

**Application Summary: YVCF Community Grant Cycle 2024 (PROGRAMS in 2024-25: This version of application shows alternate/additional questions for program grants) **SAMPLE ONLY - DO NOT COMPLETE THIS FORM!****

**i** General Information

**Prequalification: Program or Unrestricted (General Operating) Grant?**

<p><b>*Does your organization provide services outside Routt and/or Moffat County?*</b> This question refers to the location of your services, not the clientele served. So if all of your services are in Routt and/or Moffat, even if they serve people from elsewhere (such as visitors attending a performance), you may answer 'no.' If you are a dedicated chapter, regional office, franchise, etc. specific to Routt and/or Moffat county <u>without</u> your own distinct governing board AND <u>without</u> your own distinct operating budget, you must answer 'yes.'</p>	<p>Yes</p>
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<p><b>*Is your organization's current (this fiscal year) board-approved operating budget over \$1 million?*</b> An organization-wide operating budget accounts for everything your organization spends to carry out, evaluate, and administer all your programs and activities for the year.</p>	<p>Yes</p>
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<p><b>*Is your organization faith-based?*</b> Does your mission and/or vision include values attributable to a specific institution of religion or belief?</p>	<p>Yes</p>
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**NOTE:** You will use this application to apply for a **program grant** (make sure to choose "Program Grant" for question 12). Based on your answers above, the application will show only those sections you are required to complete. Please refer to the 'Program Grant' version of the scoring rubric.

**Organization Overview**

<p><b>*1.</b> I am applying as part of a fiscal sponsorship. <i>Learn more about fiscal sponsorship.</i></p>	
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<p><b>*2.</b> Legal name of tax entity <i>Must be a 501(c)(3) nonprofit. If not, contact program officer Greg Hamilton prior to applying.</i></p>	
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<p><b>*3.</b> Employer Identification Number (EIN). <i>Also known as a Federal Tax Identification number.</i></p>	
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<p><b>4.</b> Applicant's organization name (if different than legal name above).</p>	
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<p><b>*5.</b> Title of grant proposal <i>Include a short descriptive explanation, e.g., "General Operating 2024-25" or "Program Grant for 2024: After-school Programs."</i></p>	
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<p><b>*6.</b> Amount Requested. <i>Up to \$10,000.</i></p>	
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<p><b>*7.</b> Contact person for this application.</p>	
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*Title or position.		
*Phone number.		
*Email address.		
*8. Mailing address for grant award. <i>Winning grants are payable to the legal entity (line 2) above. Must be able to receive U.S. Mail. If your address is not permanent or expected to change in the next 12 months, type an explanation on this line.</i>		
*City.		
*State.	CO	
*Zip code.		
*9. Physical address for applicant organization's main office. <i>If more than one office or location, provide a single address for your primary headquarters or administrative center.</i>		
*City.		
*State.	CO	
*10. Counties served by applicant organization. <i>Check all that apply.</i>	Routt Moffat Other - list below	
List or explain counties served outside Routt and Moffat. <i>(e.g., "Rio Blanco, Jackson" or "Statewide")</i>		
10a-c only for orgs that work in counties outside Routt/Moffat	*10a. Does your organization have a separate chapter, regional office, franchise, etc. specific to Routt and/or Moffat county?	Yes
	*10b. Does your regional office have a dedicated budget exclusive to Routt and/or Moffat County?	
	*10c. Does your regional office have a governing board specific to Routt and/or Moffat County?	
	<b>NOTE:</b> Use your <b>local (Routt/Moffat only) entity</b> to answer questions about budget, board, etc.	
*11. Website.		
*12. Type of grant requested. <i>Make sure to review guidelines. Contact us if unsure which applies to you.</i>	Program Grant	

**\*13.** Total FTEs (full-time equivalent employees) per year. *Sum of full-time, year-round employees (at 1.00 each) plus part time (e.g., a year-round half-timer would = 0.50) for the past full year. For seasonal employees or other tricky calculations: see the IRS explanation here.*

**\*14.** Organizational leadership. *We want to know more about the people who are leading this effort. At a minimum, list all board members and key staff, but we strongly encourage including short bios of all board members plus key staff and advisors, including professional affiliations/expertise, if applicable.*

**\*15.** Does your board have term limits and/or a succession plan for human resources at the organization? Please explain. *Succession plans might be formal or informal, regarding board membership, board leadership, and/or organizational staffing. (100 word limit)*

