete individuals an agency serves or sees in any one year. For example, a health care clinic may see an individual five (5) times within a calendar year, however that individual would be identified as one (1) unique client. Or a performing arts organization might have both individual and season ticket holders. So, an individual ticket holder would be considered one (1) unique client. A season ticket holder would also be considered one (1) unique client.

Character Limit: 10

Clients From Our Service Area Served in 2025*

You will not see all questions until you answer this question.

How many unique clients that the Agency served in 2025 live in our Service Area (Bexar, Atascosa, Bandera, Comal, Guadalupe, Kendall, Medina and Wilson Counties)?

Character Limit: 10

Location of Clients Served in 2025*

In which counties did the clients the Agency served in 2025 reside?
Check all that apply.

Choices

Bexar County
Atascosa County
Bandera County
Comal County
Guadalupe County
Kendall County
Medina County
Wilson County

Support/Sponsorship Situations*

Please choose the statement below that applies to your proposed project for this Impact SA grant cycle.

See definitions below this question.

Choices

Any project will be executed by, and for the benefit of, the Applying Agency.
Any project will be executed by, and for the benefit of, an Affiliated Agency.

The phrase "Applying Agency" means the named applicant on this questionnaire and on any subsequent project application.

The phrase "Affiliated Agency" means an entity that may not be recognized by the IRS as a 501(c)(3) public charity, but that either: (1) is a "supported" agency of the Applying Agency under IRS rules; or (2) is a project that meets the IRS criteria to be considered to be fiscally sponsored by the Applying Agency.

Bexar County Clients

Location of Bexar County Clients Served in 2025*

In which area of Bexar County did the clients the Agency served in 2025 reside?
Check all that apply.

Choices

Downtown San Antonio
East
North Central
Northeast
Northwest
South
West

Grant Criteria - Affiliate Relationship Information

Tax ID of Affiliated Agency*

Please provide the Federal Tax ID (EIN) of your Affiliated Agency. If the Affiliated Agency does not have an EIN, please put "0" in the field and provide further explanation below.

Character Limit: 9

Name of Affiliated Agency*

Please provide the legal name of your Affiliated Agency.

Character Limit: 250

Legal and Managerial Aspects of Affiliate Relationship*

Check all of the following statements that apply.
"IRC" means Internal Revenue Code.

Choices

Applying Agency is a “supporting organization” of the Affiliated Agency under IRC Sec 509(a)(3).
Applying Agency’s primary purpose is to support the Affiliated Agency.
Applying Agency is supervised, operated and/or controlled in common with the Affiliated Agency.
Applying Agency is prohibited from supporting agencies other than the Affiliated Agency.

Additional Explanation of Affiliate Relationship*

Please provide any additional explanation necessary to describe the relationship between the Applying Agency and the Affiliated Agency. **We may request additional information or explanation from you about the affiliate relationship to ensure that the Agency and any project meet our grant criteria.**

Character Limit: 1000

Chapter or Branch of Larger Organization

Name of Larger Organization*

What is the name of the larger organization of which your agency is a chapter or branch?

Character Limit: 250

Larger Organization EIN*

What is the Employer Identification Number (EIN) of the organization of which your agency is a chapter or branch?
Do not include a dash in this number.

Character Limit: 250

Nature of Relationship with Larger Organization*

Please explain the nature of your relationship with the larger organization of which you are a chapter or branch. Include a description of the nature of the financial support given by the larger organization to the Agency.

Character Limit: 400

Consolidated Financials*

For financial reporting, is the Agency consolidated with the larger organization (balance sheet, income statement and 990)?

Choices

Yes
No

Local Agency Financial Information

To provide basic financial information about your local agency, complete the simplified local agency financial information worksheet for your agency.

NOTE: You will also provide financial information for the larger organization in the next section.

Local Agency Financial Information Worksheet*

Download the Impact SA Local Agency Financial Information worksheet HERE. This worksheet is intended to supplement the financial information entered into the application. You are required to upload your completed worksheet using local agency financial information.
This form must be opened, completed, and saved using Microsoft Excel only.

File Size Limit: 5 MB

Agency Financial Information

In this section, you will provide 3 years of basic financial information about the Agency. Before you fill out this section, you will first need to complete our financial information worksheet.

Financial Information Worksheet*

Download the Impact SA financial information worksheet HERE. This worksheet is intended to help you gather the information needed to be input in this section. You are required to submit 3 years of financial information and upload your completed worksheet so that we can use it as a resource if we need to verify the information you input in this section. Please refer to these guides for assistance: 990 Balance Sheet Definitions & Instructions and Financial Info Comparative to 990.
This form must be opened, completed, and saved using Microsoft Excel only.

File Size Limit: 5 MB

Please enter the financial information below for your fiscal years ENDING in 2023-2025.

BALANCE SHEET - ASSETS

Please enter all 3 years of financial data rounded to the nearest dollar. All fields must contain a value.

