**2025 Community Grants Application**

(for reference only, application must be submitted [online](https://cfgv.smapply.org/))

Get Started

Please choose only one. Are you a:

* 501(c)(3) nonprofit organization with headquarters in Gunnison County
* 501(c)(3) nonprofit organization with headquarters outside of Gunnison County
* Group under fiscal sponsorship
* Government entity (Gunnison County, Gunnison Watershed School District, Western Colorado University, etc.)
* Faith-Based Organization
* Collaboration
* Fiscal Sponsorship

*For Fiscal Sponsorships*: Please enter information for the Group that is housed under a fiscal sponsorship. Contact information for the sponsoring organization will be provided in the next section.

What is the name of the Group under fiscal sponsorship?

Who is the main contact person for the sponsored Group?

What is the phone number for the sponsored Group?

What is the email of the main contact identified above?

*For nonprofit organizations with headquarters outside of Gunnison County:* Do you affirm that your proposal and budget-to-actuals (i.e. not your balance sheet) reflect only program activity in Gunnison County plus the necessary administrative costs that make them possible?

Yes / No

*For Government Entities*: Do you affirm that the funds you are requesting are enhancing your budget, and are not replacing either tax or grant funds already allocated to your project?

Yes / No

*For Faith-Based Organizations*: Do you affirm that this project is not grounded in any religious doctrine, and that it is broadly open to anyone in the community?

Yes / No

*For Collaborations*: Do you affirm that this project is one that could not be done by any of the collaborators alone?

Yes / No

General Information

IMPORTANT: 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, or as the lead organization in a collaboration. The "Applicant" is responsible for any funds received, and an authorizing official from this organization must sign the proposal. See the Guidelines to learn who signs this application.

Legal Name of Applicant Organization

Applicant DBA (Doing Business As), if different than legal name

Name of Group, if applicable

EIN (Federal Tax Identification Number)

Mailing Address of Group

City, State Zip Code

Physical Address

City, State Zip Code

Website

Year Founded

Contact Person for This Application

 Name

Position or Title

 Email

Grant Request Information

IMPORTANT (contact CFGV if you have questions): ALL **501(c)(3) nonprofit organizations** will apply for General Operating support regardless of where they are headquartered; **Groups under fiscal sponsorship** will apply for General Operating support; **Government entities** will apply for Project support for programs that are budget-enhancing (not budget-replacing); **Faith-Based Organizations** will apply for Project support for projects/programs that do not require adherence to religious doctrine to participate and are open to all; **Collaborations** will apply for Project support.

Grant Request Type

* General Operating
* Project (Single Applicant)
* Project (Collaboration)

*For General Operating*:

Amount Requested (positive number without commas, decimals or dollar signs)

% Requested (Amount Requested / Total Operating Budget = % Requested)

Estimated number of discrete year-round local people you serve in a typical year

Estimated number of discrete part-time residents and visitors you serve, if relevant

*For Project (Single Applicant)*:

Name of Project

Amount Requested (positive number without commas, decimals or dollar signs)

Total Project Budgeted Cost

% Requested (Amount Requested / Total Cash Project Budgeted Cost = % Requested)

Estimated number of discrete year-round local people you serve in a typical year

Estimated number of discrete part-time residents and visitors you serve, if relevant

Please give a one sentence synopsis of what the grant will be used for.

*For Project (Collaboration)*:

Name of Project

Amount Requested (positive number without commas, decimals or dollar signs)

Total Project Budgeted Cost

% Requested (Amount Requested / Total Cash Project Budgeted Cost = % Requested)

Please give a one sentence synopsis of what the grant will be used for. If this is a General Operating Support request, simply enter "General Operating."

If this application is for a collaboration, please include the Organization Name and Contact information (Name and Email Address) for each partner

Please pick the grant category below that you believe is the best fit for this application. If you are applying for program or project support, this refers to your program or project.

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

*For General Operating:*

Mission Statement

Explain who your organization serves, why your work is significant, and how it addresses critical issues or needs in the Gunnison Valley. (Max 150 words)

In general, what do you do? \*note: showcase the core initiatives and activities that help propel your mission forward! Consider utilizing one of the optional attachments to supplement what you may not have the room to convey in the narrative\* (Max: 150 words)

How do you determine the impact of what you do? (Max: 100 words)

With past evaluation data in mind, describe the difference you have made. Be specific and use data where possible. (Max: 150 words)

How does your organization work to ensure everyone in our community has the opportunity to thrive? Be sure to cite specific examples. Hint: don’t just repeat what you do or who you serve! Consider how your organization: fits into the ecosystem or fabric of our community; enhances community coordination or collaboration; expands or strengthens community leadership; engages with partners across the community to advance community-wide strategies and goals; etc. (max 250 words)

*For Project (Single Applicant):*

Purpose Statement of the Group

Explain who your organization serves, why your work is significant, and how it addresses critical issues or needs in the Gunnison Valley. (Max 150 words)

In general, what do you do? \*note: showcase the core initiatives and activities that help propel your mission forward! Consider utilizing one of the optional attachments to supplement what you may not have the room to convey in the narrative\* (Max: 150 words)

Describe your Project. (Max: 150 words)

What do you want to achieve - what change do you want to make? (Max: 100 words)

How will your project/program ensure everyone in our community has the opportunity to thrive? Be sure to cite specific examples. Hint: don’t just repeat what you do or who you serve! Consider how your organization: fits into the ecosystem or fabric of our community; enhances community coordination or collaboration; expands or strengthens community leadership; engages with partners across the community to advance community-wide strategies and goals; etc. (max 250 words)

*For Project (Collaboration):*

Purpose Statement of the Group

Explain who your organization serves, why your work is significant, and how it addresses critical issues or needs in the Gunnison Valley. (Max 150 words)

In general, what do you do? \*note: showcase the core initiatives and activities that help propel your mission forward! Consider utilizing one of the optional attachments to supplement what you may not have the room to convey in the narrative\* (Max: 150 words)

Describe your Project. (Max: 150 words)

What do you want to achieve - what change do you want to make? (Max: 100 words)

What method will you use to learn whether you are achieving your goals? (Max: 100 words)

How will your project/program ensure everyone in our community has the opportunity to thrive? Be sure to cite specific examples. Hint: don’t just repeat what you do or who you serve! Consider how your organization: fits into the ecosystem or fabric of our community; enhances community coordination or collaboration; expands or strengthens community leadership; engages with partners across the community to advance community-wide strategies and goals; etc. (max 250 words)

Financial and Organization Information

**The following questions are required for *General Operating* requests ONLY!**

In which month does your fiscal year start?

Please recall that 'Group' refers to a 501(c)(3) seeking funds for itself or the sponsored entity under fiscal sponsorship.

# of Group's full-time, year-round employees

# of Group's part-time employees, if applicable

# of Group's seasonal employees, if applicable

Do your financials include in-kind support?

Yes / No

If they do not include in-kind support, briefly describe the in-kind support that you receive and estimate the value of this support. (Max: 75 words)

If your most recently completed year actual revenue and/or expenses was 10% or more different from budget projections, or if there is anything else that might appear to distort your financials to an outside reviewer (such as significant accounts receivable, a one-time gift or expense, uneven cash flow for seasonal reasons, etc.), please explain. (Max: 75 words)

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 will submit?

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 will submit?

Yes / No

In the last three years, has your organization had an audit or financial review conducted by an outside party?

Yes / No

If not, why not?

If yes, which one?

* Audit
* Financial Review

If it identified any issues, summarize how you are addressing them?