

## SAMPLE ONLY - DO NOT COMPLETE



### **i** General Information

**\*1.** Legal name of tax entity. *Must be a 501(c)(3) nonprofit. If not, contact program officer Greg Hamilton prior to applying.*

**\*2.** Employer Identification Number (EIN). *Also known as a Federal Tax Identification number.*

**3.** Applicant's organization name (if different than legal name above).

**\*4.** Title of grant proposal. *Include a short descriptive explanation, e.g., "Impact Grant 2025-26."*

**\*5.** Amount requested. Up to \$30,000.

**\*6.** Contact person for this application.

\*Title or position.

\*Phone number.

\*Email address.

**\*7.** Mailing address for grant award. Winning grants are payable to the legal entity above (line 1). 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.

\*City.

\*State.

CO

\*Zip code.

<b>8.</b> Physical address for applicant organization's main office (if different from mailing address). <i>If more than one office or location, provide a single address for your primary headquarters or administrative center.</i>	<b>SAMPLE ONLY - DO NOT COMPLETE</b>
City.	
State.	
<b>*9.</b> Counties served by applicant organization. <i>Check all that apply.</i>	
<b>*10.</b> Website.	

## Grant Request

<b>*11.</b> Provide a summary of your plan. Be sure to explain how this proposal will create a transformative impact for our community and/or the organization. <i>(250 word limit)</i>	
<b>*12.</b> Audience: Who does your program serve and how do you ensure that you reach your intended audience? <i>(150 word limit)</i> <i>Tip: help us understand not just who benefits from your services, but what needs, problems, or opportunities this grant would address for them, and how you find these people (including how you reach new, underserved members of this audience). Example: if you offer mental health support, how do you reach people who don't ask for help?</i>	
<b>*13.</b> Charitable need: Explain the needs, problems, or opportunities your program is addressing. <i>(150 word limit)</i>	
<b>*14.</b> Approach: describe the methods (tactics, tools, techniques, and resources) you rely on for your work. <i>(150 word limit)</i>	
<b>*15.</b> Outcomes: describe the positive outcomes you seek from the proposed grant. <i>(150 word limit)</i>	

<b>*16.</b> Timeline: provide a timeline for delivery of key program benchmarks. <i>(150 word limit)</i>	<b>SAMPLE ONLY - DO NOT COMPLETE</b>
<b>*17.</b> Provide a 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.	
<b>18. (OPTIONAL)</b> Supporting documents. <i>Please provide any additional item(s) to support this application by uploading here.</i>	

## Attachments

<b>*19.</b> Operating budget for your organization. <i>"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]</i>	
<b>*Upload</b> organizational budget for the current year.	
<b>*20.</b> Financials for most recent full fiscal year (audited if applicable). <i>Include a Consolidated Statement of Financial Position (balance sheet) and Consolidated Statement of Financial Activity (P&amp;L).</i>	
<b>*21.</b> Total cash on hand from your most recent bank statement(s).	
<b>*Date</b> of total cash on hand above.	
<b>*22.</b> Upload your most recently filed Form 990. <i>Do you file an "e-postcard" (Form 990-N)? Learn more about the 990-N from the IRS.</i>	
<b>Other (OPTIONAL):</b> How many hours did it take to complete this grant application?	

☒ Declaration and Compliance

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**\*23.** 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?

*\*If yes, please explain.*

**\*24.** 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.

**\*25.** Is your organization current with the state's Secretary of State Annual Business Entity filing requirements?

*\*If no, please explain.*

**\*26.** 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.*

*\*If no, please explain:*

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.

\*Electronic signature.