



ORIGINAL



# 2013 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only: Grant : _____
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## Organization / Agency Information

2014 0020

<b>Organization/Agency Name:</b> Williamson County Crisis Center dba Hope Alliance		
<b>Physical Address:</b> 1011 Gattis School Rd, Ste 106		19112 <b>City/State/Zip</b> Round Rock, TX 78664
<b>Mailing Address:</b>		<b>City/State/Zip</b>
<b>CEO or Director:</b> Patty Conner		<b>Title:</b> CEO
<b>Phone:</b> 512-255-1212	<b>Fax:</b>	<b>Email:</b> Patty.conner@hopealliancetxt.org
<b>Contact Person:</b> Melinda Biggs		<b>Title:</b> Development Director
<b>Phone:</b> 512-255-1212	<b>Fax:</b>	<b>Email:</b> Melinda.biggs@hopealliancetxt.org
<b>Web Site Address:</b> www.hopealliancetxt.org		<b>Tax ID:</b> 74-2277114

## Program / Grant Information

**Interest Area:** Health Environment Animal Protection Education Human Dignity

<b>Program / Project Name:</b> Non-Residential Advocacy and Intervention Program		
<b>Amount of Grant Requested:</b> \$25,000	<b>Total Organization Budget:</b> \$1,178,520	<b>Percentage of Organization's Total Budget used for Administration:</b> 12%
<b>Purpose of Grant Request (one sentence):</b> To assist in providing individuals experiencing family and sexual violence with shelter, counseling, legal advocacy, and peer support during their difficult times of transition and overall personal transformation.		

## Signatures

<b>Board President / Chair: (please print)</b> NANCY MALLOKY	<b>Title:</b> BOARD PRESIDENT
<b>Signature:</b> 	<b>Date:</b> 9/5/13
<b>CEO / Director: (please print)</b> Patty Conner	<b>Title:</b> CEO
<b>Signature:</b> 	<b>Date:</b> 9/6/13

# **2013 S.L. Gimbel Foundation Fund APPLICATION**

## **Narrative**

### **I. Organization Background; Target Population:**

A) *Hope Alliance's mission is to assist those affected by family and sexual violence by providing services and developing partnerships that renew hope, highlight possibilities and change futures, while working to prevent these crimes from occurring.* The agency was founded in 1984 as a rape crisis center, expanded services to include domestic violence victims in the late 1980's and opened its 24-hour emergency shelter in 1990. Since 2001, the agency has established outreach offices in all four quadrants of the county including within the Georgetown and Taylor Police Departments as well as the Cedar Park Health Department. Hope Alliance increased shelter bed space in 2002 from 20 to 35 beds and client services have increased in some areas by as much as 147%. In 2004, the county-wide Sexual Assault Response Team was established with Hope Alliance as a founding member.

B) What are some of your past organizational accomplishments (last three years)? Most recently, the agency expanded access to its core services by establishing additional outreach offices in Hutto and Liberty Hill, and extended its prevention efforts into Florence and Granger, Texas school districts. Of the 80 family and sexual violence programs in Texas, Hope Alliance is one of only six that has a formalized prevention initiative. In the past 12 months Hope Alliance provided non-residential services to 2,554 victims of domestic violence, received over 2,700 hotline calls and provided crisis intervention to nearly 1,000 victims of domestic and sexual violence. The Prevention Team has facilitated sessions with 1,068 students this year, with more to come this fall! 488 of those students were in elementary school, 309 were in middle school, 226 were in high school, and 45 were in college.

C) What are your key programs and activities? The following services are provided by paid staff, volunteers and interns: 24-hour hotline; shelter; counseling; legal advocacy; housing; medical, judicial and law enforcement accompaniment; school-based primary prevention; and assistance with basic needs such as clothing and household items. All services are free, confidential and provided to residents of Williamson County and the surrounding areas.

