

### Hidalgo County



ID: R-2023-2018004418  
VCSO: Yes

Start Date: 2024-07-01  
End Date: 2025-06-30

Veterans Mental Health Program  
Peer Support Services

Submission Deadline: 2023-12-04

Budgeted Amount: \$300,000.00

TVC ID:

Grant Officer:

Award Type:

### Request Status

Full Application

Review

Negotiation

Active

Closed

#### Status

Full Application

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#### Additional Organization Information

How many organizational employees working on the grant funded project are veterans?*	1
On average, how many veterans does the organization serve annually? *	6000
On average, how many clients does the organization serve annually? *	6500
Percentage of clients served by the organization who are veterans:	92%

#### Principal Participants

Executive Director *	Richard Cortez
Chief Financial Officer *	Linda Fong
Chief Operations Officer:	
Project Manager / Coordinator *	Samuel Perez

**Project Accountant \*** Karmina Martinez

**Media / Communications Coordinator \*** Samuel Perez

**PRR Reporter 1:**

**PRR Reporter 2:**

## Returning Grant

**Does your organization currently have an active FVA Grant? \*** Yes

**Active Grant ID:** GT-FVA22-022

**Active Grant Amount:** \$300,000.00

**Does your organization have a second active FVA grant? \*** No

## ▼ Full Application

### ▼ Summary of Services

**Geographic Service Area(s)\*** Hidalgo

**What types of services does the organization currently provide to the community in the proposed service area? \***

**What types of services does the organization currently provide to veterans in the proposed geographic service area? \*** Financial Assistance, Funeral Assistance, Mortgage, Rent, Utilities, Vehicle Maintenance

**Who will the organization provide direct services to under the proposed project? Check boxes below. \***

**Veterans:** Yes

**Dependents:** No

**Surviving Spouses:** Yes

**Number of Veterans\*** 300

**Number of Surviving Spouses\*** 25

**Total Number of Clients to be Served:** 325

**Will your organization ensure that the beneficiaries served, reported monthly to FVA are unduplicated? \*** Yes

**Describe how your organization will ensure that beneficiaries reported to FVA are unduplicated. \***  
Google Spreadsheet.

**Will your organization collect and verify authorized beneficiary eligibility documents as prescribed by the RFA?\*** Yes

**Describe how the eligibility verification documents are securely maintained (example: in locked filing cabinet or electronically on your organization's server).\***  
Electronically and locked filing cabinets.

**How long does your agency retain grant documentation?\***  
3 years.

**Describe the services that your project will provide with this funding, and the specific veteran beneficiaries who will receive the services\***

We intend to provide Mental Health Peer support services under the FVA guidelines for our Veterans and or Surviving Spouses. There is a need of additional mental health resources in our community to assist with our high suicide rate.

**What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)\*** National Guard, Reserves , Veteran

**Choose the veteran discharge status(es) (Characterization of Service) that your organization will serve with TVC grant funding? (select all that apply)\*** Honorable, General Under Honorable Conditions, Other Than Honorable Conditions, Uncharacterized, Dishonorable, Bad Conduct

**Describe any other restrictions on eligibility, if applicable (example: income level, VA disability rating, etc).**  
The eligibility for the peer services provided by this grant will be limited to Veterans and or Surviving Spouse.

**At what location(s) will beneficiary intake occur?\*** Organization Office, Beneficiary Home, Via Phone

**At what location(s) will beneficiaries receive services?\*** Organization Office, Beneficiary Home, Other Location

Can beneficiaries request services over the phone? \* Yes

If yes, provide phone number for beneficiaries' to contact for application and/or client intake? \* 956-292-7076

Must be formatted as XXX-XXX-XXXX

Can beneficiaries request services or make an appointment online? \* No

Can beneficiaries apply for services via walk-in? \* No

Are services provided by appointment only? \* Yes

How will beneficiaries be evaluated to determine priority of service? \* Demonstrated Need

Once eligibility is determined, how many days will it take for requested services to be provided? \* 7

Will your organization be providing mental health services as a component of your grant project? \* Yes

If Yes, select the conditions served : Peer support services

Which individual, manualized trauma-focused Evidence-Based Practices(EBP) modalities does your organization use to treat mental health conditions? \*

N/A

List all EBP certifications held by the organization staff that will be utilized for the scope of this grant. \*

N/A

EBP CERTIFICATIONS - ACCOMPANYING DOCUMENTS

EBP Certification Document

Note : These EBP documents are required before grant services begin.

▼ Marketing and Outreach

Will your organization conduct outreach events/ interactions to promote grant-funded services? \* Yes

Describe the organization's outreach plan.\*

Will utilize a marketing and outreach approach by attending workshops, conferences, and providing publications.

**How many hours a week, on average, will you conduct outreach with grant funding?\*** 10

**Will your organization conduct marketing to mass audiences promoting grant-funded services?\*** Yes

**Describe the organization's marketing plan.\***

Will utilize a marketing and outreach approach by attending workshops, conferences, and providing publications.

