2025 Fall General Grant Application

Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation

Instructions and Executive Summary

Before you begin, please review the Grant Guidelines provided on the Foundation's website at www.klebergfoundation.org to ensure your organization and project are eligible, and for instructions. Please note the geographic eligibility restriction for the Community Services category and the eligibility criteria for the Arts and Wildlife categories. This application is for all grant requests except for medical research, animal medical research studies, and other medical research related requests; use one of the medical research applications for those types of requests. For community health related requests, use this general application. You can review the application questions and required attachments from the link 'Preview' on the application screen, or from the Logon page. Make sure to download and use the proper budget form. **Applications that use a different budget form will not be considered**.

By using the **COLLABORATE** feature, you can invite others to also work in the application (and any follow ups if awarded). The **COLLABORATE** button appears at the top right of your application once you have started an application. For instructions on how to use this feature, CLICK HERE. Please ask your Collaborators to click on the "Existing Applications" button when you invite them and caution them **NOT to start a new application.**

Questions and attachments with an asterisk (*) are required and must be answered and uploaded before you can submit. Questions without an asterisk are optional and should be answered if they apply. Answers are automatically saved and you do not have to complete the application in one session. **Your application must be submitted by midnight CST on Tuesday, September 30, 2025. Late applications cannot be accepted.**

Contact Margret Bamford at margretb@alexventures.com or 210-316-8398 if you are not sure which application to use or have any questions.

Executive Summary*

Condense the content of this application into a short and **concise stand-alone summary**. This summary should consist of:

- An introductory paragraph that includes a brief history and the purpose of your organization.

- One to two paragraphs that summarize the proposed project, including who will be served and how, desired outcomes and impact. If requesting operating support, describe the agency's core programs.

If someone read only your summary, it should make a persuasive case for funding.

Character Limit: 1700

I. Organization Background

Organization Verification*

Please review and verify the organization and contact information for your account in the online system; make any needed corrections. By clicking Yes, you confirm that you have done so and that the information for this account is correct and up to date. Contact Margret Bamford at 210-316-8398 if you have problems making the needed changes.

Choices

Yes, the organization and contact information is correct.

Organization Name*

Organization's full legal name, **as it appears on the IRS determination letter.**

Character Limit: 150

Other Name Used

If you are using a different name, list this name here.

Character Limit: 150

Organizations Doing Business Under Another Name

If your organization is doing business under another name than its legal name, upload a pdf copy of the documentation from the applicable state/government entity, generally the secretary of state's office, recognizing the d/b/a name.

File Size Limit: 1 MB

Organizational Structure Changes

Briefly explain any organizational structure changes, such as mergers, divestitures, name changes during the last 5 years, if any, otherwise leave this blank. This does not refer to internal restructuring of departments or programs, but only to corporate structure changes.

Character Limit: 500

IRS Ruling*

A copy of the IRS ruling or determination letter (see grant guidelines on our website for details).

File Size Limit: 2 MB

Year Founded*

Character Limit: 4

History*

Brief overview of the organization's history.

Character Limit: 500

Mission*

Succinctly state your organization's overall mission.

Character Limit: 250

Organization Programs*

Short description of your organization's purpose or programs.

Character Limit: 650

Organization Budget*

Organization's total **board approved expense budget** amount for the current fiscal year. Enter whole number.

Character Limit: 20

Percent G&A Expenses*

Nonprofits generally are required to break their expenses into three categories: Program, General & Administrative, and Fundraising, and they report these on their IRS Form 990 or in their financial audits.

Please indicate what percent of your total expenses during the most recent, completed fiscal year was for 1) your Program (total for all your programs), 2) Fundraising, and 3) General, Administrative, or Management expenses. List this in the following format and please make sure your percentages add to 100%.

Program: 75%
G&A: 15%
Fundraising: 10%

Character Limit: 50

Most Recent Financial Audit*

Please upload your most recent completed financial audit. Do not upload any other file. **If you do not have audited financials, please contact Margret Bamford** at margretb@alexventures.com or call me at 210-316-8398.

File Size Limit: 3 MB

Board List and Affiliations*

A list of your current board members and their affiliations.

File Size Limit: 1 MB

Requested By Name*

The chief executive of your organization is required to sign the cover letter. This would be the President, CEO or Executive Director. Enter the name of the chief executive officer who will sign the request letter using this **format: Jane Smith**

Character Limit: 150

Requested By Salutation*

i.e.: Ms., Mrs., Mr., or Dr.

Character Limit: 150

Requested By Title*

Title of the chief executive officer who will sign the request letter.

Character Limit: 150

FedEx Address*

Enter the contact name, mailing address, and phone number for the person who could receive and **sign for** a FedEx delivery of an award letter and check, should a grant be awarded. **Please no P.O. Box addresses.**

Character Limit: 100

II. Grant Request Information

Cover Letter*

A **one page** cover letter **signed by the chief executive** of the organization in pdf format that includes a concise description of the request and amount requested. For funding requests from *institutions of higher education*, the letter should be signed by the provost, chancellor, president or executive vp-research.