Hope Alliance provides services without consideration of ethnicity, gender, religion, age, sexual orientation, or any other classifier. In 2012, Hope Alliance served 2,816 survivors with the following demographic breakdown:

*Gender:* Female: 84% Male: 16% *Age:* Adults 74% Children: 26% *Ethnicity:* Anglo (non-Hispanic white):45% Multi-racial:7% Hispanic: 28% Other: 1% Black (non-Hispanic black):16% Asian/Pacific Islander: 1% American Indian/Native Alaskan: 1%

### **II. Project Information:**

A) **Statement of Need:** Specify the community need you want to address and are seeking funds. Hope Alliance is the only agency in Williamson County providing comprehensive services to victims of family and sexual violence including individual, family and group counseling. In 2012, Hope Alliance's waiting list for counseling was eight weeks long. Currently a person has to wait at least four days to receive an intake appointment or meet with a Legal Advocate. Of the nine cities in Williamson County that reported, five indicated significant increases in the number of family violence incidences reported to law enforcement from 2006 to 2009 (Williamson County Statistical Overview of Criminal Justice Related Activities, CAPCOG, 2011). The demand for Hope Alliance's services is expected to remain high as the population and awareness continue to increase.

Along with a county population that has more than doubled in the past ten years (US Census, 2005 Estimate), Hope Alliance has experienced a 75% increase in the number of family violence victims requesting shelter over the last three years and, during the same period, requests for advocates to assist sexual assault survivors has increased from an average of three per week to five per week. More than 90% of these clients are low income. Hope Alliance serves over 2,700 families each year throughout the county (HHSC, 2012).

B) Project Goal, Objectives and Methodology

1. The goal of our Non-Residential Advocacy and Intervention program is to educate victims of family violence and sexual assault on their rights and available resources throughout the community while we work together to achieve goals they have set for themselves. Our program goal is achieved through several activities including legal advocacy, crisis intervention, safety planning and accompaniments to hospitals and court hearings. Hope Alliance is the only organization providing these services in Williamson County and the program is unique in that services are available throughout the county, allowing victims to access the time-critical services within the immediate community. This is especially important in a county without public transportation.

2. State up to three objectives.

**Objective I:** 90% of clients will have a better understanding of community resources available to them.

**Activities:** Maintain an up-to-date resource list and keep all staff educated on services available in the area.

**Objective II:** 90% of clients will be more knowledgeable about dynamics of family violence and sexual assault

**Activities:** Maintain a 24-hour hotline where staff and volunteers are properly trained to work with callers to understand what constitutes family violence and sexual assault; provide educational materials for victims, survivors, family and friends; and inform clients on our services and other resources throughout the community.

**Objective III:** 90% of adult clients will feel better equipped to avoid re-victimization with individualized safety plans

**Activities:** Educate staff and clients on proper safety planning, connect callers to appropriate services, inform clients of precursors to an unhealthy relationship

3. Who will this grant serve?

This grant will serve victims of family violence and sexual assault in the central Texas region. A grant award of \$25,000 would be used to continue to provide free services through the Non-Residential Advocacy and Intervention program, including 24-hour crisis hotline, legal advocacy, counseling and housing assistance.

4. How does this project relate to other existing projects in the community? The services provided do not duplicate any existing program in Williamson County. Without our services and the continued collaboration between Hope Alliance, law enforcement, and other victim service agencies, survivors would be homeless, living on the streets of Williamson County, or be forced to access services further away from their community. Additionally, without timely, local access to services, victims are at greater risk for repeated victimization and injury. Without Hope Alliance Sexual Assault Advocates, seven sexual assault victims each week would not have access to the crucial advocacy services guaranteed to them by the State of Texas. Hope Alliance is the only agency in Williamson County that provides comprehensive services to survivors of family violence and sexual assault, particularly 24-hour hotline, emergency shelter, support groups and supportive housing.

As a result of the agency's many partnerships, clients experience more compassionate and timely care from law enforcement and hospital staff. Other partnerships help fulfill victims' need

for clothing, household items and financial assistance. Collaborations with schools help minimize the effects of family, dating and sexual violence on children's academic functioning. Partnerships exist with all local law enforcement agencies and hospitals, as part of the Williamson County Sexual Assault Response Team (SART); Williamson County Coalition to Prevent Sexual and Domestic Violence (coalition); Independent School Districts; Round Rock Serving Center (social services); Georgetown Caring Place (social services); and the Williamson County Children's Advocacy Center.

Volunteer advocates provide direct services, such as hotline assistance, crisis intervention, information/referral, hospital accompaniment, and court accompaniment. Indirect services provided by volunteers include answering the main telephone line, staffing the reception desk, and staffing informational booths at community fairs to inform others about the need and availability of victim services.

