2026 ISA Grant

Impact San Antonio

Instructions to Applicants

Impact San Antonio's "Service Area" is Bexar, Atascosa, Bandera, Comal, Guadalupe, Kendall, Medina, and Wilson counties in Texas.

You will not see most of the questions in this Application until you have: (1) answered all “Grant Criteria” questions (those questions relevant to whether your proposed Project qualifies for a grant in this cycle), and (2) answered the "Nature of Project" question. If your answers indicate that your proposed project does not meet our grant criteria , your project will not move forward, although our system will allow you to submit the Application.

Once you answer all the questions related to project criteria, and you answer the "Nature of Project" question, you will then see all the questions that need to be completed in this Application. ***We strongly recommend that you complete the Grant Criteria questions before beginning to prepare your answers to other questions in this Application to ensure that you do not waste your time and effort preparing that information if your proposed project does not meet our Grant Criteria.***

Please review all questions before you start answering them. This will help you avoid redundancy and retyping.

There are two ways (both at the top right of this form) to create a PDF of your application that you can save/print:
- "**Question List**" creates a PDF of only the application - you may want to use this as you are drafting.
- "**Application Packet**" creates a PDF of the application and all documents you've uploaded - you may want to use this to do a final review of your application before you submit it.

We are 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.

In this form, we use the term "project" to refer to all types of programs, projects and other funding requests that meet our Grant Criteria.

Basic Agency Information

EIN*

Character Limit: 250

Mission Statement*

Character Limit: 500

Basic Project Information

Project Name*

NOTE: **Your Project Name MAY NOT contain *either* your agency name or Impact San Antonio's name *(40 Character Limit)***

This answer is the one you provided on your Organizational Questionnaire. You can change your Project Name before submitting this Application.

Character Limit: 40

Nature of Project*

Choose the option below that **BEST** describes the nature of your project:

Choices

New Program
Expansion of an Existing Program
Capital Investment or Construction Project

Focus Area*

Choose the Focus Area that **BEST** fits your project. ***Please refer to our Focus Area definitions below before making a choice.***

- If your project is a new program or for funds to expand an existing program, ***choose the Focus Area that best fits the program***. This may not be the same Focus Area that best fits your Agency as a whole.
- If your project is a capital investment or construction project, ***choose the Focus Area that best fits the work your Agency does overall***.

Choices

Arts & Culture

Education
Environment, Recreation & Preservation
Family
Health & Wellness

ARTS & CULTURE: Programs and projects that cultivate, develop, educate and improve the cultural and artistic climate
EDUCATION: Programs and projects that advance learning opportunities, increase educational access and improve education
ENVIRONMENT, RECREATION & PRESERVATION: Programs and projects that improve, restore, conserve, revitalize or enhance the natural environment, recreational facilities or preserve historic sites, surroundings and natural environment
FAMLY: Programs and projects that strengthen and enhance the lives of children and families
HEALTH & WELLNESS: Programs and projects that positively impact the mental or physical health and wellness of people

Other Revenue Required*

Will the project require you to raise revenue in addition to the $100,000 you are requesting from Impact San Antonio in this application?

Choices

Yes
No

Additional Information About Affiliate Situation

Name of Affiliated Agency

On your Organizational Questionnaire, you indicated that you have an Affiliated Agency. The name of that Affiliated Agency is provided below.

Character Limit: 250

As a Reminder:

The phrase "Applying Agency" means the non-profit organization submitting this 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.

Agency that will Execute Project*

Which entity will be executing the project described in this application?

Choices

The Applying Agency will execute the project described in this application.

The Affiliated Agency will execute the project described in this application.

Legal and Managerial Aspects of Affiliate Relationship

Check all of the following statements that apply.

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

The agency has provided additional explanation necessary to describe the relationship between the Applying Agency and the Affiliated Agency.