File Size Limit: 2 MB

Project Name*

This should be a very short, succinct and descriptive name - don't be cute, be explanatory.

Character Limit: 70

Short Description*

Short description of request. Please **complete the sentence:** Funds are requested to support ... (replace the dots with the rest of the sentence).

Character Limit: 90

Amount Requested*

Enter the total amount of your request. If this is a multi-year request, provide the total amount requested for all years. Please note that the Foundation typically makes single-year awards and very rarely funds a project for more than 3 years. Please contact Foundation staff for guidance before submitting a request beyond three years.

While the total project cost listed below may include indirect or administrative costs, or overhead allocations, include only costs that are directly related to your project in your request

from the Foundation. Do not include indirect or administrative costs, or overhead allocations in your request.

Character Limit: 20

Provide the amount requested each year. Enter the number zero for the years for which you are not requesting any funding.

Year 1 Request*
Character Limit: 20

Year 2 Request
Character Limit: 20

Year 3 Request
Character Limit: 20

Project Cost*
Provide the **total cost** of the project for all the years of your request. This may include indirect or administrative costs, or overhead allocations.

Character Limit: 20

Begin Date*
Beginning date of the grant period (when Kleberg Foundation funds will first be used for this project).

Character Limit: 10

End Date*
Ending date of the grant period (when Kleberg Foundation funds will have been spent for this project).

Character Limit: 10

Request Type*
Select the category that best describes your request.

Choices
Operating
Specific Program or Project
Capital - Equipment Only
Capital - Renovations
Capital - New Construction

Construction Plans
For construction projects only, you may upload a scan copy of architect renderings or schematics to show the design and scope or your project. Please scan these documents into one file to upload.

File Size Limit: 1 MB

Focus Area*

Which of the Foundation focus areas does your application address? Check one only.

Choices

Arts and Humanities
Community or Social Services
Education (Higher Ed)
Education (K-12)
Health Services
Medical Research, Including Animal Medical Research
Wildlife, Conservation and Animal Science
None

If you answered 'Medical Research' or 'None', STOP and contact Foundation staff at margretb@alexventures.com or 210-316-8398; email is preferred.

III. Grant Details - Community or Social Services, Health, Education Requests only

The Foundation's primary funding focus for the Community Services category is Kingsville, TX, and the surrounding rural communities. To be eligible to submit, you would have to provide services directly to residents of Kleberg County and the rural communities of the adjoining counties. Agencies providing services outside this area who have received past funding are exempt and may apply.

Board Approved Budget for your Organization*

Upload your organization's board approved **revenue** and **expense** budget for your **current** fiscal year.

File Size Limit: 1 MB

Organization Current Budget Explanation

Please explain any unusual items, special considerations, or categories that are not self-explanatory in your attached board approved budget. If your budgeted Net Income is not zero, please explain why.

Character Limit: 500

Full Time Staff*

Approximately

Character Limit: 4

Part Time Staff*
Approximately

Character Limit: 10

Regular Volunteers*
Approximately

Character Limit: 10

South Texas*
Does your **proposed PROJECT primarily serve communities that are more than 75 miles South of San Antonio**? Please make sure you meet the Foundation's eligibility requirements listed on the Foundation's website at www.klebergfoundation.org before you continue.

Choices
Yes
No

Geographic Area*
Describe the geographic area that will be served by your project. If your project will serve clients located in Kleberg, Nueces, Jim Wells, Brooks, or Kenedy counties, please list the number and % of clients located in each of these counties.

Character Limit: 300

Population Served*
Please check the **primary** population served by your program/project.

Choices
General Population
Families
Women only
Men only
Pre-K Children
K-12 Children
College Students
Seniors
Homeless
Animals
Special Needs Population, describe

If Special Needs Population, please describe
Character Limit: 300

Total Clients Served*
Provide the approximate total number of unduplicated clients **your organization** (not your project) **served last fiscal year** (count each client served only once regardless of how often that client received services during the year).

Character Limit: 10

Number of Clients Served by Project*

Provide the approximate total number of unduplicated clients **that will be served during the grant period by your proposed project**. Count each client only once regardless of how often that client receives services. For operational requests, this is the total number of unduplicated clients your agency serves a year.

Character Limit: 10

Clients Served Details

Provide details of the number of unduplicated clients **served by your project** by client or service type, if applicable (e.g.: total number is 100, which consists of 35 mothers and 65 children OR total number is 100, of which 73 will participate in program1 and 27 will participate in program2).

Character Limit: 750

Volunteers

Describe how you will you use volunteers with this project and how many, if applicable.

Character Limit: 500

Project Address*

Is the physical address where the project is being carried out the same as the organization address above?

Choices

Yes
No

If No, please provide the address where the project is being carried out.

Character Limit: 250

III. Grant Details - Arts and Humanities only

Arts and Humanities Eligibility Requirements

The Foundation seeks to support the visual arts through funding exhibitions of the highest caliber at established museums with the intent to broaden audience. Exhibitions that provide access through educational initiatives and programs, public events, and outreach programs are preferred. Acclaimed museums with which the Foundation has an established relationship may apply for support for internships or research positions. Local art institutions must be located in Kleberg or adjoining counties to apply. Organizations outside this geographic region with a history of previous funding may apply.