C) Project Outcomes and Evaluation: Collecting data for the purpose of measuring outcomes has allowed the organization to consistently improve its program and services.

D) How will you use the grant funds? These funds would be allocated to the Non-Residential Advocacy and Intervention program expenses including advocates salaries, utilities, communications, and mileage reimbursement for advocates traveling to and from outreach centers.

**III. Project Future-** Explain how you will support this project after the grant performance period. Sustainability continues to be a strategic priority for our Board of Directors with the main goal of continuing to decrease the agency's dependency upon state and federal funding. The services supported with these funds are considered by the Board of Directors to be core services and thus are also supported by funds from all but one of the major cities in the county, and we are expecting a commitment by the remaining city by the end of 2014. In addition, the Board of Directors has a Development Committee that recently developed a three-year development plan, complete with goals, objectives and targeted completion dates for each.

#### **IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications**

A) Describe your board of directors and the role it plays in the organization.

Hope Alliance recently re-structured and trained the board members to shift its focus from solely administrative oversight to sustainability and governance in alignment with the strategic plan. The standing committees include Executive and Finance; Development; Facilities; Personnel; and Nominations. Board member qualification guidelines have been established using the following parameters: experience, perspective, wisdom, influence, ethnic diversity, geographic location and schedule availability.

B) Describe the qualifications of key personnel/staff responsible for the project

Hope Alliance victim advocates possess bachelor's degrees in social work or other related fields and have a minimum of 3 years experience providing services to children and/or adults. Many have prior experience working with survivors of domestic violence, sexual assault, and/or child abuse and all have completed a mandatory 40-hour training prior to working directly with Hope Alliance clients. Hope Alliance counselors possess master's degrees in social work or counseling and are licensed to practice in the State of Texas. All also have previous experience working with victims and complete a mandatory 40-hour training prior to working with Hope Alliance clients.

Patty Conner has worked for the agency for thirteen years in a variety of capacities, serving the last nine as its Chief Executive Officer. She has seven years prior experience providing services to those whose lives have been affected by domestic violence, sexual assault and child abuse. Patty holds a masters degree in Social Work and is licensed to practice in the State of Texas.

## 2013 S.L. Gimbel Foundation APPLICATION

### V. Project Budget

- A) Please provide a detailed line-item budget for your project by completing the table below.  
Include all sources of funding for the proposed project.

Line Item Description	Line Item Explanation (Formula/equation used as applicable. Example: 40 books @ \$100 each = \$4000)	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Salaries	Program employees: Victim Advocates	153,784	202,969	20,000	356,753
Fringe	For Victim Advocates	38,278	25,947		64,225
Mileage	For outreach offices \$.50/mile	7,500			7,500
Training		2,500			2,500
Misc. Program Expenses		1,700			1,700
Programmatic fees *Itemized Below in Red		55,090		5,000	60,090
Utilities	Telephone/Internet/ Electricity	16,101			16,107
Rent/ Maintenance		20,348			20,348
Professional/Audit Fees		6,713			6,713
IT/Computer support		4,284			4,284
Office Items	Office Supplies/ Printing/ Postage/ Office Equipment	10,282			10,282
Storage		2,356			2,356
<b>TOTALS:</b>		236,278	228,916	25,000	490,194

### VI. Sources of Funding: Please list your current sources of funding and amounts.

#### *Secured/Awarded*

Name of Funder: Foundation, Corporation, Government	Amount
-----------------------------------------------------	--------

Health and Human Services Commission	\$293,631
Office of the Governor	\$140,000
Office of the Attorney General	\$118,000
FEMA	\$17,000
City of Georgetown	\$40,000
City of Hutto	\$12,500
City of Round Rock	\$38,000
City of Round Rock, CDBG	\$50,400
Williamson County	\$67,500
Williamson County District Court	\$25,000
United Way of Williamson County	\$30,000
St. David's Foundation	\$38,500
Georgetown Community Health Foundation	\$50,000

***Pending***

<b>Name of Funder: Foundation, Corporation, Government</b>	<b>Amount</b>	<b>Decision Date</b>
Violence Against Women's Act	\$75,000	9/15/13
Violence Against Women's Act	\$65,000	9/15/13

**VII. Financial Analysis**

**Agency Name: Williamson County Crisis Center dba Hope Alliance**

**Most Current Fiscal Year (Dates): From January 01, 2013 To: **December 31, 2013****

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Please provide all the information requested on your entire organization. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and/or audit.

