







Search Organizations

SAMPLE APPLICATION ONLY - DO NOT COMPLETE THIS FORM. MUST BE COMPLETED ONLINE

Trail Overview

Trail Overview	
*1. Legal Name of Tax Entity	
Checks for approved grants will be payable to this entity. Must be a 501(c)(3) nonprofit or a government agency.	
f you do not fit these qualifications, please contact grants@yvcf.org before applying.	
1a. Applicant Organization Name	
if different than legal name)	
*2. Trail Name	
Z. Hall Name	
*3. Trail Section(s)	
• •	
*4. Type of Trail	
Front Country Back Country Wilderness	
Other	
4a. Other (please explain)	
*5. Type of Users	
☐ Multiple Use ☐ Mountain Biking ☐ Hiking/Running	
□ Equestrian	
s C. Fating stad Number of Americal Upons	
*6. Estimated Number of Annual Users	
*7. Applicant is the land manager or has attained all relevant permissions to conduct this work.	
OYes ONo	
O TES ONO	
7a. If no, explain	
100 words max)	
*O Land Managay Danyacantativa	
*8. Land Manager Representative -ull Name	
ui rano	
*9. Land Manager Organization	

Trail Criteria SAMPLE APPLICATION ONLY - DO NOT COMPLETE THIS FORM. MUST BE COMPLETED ONLINE

Trail Criter For each qu		nis section, rank the condition of the trail from Good (5) to Poor (1)
*10. Invasi	ive Species	s/Noxious Weeds
○5 (Good)	○4	\bigcirc 3
○2	○1 (Poor)	
*11. Hazar	ds along tr	ials: trees, rocks, brush
○ 5 (Good)	0 4	\bigcirc 3
○2	○1 (Poor)	
*12. Mainta	ain Trail Co	orridor to Height and Width/Sight Lines
○ 5 (Good)		O3
O 2	○ 1 (Poor)	
	,	
+40 Tuell F		
		oultiple treads)
○ 5 (Good) ○ 2	○ 1 (Poor)	\bigcirc 3
02	O 1 (F001)	
		erosion, trail cupping, braided trail, waterbar condition, width maintenance)
○ 5 (Good)		\bigcirc 3
○2	○1 (Poor)	
		es/Boardwalks/ Water Crossings/Trailhead/Trail signage
○ 5 (Good)		\bigcirc 3
○2	○1 (Poor)	
*16. Trail 0	Grades	
○ 5 (Good)		\bigcirc 3
○2	○1 (Poor)	
17. Other A	4	
17a. Other	Α.	
○ 5 (Good)	0 4	\bigcirc 3
○2	○1 (Poor)	
18. Other E	В	
18a. Other	. В	
○ 5 (Good) ○ 2	○ 4 ○ 1 (Poor)	
∪ ∠	∪ i (Poor)	

19. Other C

5, 2:11 PM SAMF 19a. Other	PLE AP	PLICATION ONLY	- DO NOT		Community Found.	COMPLETED	ONLINE
○ 5 (Good) ○ 2	○4 ○1 (Poor)	○3					
20. OPTIO	NAL: Add a	any clarifying comments o	the scores abo	ve			

○5 (Good) ○4 ○3 ○2 ○1 (Poor)	
20. OPTIONAL: Add any clarifying comments on the scores above	
(200 words max)	
Project Narrative	
*21. Project Synopsis Please explain briefly the goals for the project, needed resources, and potential challenges.	
(600 word max)	
22. Supporting Documents	
Upload any photos of the trail, maps, or other images that will help explain your work to the review committee.	
Please combine all supporting documents into a single PDF to upload. Reach out to Camille at camille@yvcf.org with any questions.	
	Browse
*23. Budget Upload a budget for the project that includes the following (all three must be included): a) total costs, b) amount requested, and c) other funding sources with secured funding vs. anticipated.	notes on
	Biowoc
Declaration and Compliance	
If approved for funding, our organization agrees to use the grant money as proposed in this application. Photos and reporting on an official form provided by YVCF are required of the work or within one year of receiving funds, whichever comes first. I understand these funds must be spent within one year of the date funds are issued. Any extension of ti from the original proposal requires written approval in advance from the Yampa Valley Community Foundation. Our organization will acknowledge receipt of grant funds from the Yampa Valley Community Foundation in accordance with the YVCF's Communications Guidelines (https://yvcf.org/Communications-Guidelines-for-Grant-Recipients/).	
*24. 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 an impact on the organization's operations?	by that may ha
○ Yes ○ No	
If yes, please explain.	
*25. If awarded a YVCF grant, I agree that programs and services provided by this funding will abide by the Yampa Valley Community Foundation's nondispolicy.	scrimination
○ I agree ○ I do NOT agree	
*26. Is your organization current with the state's Secretary of State annual business entity filing requirements? Note there are two separate registrations required annually of nearly all nonprofits in the state of Colorado: a business registration as well as a charity solicitation registration. Learn more.	

 \bigcirc Yes \bigcirc No \bigcirc N/A

	ase explain.
-	organization currently in good standing with the Internal Revenue Service? good standing will be listed on the IRS Publication 78 Business Master File.
○Yes ○No	○ N/A
If no or N/A, ple	ase explain.
-	n knowledge, I state the information given in this application is true and correct. An official with contracting authority of the applicant organization, pa or fiscal agent has authorized me to make this application.
*Full name: A	Authorized representative
*Title or posi	iion
Electronic Sign	ature
*Bv signing l	nere, I attest that the information provided in this application is true and accurate.
	as "" to Confirm your Electronic Signature.
D	
○ Yes ○ No	ganization require a second authorized representative to sign?
Collaborator" b	ond user to have access to this application, save your work in this section and return to the dashboard, selecting the green "Add collaborator" button, then another (blue) autton. Search for the name of the person to add and if a result appears click "Add User." If no search results appear, click "Add User," enter their info, and click "Add." First to assign to that collaborator so they can view and edit as needed.
*Full name:	Authorized representative #2
T dil ridino.	iation and representative #2
*Title or posi	tion #2
Electronic Sign	ature
* Signatory #	2: By signing here. Lattest that the information provided in this application is true and accurate
*Sidriatorv #.	2: By signing here, I attest that the information provided in this application is true and accurate. as "" to Confirm your Electronic Signature.
Enter your name Check here	if applicant is not the land manager. ot the land manager, then the land manager must sign.
Enter your name Check here	•

SAMPLE APPLICATION ONLY - DO NOT COMPLETE THIS FORM. MUST BE COMPLETED ONLINE *Full name: Land Manager *Title or position *Land Manager Organization Electronic Signature

^{*}Signatory Land Manager: By signing here, I attest that the information provided in this application is true and accurate. Enter your name as "_____" to Confirm your Electronic Signature.