Character Limit: 1000

Grant Criteria - All Projects

Project Disqualifications*

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

By choosing "YES" below, you confirm that the project described in this application does NOT include any of the following:

- funds to be used primarily for fundraising, marketing, advertising events or sponsorships
- funds to repay an existing loan or other financing
- funds for an endowment
- funds for a scholarship
- funds that will be redistributed to other organizations or individuals, with the exception of requests from supporting organizations or fiscal sponsors
- funds to be used for a political purpose

NOTE: A "NO" answer means that your Project is NOT ELIGIBLE for an Impact San Antonio Grant, and your application will be denied.

Choices

Yes
No

Support/Sponsorship Situations

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.

Grant Criteria - Project Qualification (New, Expanding)

Project's Geographic Service Area and Primary County*

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

By submitting this application, you confirm that your project will primarily serve residents within our Service Area. Choose the Texas county that the project will primarily serve.

NOTE: If your project primarily serves individuals located outside our Service Area, your Project is NOT ELIGIBLE for an Impact San Antonio Grant, and your application will be denied.

Choices

Bexar County
Atascosa County
Bandera County
Comal County
Guadalupe County
Kendall County
Medina County
Wilson County
None of the above

Religious Restrictions - Project*

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

By choosing "YES" below, you confirm that the project described in this application does NOTdo any one or more of the following:

- require belief in or participation in activities of a particular faith, denomination or religion in order to benefit from, or receive services in connection with the project AND/OR
- limit benefits to those who have particular religious beliefs or practices AND/OR
- make the receipt of benefits or services from the project dependent on the recipient being required to participate in proselytizing activity

NOTE: A "NO" answer means that your Project is NOT ELIGIBLE for an Impact San Antonio Grant, and your application will be denied.

Choices

Yes
No

Grant Criteria - Agency (Capital Invest/Construction)

Religious Restrictions - Agency*

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

By choosing "YES" below, you confirm that your Agency does NOT do any one or more of the following:

- require belief in or participation in activities of a particular faith, denomination or religion in order to benefit from, or receive services from your Agency AND/OR
- limit benefits to those who have particular religious beliefs or practices AND/OR
- make the receipt of benefits or services from your Agency dependent on the recipient being required to participate in proselytizing activity

NOTE: A "NO" answer means that your Project is NOT ELIGIBLE for an Impact San Antonio Grant, and your application will be denied.

Choices
Yes
No

New Program Questions

In this section of questions, the term "**New Program**" means the new program or service that would be funded, in whole or in part, by a High Impact grant from Impact San Antonio.

Problem or Need New Program Will Address (N)*

Describe the **critical problem or need** the New Program will address in our Service Area and **in your chosen Focus Area**. Clearly explain how this need relates to your chosen Focus Area. **NOTE**: This is not the same as the description of the population to be served by the New Program, nor is this the place to describe the New Program. Focus on describing **why the New Program is needed** and the **relationship of this problem/need to the Focus Area** you've chosen.

Character Limit: 1500

People to Be Served by New Program (N)*

Your New Program should **improve the quality of life** for either a **large population** or a **smaller population in a major way**. Describe who will benefit from the New Program. Include information such as age, gender, ethnicity, geographic areas within our Service Area, and income levels of the population that the New Program will benefit.

Character Limit: 1000

Why You? Why This Program? (N)*

Are there other Agencies in our Service Area that currently address the need you describe above?
If so, how will your services and/or approach be different from what is already being offered? How will they be different from what you already offer?

Character Limit: 1000

Description of New Program (N)*

Describe the New Program. Explain how the New Program addresses the need you identified above. Explain how the New Program would advance your Agency's mission.

Character Limit: 1000

Proposed Use of Funds (N)*

Briefly describe how you will use the funds requested from Impact SA.
NOTE: You will provide a more specific description of how funds will be used in the Project Budget section below.

Character Limit: 1000

Basis for Expectation of Success (N)*

What is the basis for expecting that the New Program will be successful? Anecdotal information? Evidence-based practices? Literature review? Other?

Character Limit: 1000

Program Expansion Questions

In this section of questions, the term "**Existing Program**" means your agency's program or service that you propose be expanded with funds from a High Impact grant from Impact San Antonio.