**Program to Total Expenses Ratio:** Percentage of expenses used to support programming versus how much is spent for general management and fundraising. A general rule is that at least 75 percent of total expenses should be used to support programs – the higher the percentage the better.

<b>Program Expenses</b>	<b>/Total Operating Expenses</b>	<b>= Program Expense Ratio</b>
\$ 969,430	\$ 1,132,942	85.6 %

<b>Form 990</b>	<b>Form 990</b>
<b>Part IX, Column B</b>	<b>Part IX, Column A</b>
<b>Line 25</b>	<b>Line 25</b>

**Notes:**

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**Excess or Deficit for the Year:**

<b>Excess or (Deficit)</b> <b>Most recent fiscal year end</b>	<b>Excess or (Deficit)</b> <b>Prior fiscal year end</b>
\$ 439,641	\$394,507

Notes:

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**Diversity of Funding Sources:** A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

<b>Funding Source</b>	<b>Amount</b>	<b>% of Total Revenue</b>	<b>Funding Source</b>	<b>Amount</b>	<b>% of Total Revenue</b>
Contributions	\$49,882	4.2	Program Fees	\$0	0
Fundraising/Special Events	\$163,044	13.7	Interest Income	\$0	0
Corp/Foundation Grants	\$192,371	16.2	Other:	\$0	0
Government Grants	\$782,414	65.9	Other:	\$0	0

Notes:

**VIII. Application submission check list:**

<b><u>Submit FOUR (4) Copies: 1 ORIGINAL (WITH ORIGINAL SIGNATURES) and 3 copies, collated and stapled together of the following:</u></b>	<b><u>Submit ONE (1) Copy:</u></b>
Completed Grant Application Form (cover sheet, narrative (3 pages maximum), budget and sources of funding, financial analysis page	A copy of your current 501(c)(3) letter from the IRS
A list of your Board members and their affiliations	A copy of your most recent year-end financial statements (audited if available; double-sided)
Your 2013 operating budget	A copy of your most recent 990 ( double-sided)
For past grantees, a copy of your most recent final report.	

**Internal Revenue Service**

**Department of the Treasury**

**COPIES**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date: April 28, 2000**

**Person to Contact:**  
Michael Fisher 31-03591  
Customer Service Specialist  
**Toll Free Telephone Number:**  
8:00 a.m. to 9:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
74-2277114

Williamson County Crisis Center  
211 Commerce Blvd. Suite 103  
Round Rock, TX 78664

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in April 1984 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(1) & 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.





The  
Community  
Foundation

Serving the Counties of Riverside and San Bernardino

*S. L. Gimbel Foundation Fund*

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Immediate Past Board Chair

Dr. Jonathan Lorenzo Yorba  
President and CEO

January 27, 2014

Ms. Patty Conner  
CEO  
Williamson County Crisis Center  
dba Hope Alliance  
1011 Gattis School Road, Suite 106  
Round Rock, TX 78664

Dear Ms. Conner:

Congratulations! A grant has been approved for **Williamson County Crisis Center** in the amount of **\$25,000** from the S.L. Gimbel Foundation. The **performance period for this grant is January 1, 2014 to December 30, 2014**. Additional funding beyond the performance period is not guaranteed. It is highly recommended that alternative funding sources be sought accordingly. The grant is to support the following as specified in your proposal:

*Non-Residential Advocacy and Intervention Program: To assist in providing individuals experiencing family and sexual violence with shelter, counseling, legal advocacy, and peer support during their difficult times of transition and overall personal transformation.*

This grant is subject to the terms outlined in the enclosed Grant Agreement. After you have reviewed the terms and conditions of the Grant Agreement, please sign and date the enclosed copy and return the original copy to The Community Foundation within the next two weeks. Please retain a copy of the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

A condition of this grant is that you agree to submit the Grant Evaluation Form which includes a narrative report and fiscal report. The **Grant Evaluation is due on January 15, 2015** and a copy will be included with the check cover letter.