**What marketing techniques will your organization be using to promote grant funded services ?** Social Media , Broadcast Media, Flyers and Brochures

**Will beneficiary satisfaction of grant-funded services be measured? \*** Yes

**Will this include a satisfaction survey after all services have been provided? \*** Yes

▼ Financial Information

**Does your organization have a maximum allowable amount per client? \*** No

**Does your organization have the ability to sustain this project without FVA funding?\*** No

**Does your organization use software to record accounting transactions and manage financial book keeping?\*** Yes

**What is the name, type, and version of the software?\*** ALIO

*Note: The values entered for Total Assets, Total Liabilities, Net Assets should be based on the attached financial documents.*

**Total Assets\*** \$0.00

**Total Liabilities\*** \$0.00

**Net Assets at the end of the Year\*** \$0.00

Budget Tables

Salary & Fringe Group

Name	Job Title	Annual Salary	% Time to TVC Grant	Total Grant Funded Salary

	Case Manager	\$44,741.00	100%	\$44,741.00
<b>Total Fringe: \$22,849.45</b>		<b>Total Grant Funded Fringe: \$22,849.45</b>		
<b>Social Security:</b> \$3,422.69 <b>Medicare:</b> FICA: \$3,422.69	<b>Health:</b> \$13,212.00 <b>Dental:</b> <b>Vision:</b>	<b>Life:</b> \$56.16 <b>Disability:</b> <b>Worker's Comp:</b>	<b>Unemployment:</b> \$268.45 <b>Retirement:</b> \$5,890.15	<b>Parking:</b> <b>Phone:</b>
<b>Total Salary + Fringe: \$67,590.45</b>		<b>Fringe % of Salary: 51.07%</b>		
	Counselor	\$44,741.00	100%	\$44,741.00
<b>Total Fringe: \$22,849.45</b>		<b>Total Grant Funded Fringe: \$22,849.45</b>		
<b>Social Security:</b> \$3,422.69 <b>Medicare:</b> FICA: \$3,422.69	<b>Health:</b> \$13,212.00 <b>Dental:</b> <b>Vision:</b>	<b>Life:</b> \$56.16 <b>Disability:</b> <b>Worker's Comp:</b>	<b>Unemployment:</b> \$268.45 <b>Retirement:</b> \$5,890.15	<b>Parking:</b> <b>Phone:</b>
<b>Total Salary + Fringe: \$67,590.45</b>		<b>Fringe % of Salary: 51.07%</b>		
	Outreach Specialist I	\$29,181.00	100%	\$29,181.00
<b>Total Fringe: \$19,517.28</b>		<b>Total Grant Funded Fringe: \$19,517.28</b>		
<b>Social Security:</b> \$2,232.35 <b>Medicare:</b> FICA: \$2,232.35	<b>Health:</b> \$13,212.00 <b>Dental:</b> <b>Vision:</b>	<b>Life:</b> \$56.16 <b>Disability:</b> <b>Worker's Comp:</b>	<b>Unemployment:</b> \$175.09 <b>Retirement:</b> \$3,841.68	<b>Parking:</b> <b>Phone:</b>
<b>Total Salary + Fringe: \$48,698.28</b>		<b>Fringe % of Salary: 66.88%</b>		
	Outreach Specialist II	\$32,885.00	100%	\$32,885.00
<b>Total Fringe: \$20,310.48</b>		<b>Total Grant Funded Fringe: \$20,310.48</b>		
<b>Social Security:</b> \$2,515.70 <b>Medicare:</b> FICA: \$2,515.70	<b>Health:</b> \$13,212.00 <b>Dental:</b> <b>Vision:</b>	<b>Life:</b> \$56.16 <b>Disability:</b> <b>Worker's Comp:</b>	<b>Unemployment:</b> \$197.31 <b>Retirement:</b> \$4,329.31	<b>Parking:</b> <b>Phone:</b>
<b>Total Salary + Fringe: \$53,195.48</b>		<b>Fringe % of Salary: 61.76%</b>		
<b>Total Salary</b>				\$237,074.66

Travel Group

Category	Unit Cost	# Units	# Staff	Amount Requested
Local Mileage & Fees	\$0.65	750	5	\$2,437.50

<b>Total</b>				\$2,437.50
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## Supplies Group

Category	Unit Cost	Quantity	Amount Requested
Computer Device	\$2,000.00	1	\$2,000.00
Office Furniture	\$2,000.00	1	\$2,000.00
Phone Devices	\$400.00	1	\$400.00
Office Supplies	\$4,000.00	1	\$4,000.00
Janitorial	\$50.00	2	\$100.00
Electronic Device	\$300.00	1	\$300.00
Electronic Device	\$800.00	1	\$800.00
Office Furniture	\$300.00	3	\$900.00
Office Furniture	\$1,000.00	1	\$1,000.00
<b>Total</b>			\$11,500.00

## Direct Client Services Group

Category	Unit Cost	Quantity	Amount Requested
Peer Support Services	\$25,000.00	1	\$25,000.00
<b>Total</b>			\$25,000.00

## Other Direct Cost Group

Category	Unit Cost	Quantity	Amount Requested
Printing	\$1,000.00	2	\$2,000.00
<b>Total</b>			\$2,000.00

## IDC Group

Category	Amount Requested

Administrative and Facilities Costs	\$21,987.84
<b>Total</b>	<b>\$21,987.84</b>

**Total Budget:** \$300,000.00

▼ Documents

Select the financial document that applies to your organization as per the RFA:

ORGANIZATIONAL DOCUMENTS

Governing Body Members

Liability Insurance

POLICY/PROCEDURE DOCUMENTS

Capitalization and Equipment

Cash Management

Payroll

Procurement

Travel

Vendor Payments