Year in which Fiscal Yr ENDS	2023	2024	2025
Assets - Cash			
Assets - Investments			
Assets - Receivables			

Assets - Other Current			
Assets - Total Fixed Assets - Net Accum Dep			
Assets - Other			
TOTAL ASSETS			

BALANCE SHEET - LIABILITIES

Please enter all 3 years of financial data rounded to the nearest dollar. All fields must contain a value.

Year in which Fiscal Yr ENDS	2023	2024	2025
Liabilities - Accounts Payable			
Liabilities - Grants Payable			
Liabilities - Current Portion Notes Payable			
Liabilities - Deferred Revenue			
Liabilities - Loans and Notes			
Liabilities - Tax Exempt Bond Liabilities			
Liabilities - Other			

TOTAL LIABILITIES			

BALANCE SHEET - NET ASSETS

Please enter all 3 years of financial data rounded to the nearest dollar. All fields must contain a value.

Year in which Fiscal Yr ENDS	2023	2024	2025
Unrestricted Net Assets			
Restricted Net Assets			
TOTAL NET ASSETS			
Total Liabilities and Net Assets			

REVENUE AND EXPENSES - REVENUE

Please enter all 3 years of financial data rounded to the nearest dollar. All fields must contain a value.

Year in which Fiscal Yr ENDS	2023	2024	2025
Revenue - Program Service Revenue			
Revenue - Membership Dues			
Revenue - Investment Income			

Revenue - Government Grants			
Revenue - All Other Grants and Contributions			
Revenue - Other			
TOTAL REVENUE			

REVENUE AND EXPENSES - EXPENSES

Please enter all 3 years of financial data rounded to the nearest dollar. All fields must contain a value.

Year in which Fiscal Yr Ends	2023	2024	2025
Expenses - Program Service			
Expenses - Fundraising			
Expenses - Management & General			
TOTAL EXPENSES			

Governance

The answers to these questions indicate that the Agency has an engaged board of directors that is appropriately governing the Agency's activities.

Number of Board Members*

How many members are there on your Board of Directors?

Character Limit: 10

Board Tenure*

What is the average tenure of current Board Members?

Choices

Less than 1 year
1-3 years
More than 3 years

Board Members From our Service Area*

What percentage of the Agency's Board Members live in our service area (Bexar, Atascosa, Bandera, Comal, Guadalupe, Kendall, Medina, or Wilson Counties)?

Choices

50-100%
25-50%
Less than 25%

Orientation of New Directors*

Does the Agency have a board orientation process in which expectations are clearly expressed to new Board Members?

Choices

Yes
No

Director Term Limits*

Does the Agency have limits on the length of time an individual may serve as a Board Member?

Choices

Yes
No

Board Meeting Frequency*

How often does the Agency's Board of Directors meet?
Pick the answer that most closely matches your schedule even if it isn't a perfect match. For instance, if you meet every month except December, please choose "Monthly."

Choices

Annually
Semi-Annually (Twice Per Year)
Quarterly
Monthly

Board Giving*

What percentage of Board Members made a financial contribution or volunteered at the agency during the most recent fiscal year?

Choices

75-100%
50-74%

Less than 50%

Board Review of 990 Prior to Filing*

Does the Agency provide a complete copy of the Form 990 to the Board of Directors before filing it?

Choices

Yes
No

Agency Executive Compensation*

Does the Agency process for determining the compensation of the Agency's Executive (CEO/ED) include a review and approval by the Board of Directors, comparability data, and contemporaneous substantiation of the deliberation and decision?

Choices

Yes
No

Director Compensation*

Are the Agency's Board of Directors compensated for their board service (excluding reimbursement of actual and reasonable expenses)?

Choices

Yes
No

Additional Detail - Director Compensation

If you answered "yes" to the previous question, you may, but are not required to, provide an explanation below.

Character Limit: 500

Risk Management

The answers to these questions indicate that the Agency is using best practices to manage common management risks and has appropriate insurance coverage to help manage common agency risks.

Insurance Coverage*

Does the Agency have current adequate insurance coverage (liability, auto and property) given the nature of the operations of the Agency?

Choices

Yes
No

Insurance Coverage - Further Explanation

If you answered "no" to the previous question, you may, but are not required to, provide an explanation below.

Character Limit: 500

Directors and Officers Liability Coverage*

Does the Agency have current adequate Directors & Officers (D&O) liability insurance coverage?

Choices

Yes
No

D&O Liability Coverage - Further Explanation

If you answered "no" to the previous question, you may, but are not required to, provide an explanation below.

Character Limit: 500

Conflict of Interest Policy*

Does the Agency have a written conflict of interest policy?

Choices

Yes
No

Compliance Matters

The answers to these questions indicate that there are no specific areas of concern about the Agency's overall legal and ethical compliance.

Loans to Insiders*

Except for minor, documented short-term loans to employees in accordance with a written policy, has the Agency made a loan to an employee, officer or director of the Agency within the past 12 months?

Choices

Yes
No

Loans to Insiders - Detail*

If you answered "yes" to the previous question, please provide details of the loans made and the justification for them.
If you answered "no" to the previous question please type "N/A" in the box below.