We wish you great success and look forward to working with you during the grant performance period.

If you have any questions, please call me at 951-684-4192 ext. 114 or email me at [ceudiamat@thecommunityfoundation.net](mailto:ceudiamat@thecommunityfoundation.net).

Sincerely,

Celia Cudiamat  
Executive Vice President

19112 Williamson County Crisis Center

20140020

GIMBEL



Confirmed in Compliance  
with National Standards for  
U.S. Community Foundations

# Hope Alliance

1-800-460-SAFE (7233)

*Not the final stop,  
but the first step.*

1011 Gattis School Road, #106  
Round Rock, Texas 78664  
Phone: 512.255.1212  
Fax: 512.255.7331

[www.hopealliancetxt.org](http://www.hopealliancetxt.org)

Patty Conner, LCSW  
Chief Executive Officer

#### Board of Directors 2013-2014

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Renee Petsche– Past President  
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Paul Mahar  
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Sandy Sigman

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Connie Bradley  
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Aaron Hees  
Marjorie Herbert  
Nancy Maxwell  
Patti Maund  
Sharon Prete  
Bill Sterling

#### Outreach Offices:

Cedar Park  
Georgetown  
Hutto  
Liberty Hill  
Taylor



January 31, 2014

S.L. Gimbel Foundation Fund  
3700 Sixth Street, Ste 200  
Riverside, CA 92501

Ms. Cudiamat,

Thank you so much for the grant award of \$25,000 for our Non-resident Advocacy and Intervention program. These funds will help victims of domestic and sexual violence on their journeys to healthier lives.

Hope Alliance provides a 24-hour crisis hotline, emergency shelter, counseling, case management, legal advocacy, living essentials and support to victims of domestic violence and sexual assault. Hope Alliance is the only organization operating in Williamson County offering our community these services. Together, we can help victims regain their safety and transform their lives!

Thank you so much for your support,

Sincerely,

Nancy Mallory, President  
Hope Alliance Board of Directors

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**2013 S.L. Gimbel Foundation Fund**

**Grant Agreement Docket 4**

**Organization:** Williamson County Crisis Center

**Grant Amount:** \$ 25,000

**Grant Number:** 20140020

**Grant Period:** January 1, 2014 to December 30, 2014

**Purpose:** **Non-Residential Advocacy and Intervention Program: To assist in providing individuals experiencing family and sexual violence with shelter, counseling, legal advocacy, and peer support during their difficult times of transition and overall personal transformation.**

**1. Use of Grant Funds**

Grant funds must be expended within the grant period, for the purpose and objectives described in your grant proposal. Grant funds may not be expended for any other purpose without prior written approval by The Community Foundation. If there are significant difficulties in making use of the funds as specified in your proposal, or if the grant funds cannot be spent within the grant period, notify us in writing promptly.

Formal requests for extensions or variances must be submitted to the Foundation's Board of Directors for approval a minimum of 60 days before the end of the grant period.

Requests for variances or extensions are reviewed on a case-by-case basis and approved by the Board of Directors. If a request is denied, unused funds must be immediately refunded to the Foundation.

**2. Payment of Grant Funds**

The grant funds will be paid in full by the Foundation upon receipt of the signed Grant Agreement. Challenge grant funds will be paid in full upon receipt of the signed Grant Agreement and upon receipt of documentation providing evidence that condition(s) of the challenge grant has/have been met.

**3. Certification and Maintenance of Exempt Organization Status**

This grant is specifically conditioned upon Grantee's status as an eligible grantee of The Community Foundation. The Foundation has obtained a copy of the Grantee's IRS determination letter. Grantee confirms that it has not had any change in its tax-exempt status, and shall notify the Foundation immediately of any such change.

**4. Final Report and Records**

The Grantee will submit the Grant Evaluation report per the deadline set forth in the award letter. This report includes a narrative on outcomes based on goals and objectives set forth in the grant proposal and an expenditure report documenting use of grant funds. If equipment was purchased, copies of receipts need to be included.

**5. Grantee's Financial Responsibilities**

Grantee will keep records of receipts and expenditures of grant funds and other supporting documentation related to the grant at least four (4) years after completion of the grant and will make such records of receipts, expenditures and supporting documentation available to the Foundation upon request.