Problem or Need Existing Program Addresses (E)*

Describe the **critical problem or need** that your Existing Program addresses in our Service Area and **in your chosen Focus Area**. Clearly explain how this need relates to your chosen Focus Area.
NOTE: This is not the same as the description of the population to be served by the expansion of the Existing Program, nor is this the place to describe how you would expand your Existing Program. Focus on describing **BOTH why your Existing Program is needed AND why it needs to be expanded**, as well as the **relationship of this problem/need to the Focus Area** you've chosen.

Character Limit: 1500

People Served by Existing Program and Expansion (E)*

The Existing Program and its Expansion should **improve the quality of life** for either a **large population** or a **smaller population in a major way**. Describe who currently benefits from the Existing Program, and who will benefit from expansion. Include information such as age, gender, ethnicity, geographic areas within our Service Area, and income levels of the population that the Existing Program currently benefits and that any expansion will benefit.

Character Limit: 1000

Describe Your Existing Program and How it Addresses Identified Needs (E)*

Describe your Existing Program. Explain how this Program addresses the need you identified above, and if appropriate, how your proposed expansion would further address the identified need. Explain how both the Existing Program and your proposed expansion of it advance your Agency's mission.

Character Limit: 1000

Why You? Why This Program? (E)*

Are there other Agencies in our Service Area that currently address the need you describe above? If so, how is the Program you propose be expanded different from the services offered by others? Why does the Program need to be expanded?

Character Limit: 1000

Proposed Use of Funds (E)*

Briefly describe how you will use the funds requested from Impact SA to expand your Existing Program. What does your proposed expansion look like?
How many additional services be offered and/or additional clients will be served?
NOTE: You will provide a more specific description of how funds will be used in the Project Budget section below.

Character Limit: 1000

Existing Program Success and Challenges (E)*

What indicators of success do you have with respect to your Existing Program?
What challenges to achieving success have you faced with your Existing Program?
What lessons have you learned?

Character Limit: 1000

Capital Investment/Construction Questions

Problem or Need Impacted Program Addresses (C)*

Describe the **critical problem or need** that your Agency will be able to address in our Service Area and in your chosen Focus Area as the result of this Capital Investment or Construction Project. Clearly explain how this need relates to your chosen Focus Area.
NOTE: This is not the same as the description of the population served by your Agency, nor is this the place to describe your project. Focus on describing **why your Agency's services are needed** and the relationship of this problem/need to the Focus Area you've chosen.

Character Limit: 1500

People Served by Your Agency (C)*

Explain how your Agency, through its programs and services, **improves the quality of life** for either a **large population** or a **smaller population in a major way**. Describe who currently benefits from these programs and services, and who will benefit from the project, or who is likely to no longer benefit if the project is not completed. Include information such as age, gender, ethnicity, geographic areas within our Service Area, and income levels of the population that the programs and services your Agency provides currently benefits and will benefit upon completion of the project.

Character Limit: 1000

Why This Project? (C)*

Explain how this Capital Investment/Construction Project will impact your Agency's ability to provide services and address the need identified above.
Answer **one** of the following questions:

- How will your Agency's ability to provide services be **negatively impacted** if this investment or construction is not able to be completed in the near future?
- How will the completion of the proposed capital investment or construction project allow your Agency to **expand or enhance the services** you provide to your clients?

Character Limit: 1000

Capital Investment/Construction Project Description (C)*

Describe the proposed capital investment or construction project.

Character Limit: 1000

Proposed Use of Funds (C)*

Briefly describe how you will use the funds requested from Impact SA.
NOTE: You will provide a more specific description of how funds will be used in the Project Budget section below.

Character Limit: 1000

Past Successes and Challenges (C)*

How have you prepared to, and how do you intend to, manage and oversee the proposed Capital Investment/Construction Project? Describe any past experience implementing similar initiatives or projects. Were you successful? What challenges did you encounter? What lessons have you learned?

Character Limit: 1000

Current State of Project Planning (C)*

It is important that the project being proposed can realistically be completed within the 24-month time frame. Briefly describe what stage of planning the proposed project is in. Include details such as whether site has been selected, permits secured, project bids received/approved, etc.

