2020 Community Grant Cycle

# Please choose only one. Are you:

* A 501(c)(3) nonprofit organization with headquarters in Gunnison County
* A 501(c)(3) nonprofit organization with headquarters outside of Gunnison County
* Organization with fiscal sponsorship
* A government entity: Gunnison County, Gunnison Watershed School District, or Western Colorado University.

# General Information

# The word "Applicant" refers to the organization submitting the proposal for itself or one of its “departments,” or as a fiscal sponsor for a smaller Group. The "Applicant" is responsible for any funds received, and an authorizing official from this organization must sign the proposal. The word "Group" refers to the entity that is actually undertaking the program(s) described in this proposal. See the Guidelines for examples.

|  |  |
| --- | --- |
| Legal Name of the Applicant |  |
| Applicant DBA (Doing Business As), if different than legal name |  |
| Name of Group, if applicable |  |
| EIN (Federal Tax Identification Number) |  |
| Year Founded |  |
| Mailing Address of Group |  |
| City |  |
| State |  |
| Zip Code |  |
| Physical Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Phone Number (XXX-XXX-XXXX) |  |
| Fax Number (XXX-XXX-XXXX) |  |
| Website |  |

# Applicant Organization's Contact Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization's Primary Contact Person | |  |  | | --- | --- | |  | Executive Director | |  | CEO | |  | President of the Board | |  | Other (specify: ) | |
| Name |  |
| Phone |  |
| Email |  |

# Group's Contact Person For This Application

|  |  |
| --- | --- |
| Name |  |
| Position or Title |  |
| Email |  |
| Phone  Year Group was founded |  |

# Applicant’s Contact Person For this Application

|  |  |
| --- | --- |
| Name |  |
| Position or Title |  |
| Email |  |
| Phone |  |

# Grant Request Information - Once you choose *Project* or *Operating* and save, that choice will be locked because it triggers specific questions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grant Request: CHOOSE ONE | |  |  | | --- | --- | |  | Program/Project | |  | Operating | |
| Amount Requested (positive number without commas, decimals or dollar signs): |  |
| % Requested (Amount Requested / Total Operating Budget = % Requested) |  |
| Name of Project  Total Project Budgeted Cost: |  |
| *PLEASE NOTE: You may not request more than 50% of a project's total cash cost.*  Amount Requested: $\_\_\_\_\_\_\_\_  Amount Requested / Total Project Budgeted Cost = \_\_\_\_\_% |  |

# Please give a brief synopsis of what the grant will be used for. (Max: 25 words)

# By signing below, we certify that the information contained in this application is true and correct to the best of our knowledge.

Please use your computer mouse to "draw" your signature electronically.

**Signature of Applicant Board President if the Applicant is a 501(c)(3), of the Director of Health & Human Services or Juvenile Services if the Applicant is the County, of the Director of Sponsored Programs if the Applicant is Western Colorado University, or of the appropriate Principal if the Applicant is the Gunnison-Watershed School District.**

# Signature of Group's Primary Contact Person if applicable:

# Date

\_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

# Did you (the Group) apply last year?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

# Please pick the grant category below that you believe is the best fit for this application.

If you are applying for Project support, this refers to your program or project.

|  |  |
| --- | --- |
|  | Arts and Culture |
|  | Historical Tradition and Preservation |
|  | Athletics and Recreation |
|  | Community Development |
|  | Environment |
|  | Education |
|  | Health and Human Services |
|  | Animal Welfare |

# Organizational History

Include the reason for the Group’s founding (original issue), how that may have changed over time, and list what you consider your three most important achievements. (Max: 125 words)

# Mission Statement of the Applicant/Purpose Statement of the Group:

# Issue/Problem Statement

Whether a General Operating or a Project request, please describe the key issue(s) that your organization or group addresses. "Issue" refers to the problem that needs to be solved, or an unmet need. Use numbers, statistics and research to illustrate this issue and why it matters. (Max: 125 words). CLICK HERE to learn more about what we expect in this response.