Character Limit: 500

Pending Litigation*

Is the Agency a party to currently pending litigation? If yes, please briefly describe the parties to and nature of the litigation, as well as the predicted effect a negative outcome would have on the Agency.

Character Limit: 1000

Financial Management and Governance

The answers to these questions indicate that the Agency has standard financial policies and governance procedures in place.

Financial Control Policies*

Does the Agency have written financial control policies?

Choices

Yes
No

Financial Control Policies - Detail*

If the Agency has financial control policies, when were they last updated? If they have not been updated since adoption, when were they adopted? If the Agency does not have financial control policies, indicate "N/A" below. You may, but are not required to, provide an explanation below.

Character Limit: 250

Financial Statement Review by Board*

Does the Agency's Board of Directors review and approve the most recent statement of financial position and financial activities (a.k.a. balance sheet and income statement) of the Agency at each meeting?

Choices

Yes
No

Board Financial Statement Review - Further Explanation

If you answered "no" to the previous question, you may, but are not required to, provide an explanation below.

Character Limit: 500

Budget Adoption by Board*

Does the Agency's Board of Directors adopt the Agency's annual budget prior to the start of the relevant fiscal year?

Choices

Yes

No

Board Budget Adoption - Further Explanation

If you answered "no" to the previous question, you may, but are not required to, provide an explanation below.

Character Limit: 500

Third Party Financial Audit/Financial Review*

Are the Agency's financial statements reviewed or audited by a third-party on a regular basis?

Choices

Yes
No

Explanation of Agency Financial Situation*

Is there anything else you want to tell us about the Agency's financial situation in the past 3 years that you believe is required to explain the Agency's financial data? If there have been any significant changes in income, expenses, or capital position, please explain here.

Character Limit: 1000

Third Party Audit/Financial Review Information

Audit/Review Frequency*

How often are the Agency's financial statements audited or reviewed by a third-party?

Choices

Annually
Every Other Year
Every Third Year
Less Often Than Every Third Year

Presentation of Audit/Review to Board*

Does the third party present the audit/review and letter to management (regarding weakness/deficiency findings) to the Agency's board of directors for approval?

Choices

Yes
No

Audit/Review Opinion Qualifications*

Was your most recent audit/review opinion unqualified or unmodified (aka "clean")?

Choices

Yes
No

Audit/Review Qualifications - Further Explanation*

If the opinion given as part of your most recent audit/review was qualified, please describe the reason for the qualification and any steps you've taken to address the matter.
If you answered "yes" to the preceding question, please answer "N/A" to this question.
NOTE: We may request additional information in connection with this question based on your answer.

Character Limit: 500

Internal Controls Findings/Deficiencies*

Does the letter to management accompanying your most recent audit/review indicate that there are any material weaknesses or significant deficiencies in your internal controls?

Choices

Yes
No

Internal Controls Findings/Deficiencies - Further Explanation*

If, as part of your most recent audit/review internal control deficiencies or other findings were noted by the auditor/reviewer, please describe them and any steps you've taken to address those concerns.
If you answered "no" to the preceding question, please answer "N/A" to this question.
NOTE: We may request additional information in connection with this question based on your answer.

Character Limit: 500

Additional Audit/Review Related Documents

INTERNAL ONLY - This field is used to permit any additional documents requested and provided by the Agency to be uploaded by an Administrator and provided to Readiness Reviewers.

File Size Limit: 5 MB

Recent and Anticipated Senior Management Changes

Recent Senior Management Changes*

Please describe any changes in your senior management staffing in the past 24 months and how the Agency has been affected by, and reacted to, those changes. If there have been no changes, please answer "None."

Character Limit: 1000

Upcoming Senior Management Changes*

Please describe any expected changes in your senior management staffing in the upcoming 24 months and how the Agency is addressing those changes. If there are no expected changes, please answer "None."

Character Limit: 1000

Differences between 990 and Questionnaire Answers

990 Answers v. Questionnaire Answers

If any of your responses in this questionnaire are inconsistent with the answer the Agency provided to a similar question on the Agency's most recently filed 990, please explain why the answer on this questionnaire is different for each such question/answer.

Character Limit: 1000

Further Explanation - Other

Further Explanation

Please use this space to further explain or clarify anything else about the Agency's organization or financial situations, or other responses on this questionnaire, as you feel necessary.

Character Limit: 1000

Agency Executive Certification

Certification: The individual named below (CEO, Executive Director, or Board Chair) certifies that the answers to the questions contained in this Questionnaire are true, accurate and complete to the best of the actual knowledge of that individual, and that individual has authorized the submission of this questionnaire to Impact SA on behalf of the Agency.

Electronic Signature*

Type the name of the Agency's chief executive here.

Character Limit: 100

Title*

Type the title (CEO, President, Executive Director, etc.) of your agency's chief executive here.

Character Limit: 100

Date*

Character Limit: 10

You will have the option to save your responses and reopen this Questionnaire by clicking the grey button at the bottom right that says "Save LOI."
When you are ready to submit, click the blue button at the bottom right that says "Submit LOI."
You should receive a confirmation email upon submission. ***Once you successfully submit, you will no longer be able to make changes.***