Character Limit: 1000

Project Performance and Outcomes

Project Key Staff*

List up to 5 Key Staff Members who will be assigned to implement the project, and detail the expertise and experience of each one.

Character Limit: 1000

Collaboration with Other Agencies*

Do you plan to collaborate with any other agencies on the project? If so, who do you intend to collaborate with, and what is the role of each collaborator? What stage of your commitment have you reached with any collaborators?

NOTE: You only need to provide information about collaborations with agencies whose participation is critical to the success of the project, not those reflecting a general collaborative relationship. If you have more than three collaborators, identify only those three that are most important to the success of the project (your "critical collaborators").

Character Limit: 800

Project Timeline*

Please describe ***in detail*** your anticipated timeline between November 1, 2026 and October 31, 2028, for both: (a) expenditure of funds; and (b) either: (i) provision of the services, if the project is a new program or the expansion of an existing program; or (ii) performance of the work, if the project is a construction/capital project.

Are there any issues that might prevent you from completing the project or expenditure of the funds by October 31, 2028?

If so, describe those issues, the likelihood of delays, and your plans to mitigate them if they were to occur.

NOTE: Impact San Antonio requires that you must be able to complete your proposed project between 11/1/2026 and 10/31/2028.

Character Limit: 2000

Impact on People to Be Served - Measurable Outcomes

Address each item below to describe, in measurable "SMART" terms, how and to what extent your project will impact those who will benefit from it.

NOTE: If your project is a capital investment or construction project, ***please focus on how your ability to serve your clients will be enhanced as a result of the investment/completion of the project, not on the completion of the project itself***.

SMART: Specific*

State exactly what you plan to accomplish (the "Outcomes").

Character Limit: 600

SMART: Measurable*

How will you demonstrate and evaluate the extent to which these Outcomes have been met?

Character Limit: 600

SMART: Achievable*

What is your ability to achieve these Outcomes? Is this a stretch or challenging activity for your organization?

Character Limit: 600

SMART: Relevant*

How does attaining these Outcomes help achieve your organization's key objectives?

Character Limit: 600

SMART: Time-Bound*

By when do you expect to achieve these Outcomes?

NOTE: The answer to this question should not repeat your response to the Project Timeline question - which should focus on when the work comprising the project will be complete.

Character Limit: 600

Project Budget - No Additional Funds

Project Budget Worksheet*

Download the budget worksheet attached HERE, complete it and upload it in the space below. **This form must be opened, completed, and saved using Microsoft Excel only.**

File Size Limit: 5 MB

Project Budget Expenses

Refer to your completed Project Budget Worksheet when filing in the table below, adding narrative to explain each expense:

- Enter the amount for each expense category rounded to the nearest dollar.
- If an expense category does not have value, enter "0".
- If no narrative is required for a particular expense category, please type "NA" in the box.
- You will not be able to submit your application if any field is left blank.
- The total of expenses of all budget categories (including the $10,000 of Indirect Costs) ***must equal*** exactly **$100,000**.

If the sum of all expense categories in this section does not equal $100,000 exactly, your Project is NOT ELIGIBLE for an Impact San Antonio Grant and your application will be denied.

Project Expense Category	Expense Amount	Expense Narrative
Enter $10,000 Here - Indirect Costs (aka Overhead)		
Agency Personnel (Salaries, Wages, Benefits)		

Construction Costs		
Consultant and Professional Fees		
Program Supplies and Expenses		
Vehicle, Equipment, Furnishings and Related Expenses		
Total Expenses (MUST EQUAL $100,000)		

Additional Budget Expense Narrative

If you run out of room in any narrative field above, please continue your answer here. For each continuation, indicate the Expense Category.