**6. Publicity**

The Community Foundation expects publicity for the grant in two ways and will require documentation in your grant evaluation form that you will file at the end of the grant period.

1. *Organizational:* Acknowledge The Community Foundation in internal communication to staff and board, in brochures as appropriate; newsletters, annual reports and email blasts or e-newsletters.

2. *Press*: Publicity for The Community Foundation grant via press releases to local media.

The credit line of "Made possible in part by a grant from the **"S.L. Gimbel Foundation Advised Fund at The Community Foundation Serving the Counties of Riverside and San Bernardino"** is suggested. When your donors are listed in printed materials, include the S.L. Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching our logo is also appreciated. Our logo can be downloaded from our website at [www.thecommunityfoundation.net](http://www.thecommunityfoundation.net).

**7. Indemnification**

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.

**8. Termination**

The Community Foundation may terminate this agreement, withhold payments, or both at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement.

**9. Limitation of Support**

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

\*\*\*\*\*

**I have read and agree to the terms and conditions of the Grant Agreement.**

*P. Corner, LCSW*

Signature

1/30/14

Date

Patty Corner

Printed Name

C.E.O.

Title

Organization: 19112 Williamson County Crisis Center  
Grant Number: 20140020

*dc*  
2/4/14



The  
Community  
Foundation

Serving the Counties of Riverside and San Bernardino

*S. L. Gimbel Foundation Fund*

BOARD OF DIRECTORS

February 6, 2014

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Vernon Kozlen

D. Matthew Pim

Patrick O'Reilly

Rose Salgado

Beverly Stephenson

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Immediate Past Board Chair

Dr. Jonathan Lorenzo Yorba  
President and CEO

Ms. Patty Conner, CEO  
Williamson County Crisis Center  
dba Hope Alliance  
1011 Gattis School Road, Suite 106  
Round Rock, TX 78664

Dear Ms. Conner:

The Community Foundation is pleased to enclose a grant check for **\$25,000** from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. The completed Grant Evaluation form is due by January 15, 2015 and will be available online at:

<http://www.thecommunityfoundation.net/grants/grants/forms>

Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. **Please use the following credit in any grant announcements or materials funded by the grant: "The (name of project/program) is supported by a grant from The S. L. Gimbel Foundation."** Send copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

If you have any questions, please contact me at 951 684-4194.

Sincerely,

Celia Cudiamat  
Executive Vice President

20140020

36871

GIMB



Confirmed in Compliance  
with National Standards for  
U.S. Community Foundations

HOLD TO LIGHT TO VIEW WATERMARK IN PAPER. HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT. DETECTION CIRCLE REVEALS A LOCK WHEN TESTED.

36871

**The Community Foundation**  
Serving the Counties of Riverside and San Bernardino

3700 SIXTH STREET, SUITE 200  
RIVERSIDE, CA 92501  
951-241-7777 / FAX 951-684-1911

**CITIZENS BUSINESS BANK**  
A Financial Services Company  
3695 Main Street, Riverside, CA 92501  
90-3414-1222

EZShield™ Check Fraud Protection for Business

PAY \* Twenty-Five Thousand and no/100 \*

TO THE ORDER OF

DATE

AMOUNT

01/30/2014

\$ \*\*\*\*25,000.00

Williamson County Crisis Center  
dba Hope Alliance  
1011 Gattis School Road, Suite 106  
Round Rock, TX 78664



*Jonathan Lorenzo Yorba*  
*Celia Cudimot*  
AUTHORIZED SIGNATURE

Security features. Details on back.

⑈036871⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

36871

19112 Williamson County Crisis Center

01/30/2014 036871

20140020	01/27/2014	Non-Residential Advocacy and Intervention Program	25,000.00
GIMB	S.L. Gimbel Foundation Advised Fund		25,000.00

CHECK TOTAL: \$ \*\*\*\*25,000.00

The Community Foundation

36871

19112 Williamson County Crisis Center

01/30/2014 036871

20140020	01/27/2014	Non-Residential Advocacy and Intervention Program	25,000.00
GIMB	S.L. Gimbel Foundation Advised Fund		25,000.00

CHECK TOTAL: \$ \*\*\*\*25,000.00