**16.** (OPTIONAL) Would you like to further characterize human resources at your organization? *For instance, if significant changes are anticipated in the next year, staffing is seasonal, or volunteers make up an important part of your labor, please provide a brief explanation. (100 word limit)*

**\*17.** Organizational mission. Your formally adopted mission statement. (100 word limit)

**\*18.** Organizational vision, including multi-year goals. *Please include your formally adopted organizational vision statement, if any, and make sure to include long-term goals for a minimum of three years in the future. (100 word limit)*

**\*19.** Audience: Who does your program serve? (100 word limit)

Program Grants reply about their program (not organization-wide)

19a-b  
only for  
faith-  
based  
orgs

**\*19a.** Explain how these funds would be used for purposes that are not: religious services, promotion of religious beliefs, or activities that are restricted to church or religious group membership. How would program(s) benefit the community at large? (100 word limit)

**\*19b.** How will you manage accounting/bookkeeping to assure that specific use of funds is documented? (100 word limit)

**\*20.** Charitable need: Explain the needs, problems, or opportunities your program is addressing. (100 word limit)

Program Grants reply about their program (not organization-wide)

**\*21.** Approach: describe the tactics, tools, techniques, and resources you rely on for your work. (100 word limit)

**\*22.** Outcomes & Timeline: describe and provide evidence for the positive outcomes you seek, including quantitative data or qualitative/anecdotal highlights of your past efforts, if possible. Also include a timeline for delivery of key program benchmarks. (250 word limit)

Program Grants reply about their program (not organization-wide)

**\*23.** Shared goals and collaboration: how does your organization address a common need, problem, or opportunity with other groups or organizations in the region? (100 word limit)

## Attachments

**\*24.** Operating budget for your organization. *"An organization-wide operating budget accounts for everything the nonprofit spends to carry out, evaluate, and administer all its programs and activities."* [source: Candid - [click to learn more](#)] **Program Grants will upload both an organizational operating budget AND a budget specific to their program (24b below)**

**\*24a.** Upload organizational budget for the current year.

24b-c  
required  
for all  
program  
grant  
applicants

**\*24b.** Provide a program budget that clearly details how you will spend the funds you are applying for through this grant. Also make sure to include other anticipated sources of revenue and other expenses for a sense of the program's overall financial outlook. *Upload one PDF document only (free conversion/merging tools linked above).*

**\*24c.** Would partial funding be acceptable? Please explain. *Of course most applicants would like full funding but if your project(s) are not viable without full funding (and other funding sources are exhausted) please indicate here. (50 word limit)*

24d only  
for orgs  
over \$1M  
budget

**\*24d.** Explain how this program fits into your organization's larger mission. How will you manage accounting/bookkeeping to assure that specific use of funds is documented? *(250 word limit)*

**\*25.** Financials for most recent full fiscal year (audited if applicable). Include a Consolidated Statement of Financial Position (Balance Sheet) and Consolidated Statement of Financial Activity (P&L).

**\*26.** Total cash on hand from your most recent bank statement(s).

*\*Date of total cash on hand above.*

**\*27.** Upload your most recently filed Form 990. *Do you file an "e-postcard" (Form 990-N)? [Learn more about the 990-N from the IRS.](#)*

**28.** (OPTIONAL) Supporting documents. *Please provide any additional item(s) to support this application by uploading here. Upload one PDF document only (free conversion/merging tools linked above).*

**29.** (OPTIONAL) How many hours did it take to complete this grant application?

## Declaration and Compliance

**\*30.** Is your organization currently (or has it been during the last twelve months) involved in any litigation or inquiry from a state or federal regulatory agency that may have an impact on the organization's operations?

**\*31.** If awarded a YVCF grant, I agree that programs and services provided by this funding will abide by the Yampa Valley Community Foundation's nondiscrimination policy.

**\*32.** Is your organization current with the state's Secretary of State annual business entity filing requirements?

**\*33.** Is your organization currently in good standing with the Internal Revenue Service?  
*Organizations in good standing will be listed on the IRS Publication 78 Business Master File.*

From my own knowledge, I state the information given in this application is true and correct. An official with contracting authority of the applicant organization, parent organization, or fiscal agent has authorized me to make this application.

\*Full name: Authorized representative

\*Title or position

\*By signing here, I attest that the information provided in this application is true and accurate.

Check here if your organization requires a second authorized representative to sign.