Character Limit: 1000

Project Budget - Other Revenue Required

Project Budget Worksheet*

Download the budget worksheet attached HERE, complete it and upload it in the space below. **This form must be opened, completed, and saved using Microsoft Excel only.**

File Size Limit: 5 MB

Project Revenue - In Addition to Impact SA Funding

Refer to your completed Project Budget Worksheet when filling in the table below, adding narrative to explain each additional source of revenue:

- Enter the revenue amount for each funding source rounded to the nearest dollar.
- If a funding source is not applicable, enter "0".
- If no narrative is required for a particular funding source, enter "NA".
- You will not be able to submit your application if any field is left blank.
- ***Do not include the $100,000 grant from Impact SA in this table - just other funding required for the project.***

- The total in this table ***must equal*** the total expenses in the "*Expense Amount-Other Funding*" column in the budget expenses table in the next section.

Funding Source	Funding Amount	Narrative
Government (Fed/State/Local)		
Foundations/Corporations		
Individuals		
United Way (and Similar Campaigns)		
Program Fees		
Membership Dues		
Event Income (net)		
Investments/Endowments		
Other		
Total In Addition to Impact SA Funding		

Additional Revenue Narrative

If you run out of room in any narrative field above, please continue your answer here. For each continuation, indicate the Funding Source.

Character Limit: 1000

Project Budget Expenses - Additional Funding Required

Refer to your completed Project Budget Worksheet when filing in the table below, adding narrative to explain each expense:

Enter the amount for each expense category rounded to the nearest dollar.

If an expense category does not have value, enter "0".

If no narrative is required for a particular expense category, please enter "NA".

You will not be able to submit your application if any field is left blank.

Your budget MUST balance - specifically:

The total of the amounts in all expense categories in the "***Expense Amount-Impact SA Funds***" column ***must equal*** **$100,000**, **including** the ***$10,000 allocated to Indirect Costs.***

The total the amounts in all expense categories in the "***Expense Amount-Other Funding***" column ***must equal*** the total amount entered in the "***Project Revenue - In Addition to Impact SA Funding***" table in the previous question.

If your project budget fails to meet the balancing requirements above, your Project is NOT ELIGIBLE for an Impact San Antonio Grant and your application will be denied.

Project Expense Category	Expense Amount - Impact SA Funds	Expense Amount - Other Funding	Impact SA Expense Narrative	Other Funding Expense Narrative
Enter $10,000 Here - Indirect Costs (aka Overhead)				
Agency Personnel (Salaries, Wages, Benefits)				
Construction Costs				
Consultant and Professional Fees				

Program Supplies and Expenses Fees				
Vehicle, Equipment, Furnishings and Related Expenses				
Total Expenses: ISA Column MUST EQUAL $100,000 & Other Funds Column Must Match Amount in Table Above				

Additional Budget Expense Narrative - Impact SA Funds

If you run out of room in any narrative field above with respect to the Impact SA Funds portion of an Expense Category, please continue your answer here. For each continuation, indicate the Expense Category.

Character Limit: 1000

Additional Budget Expense Narrative - Other Funding

If you run out of room in any narrative field above with respect to the Other Funding portion of an Expense Category, please continue your answer here. For each continuation, indicate the Expense Category.

Character Limit: 1000

Site Visit & Agency Point Person

If the application moves on to a site visit, what is the address of that site visit?*

Please indicate the address where the site visit would take place.

Character Limit: 200

Point Person for Agency Communication with Impact San Antonio*

Provide the **name** of the person in your Agency who will be your main contact for scheduling a Site Visit with the Impact San Antonio Grant Review Team, if you are granted one, and for preparing for Grant Award Night if you become a finalist - your Agency Point Person.

Character Limit: 100

Agency Point Person Title*

What is the title of your Agency Point Person?

Character Limit: 100

Agency Point Person Email Address*

Provide the email address for your Agency Point Person.

Character Limit: 254

Agency Point Person Phone Number*

Provide the phone number for your Agency Point Person.

Character Limit: 11

Agency Executive Certification

Certification: The individual named below (CEO, Executive Director or Board Chair) certifies that the information contained in this Project Application is true and accurate, and that individual has authorized the submission of this application to Impact San Antonio on behalf of the applying Agency.

Electronic Signature*

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

Character Limit: 100

Title*

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

Character Limit: 250

Date*

Character Limit: 10

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