Exhibition Opening Date
When do you expect the exhibition to open?

Character Limit: 10

Exhibition Close Date
When do you expect the exhibition to close?

Character Limit: 10

Number of Visitors
How many visitors do you expect will view the exhibition?

Character Limit: 6

Exhibit Dec or Preview Pictures
You may upload the **2 most representative pages** of your exhibition dec/overview with pictures.

File Size Limit: 3 MB

III. Grant Details - Wildlife, Conservation and Animal Sciences only

Wildlife, Conservation and Animal Science Eligibility
The Foundation is committed to wildlife conservation efforts that fill critical knowledge gaps through applied research or habitat restoration that support native wildlife, primarily in South Texas. The Foundation is particularly interested in research focusing on maintaining the integrity of ecosystems, including native plant establishment, understanding important stopover habitats of Nearctic-Neotropical migratory birds, and investigations of endangered/sensitive species endemic to the South Texas region. Other projects relevant to understanding potential threats to wildlife or their habitats in South Texas are also of interest, as are habitat restoration and protection, and the preservation of culturally significant natural heritage in South Texas. Animal shelters, zoos and local rehabilitation efforts are not eligible for funding unless the organization has a history of previous funding.

III. Grant Details - Medical Research and None - STOP

If you checked *Medical Research*, **STOP**, you should not be using this General application form, instead use the appropriate Medical Research Application.

If you checked *None*, **STOP** and contact Margret Bamford for eligibility at margretb@alexventures.com or call 210-316-8398.

III. Grant Details

Narrative*

Please provide your proposal details including information on the main issues or problems this grant request addresses and details on why and how you plan to address these issues. Please be concise. You do not need to repeat information you already provided above. *(This is your opportunity to make a persuasive case for support!)*

Character Limit: 4000

Project Collaboration

Describe other organizations with whom you will collaborate on this project and how, if any.

Character Limit: 500

Implementation Timeline

Please describe the implementation timeline related to this request, if applicable. Include major events, activities, and when they will take place *(bullet points and in chronological order).*

Character Limit: 800

Goals*

List your goals for this project. There is no expected number of goals, list what makes sense for your project. Please **number your goals.** Each of your goals should be specific, measurable, and include target numbers. If your request is approved, you will be asked to evaluate how well you have met each of your listed goals in the Evaluation Report at the end of each grant year.

Character Limit: 1700

Key Staff

Names and titles for key staff and their involvement in the project, as appropriate.

Character Limit: 1000

IV. Budget

Download and complete the **project budget** file provided for this application. **DO NOT SUBMIT A DIFFERENT PROJECT BUDGET FORM as your request will not be considered if you do.**

There are four project budget files to choose from. Make sure to choose the file that applies to your request. The four files are:

1. **Capital Project Budget Form** - choose this if you are requesting support for a capital project, regardless if this is a one-year or multi-year request.
2. **Non-Capital Single-Year Project Budget Form** - choose this for all other requests that are for one year of funding.
3. **Non-Capital Multi-Year Project Budget Form** - choose this for all other requests that are for more than one year of funding.

4. *Medical Research Study Budget Form - do not use this form.*

Click **HERE** to download your Budget Form.

Complete entirely both the **'Project Budget' and the 'Other Funders'** worksheets included in the excel project budget file. Follow the instructions provided in that file. Contact Margret Bamford at margretb@alexventures.com or call 210-316-8398 if you are not clear on how to complete the project budget.

Project Budget and Other Funder Information*

Upload the completed **project budget** file (**revenues** and **expenses**) you downloaded from the Budget section of this application. Make sure to include both **revenue** and **expense** projections for your project (except for Capital projects) and complete both the project budget and the other funders worksheets. DO NOT UPLOAD A DIFFERENT PROJECT BUDGET FILE.

File Size Limit: 2 MB

Project Budget Explanation

Please explain any unusual items, special considerations or categories that are not self-explanatory as they relate to your **PROJECT revenue and expense budget,** if any. Explain here how you will close the gap if your Net Income is not zero.

Character Limit: 2000

Project Funding

The 'Other Funders' worksheet in your project budget file asks you to list the names of other organizations you have asked for support, the amounts requested, and any commitments received. Please make sure that you have completed that worksheet. Provide additional information here if applicable.

Character Limit: 2000

Project Sustainability

Describe your plans to support and sustain this project after the end of this grant, if applicable.

Character Limit: 750

Other Supporting Materials

You may upload one scan copy of any additional materials you think are important in explaining your request, such as request-related pictures, etc. PLEASE DO NOT INCLUDE COPIES OF YOUR ANNUAL REPORT OR ANY MARKETING MATERIALS OR BROCHURES as those will be disregarded.

File Size Limit: 5 MB

YOU ARE DONE!

THANK YOU FOR YOUR TIME AND EFFORT IN COMPLETING THIS APPLICATION.

Your request will be considered at the December 3, 2025, board meeting. The Applicant will receive an email within a few days notifying you of the board's decision.