# Operating Request:

|  |  |
| --- | --- |
| a. Outline your program areas and what you do in each area. (Max: 200 words) |  |
| b. Describe your staff and what they do. If you don't have a staff, describe how your volunteers carry out your programs. (Max: 100 words) |  |
| c. What are your other sources of funding for operations? i.e. individual support, government support, memberships, etc. (Max: 50 words) |  |
| d. Please give a detailed description of how you serve *local* residents and have a *local* impact. Be specific and use numbers if you can. (Max: 125 words) |  |

# Project Request:

Describe the project very specifically, and please be sure to answer each question. If a question is not applicable to your organization, please briefly explain why.

|  |  |
| --- | --- |
| a. What is your overall project goal, and what does success look like to you?  (Note, you’ll have the opportunity to describe “success” in the Evaluation section.) (Max: 75 words) |  |
| b. Describe your project in terms of its activities and objectives. (Max: 150 words) |  |
| c. What’s your project timeline? (Max: 30 words) |  |
| d. Who will be in charge of this project? (Max: 25 words) |  |
| e. What experts will you be using, if relevant? (Max: 25 words) |  |
| f. Please provide any additional information you think the reviewers need to best understand what you plan to do and why it matters.  (Max: 75 words) |  |
| g. What are your additional sources of funding for this project? i.e. individuals, government, additional grants, membership, etc. (Max: 75 words) |  |
| h. Of your project's total cash budget, what percent of the money that you need is currently in hand or committed and what are those sources of funds? (Max: 25 words) |  |

# Impact Data:

CFGV values *both* depth and breadth of impact. It's perfectly appropriate to estimate small numbers if "depth of impact" is your intent. Please estimate for the grant period:

|  |  |
| --- | --- |
| Who is the primary “target group” that you will affect? \_\_\_\_\_  How many LOCAL people do you expect to directly affect? \_\_\_\_  Do you have secondary groups you will also affect (for instance, teachers or parents in the case of a school project)?  If so, who are they? \_\_\_\_\_\_\_\_\_\_  Please estimate how many LOCAL people would fall into this category: \_\_\_\_\_ |  |
| If you also serve part-time residents and visitors, please estimate how many people will fall into this category: \_\_\_\_\_\_\_\_\_ |  |
|  |  |

# Evaluation

Refer to the issue, problem or unmet need you have described above. In this section, you will show how you intend to improve that situation, usually for certain people. You'll use quantitative measures where possible. You'll also describe your methods, such as surveys, interviews, systematically collected comments or anecdotes, pre-post tests, journals, pre-post photos, etc. CLICK HERE for a template that we urge you to complete before you begin to write to ensure that you are presenting everything we are looking for. By April 30, 2021, you'll report your findings to CFGV in your Grant Report.

|  |  |
| --- | --- |
| 1. Who is your primary local target population that your organization (for General Operating support requests) or project (for Project support requests) serves? (Max: 30 words) |  |
| 2. Describe the long-term difference or change you plan to make for the target population identified above, even if that's well in the future. (Max: 50 words) |  |
| 3. How will this target population be affected/changed by the end of the grant period? Be specific by including numbers, percentages, etc. (Max: 75 words) |  |
| 4. What will you do to find out if this change has occurred (your methods)? (Max: 50 words) |  |
| 5. If you have more than one target population, please explain. (Max: 50 words) |  |
| 6. PROJECT SUPPORT REQUEST ONLY: If this is not the first year for this project, what have you learned from past evaluations, and what difference have you made? Use numbers and percentages if possible. Have there been unintended consequences or surprises? (Max: 75 words) |  |
| 7. GENERAL OPERATING REQUEST ONLY: What have you learned from past evaluations that demonstrates the difference you are making in the Valley? Use numbers and percentages if possible. Have there been unintended consequences or surprises? (Max: 75 words) |  |

# GOS: What are you doing to ensure that your organization is sustained over time? (Max: 75 words)

# PROJECT: If the project will continue over time, how do you plan to sustain it? (Max: 75 words)

# Does your budget clearly identify all in-kind contributions to the organization or project?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

# If your budget does not clearly identify in-kind contributions, please describe (and quantify the values to the best of your ability) in the space provided.

Examples may include office space, utilities, phones, Internet, payroll, volunteer staff, pro bono consulting, etc.

# FINANCIAL SUMMARY

Please recall that 'Group' refers to: a 501(c)(3) seeking funds for itself; the sponsoree under fiscal sponsorship; the “department” of the County, Western or Gunnison Watershed School District. Don't hesitate to call CFGV for clarification:

|  |  |
| --- | --- |
| # of Group's full-time, year-round employees |  |
| # of Group's part-time employees, if applicable |  |
| # of Group's seasonal employees, if applicable |  |
| In what year was your Group founded?  In what month does your fiscal year start? |  |

# For your current fiscal year (these numbers should correspond with your uploaded current year budget):

|  |  |
| --- | --- |
| What is your Group's total projected cash expense? |  |
| What is your Group's total projected cash income? |  |

**If your Budget-to-Actual upload from your last completed fiscal year shows more than a 10% shortfall from your total budgeted income, explain why, and describe what you intend to do to achieve at least a balanced budget in the current fiscal year. (Max:50 words)**

# If there is something else that might distort your financials to an outside reviewer (such as significant accounts receivable, a one-time gift or expense, a significant jump in anticipated income for the next year, uneven cash flow for seasonal reasons, etc.), please explain. (Max: 75 words)

# For 501(c)(3) nonprofit applicants:

How many months of operating reserve do you have?

Are you currently undertaking a capital campaign? \_\_\_ yes \_\_\_ no If yes, are your capital campaign income/expenses incorporated into the organizational budget you submitted? \_yes \_\_\_no

Are you currently undertaking an endowment campaign? \_\_\_yes \_\_\_no If yes, are your endowment campaign income/expenses incorporated into the organizational budget you submitted? \_\_\_yes \_\_\_no

# In the last three (3) years, has your organization had an audit/ outside financial review?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

# If yes, which one? If no, why not?

# Did your organization file an IRS Form 990 for the year 2018?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

# If you filed an IRS Form 990 for 2018, please refer to Part IX, page ten (10), “Functional Expenses” [CLICK HERE to learn more] to fill in the following information. If you did not file IRS Form 990, please calculate the following numbers from your 2018 financials.

|  |  |
| --- | --- |
| A: Total Expenses |  |
| B: Program service expenses |  |
| C: Management and general expenses  D. Fundraising expenses |  |
| Do you have whistleblower and document retention policies adopted by the board (per Sarbanes-Oxley Law)? | |  |  | | --- | --- | |  | Yes | |  | No | |  |  | |

# For County, Western Colorado University and Gunnison Watershed School District Applicants:

Do you have a mechanism by which you can carry forward unexpended, non-designated funds into the next fiscal year, or build the equivalent of a reserve fund? Example: a program at Western may be able to build a companion fund at the University Foundation; or a government agency may be given "roll forward" authority. Please describe. (Max: 50 words)

**For Groups under Fiscal Sponsorship:**

If you are a group under fiscal sponsorship, has your sponsor filed a 990? \_\_\_yes \_\_\_no

**For all Applicants and Groups:**

# Describe in two sentences how your organization is governed. (If government Applicants or Groups under fiscal sponsorship use an advisory committee to guide their planning and programming, use this section to describe their role.)

|  |  |
| --- | --- |
| How often does your board or advisory committee meet? |  |
| Do you have a formal process for identifying and choosing new board/advisory committee members? | |  |  | | --- | --- | |  | Yes | |  | No | |
| Do you have a strategic plan? (Groups that are not nonprofits should respond for the Group only – not the entire County Department or the County itself, for example). | |  |  | | --- | --- | |  | Yes | |  | No | |
| What is the time period covered by your strategic plan? |  |
| When was the last time your board or advisors updated the plan? |  |
| Who is responsible for implementation and monitoring of the plan? |  |
| Please give an example of how your plan has been important or effective. (Max: 50 words |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Do you have a Conflict of Interest policy adopted by the board or advisory committee? | |  |  | | --- | --- | |  | Yes | |  | No | | |  |
|  |  |

# How do you intend to partner/collaborate with other community entities in the year ahead? Please explain. In the event that this is not relevant write "Does not apply"; OR, if your mission appears to be very similar to that of other nonprofits in the Valley, describe how you acknowledge and/or work with them; OR, if you are based out of Gunnison County, and do not have an office or staff/consultant based in the County, with whom are you partnering/collaborating in Gunnison County and what is the nature of that relationship? (Max: 75 words)

# How do you identify, engage, train and reward volunteers? (Max: 75 words)

# How many volunteers does your Group have?

|  |  |
| --- | --- |
|  | 0-5 |
|  | 6-10 |
|  | 11-20 |
|  | 21-50 |
|  | 51+ |
|  | Not Applicable |

# How many volunteers will be involved in your project?

If you do not know the specific number, please estimate. If this does not apply to you, please write 'not applicable'.

# Past Grant Feedback

In 2019, CFGV provided feedback to each applicant. Grant review panelists have access to the feedback you received. If there were concerns, please describe how you addressed them, or explain why that concern was not addressed. If there were no concerns, or if you did not apply in 2019, write "does not apply." (Max: 75 words)