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SAMPLE ONLY - DO NOT COMPLETE THIS FORM!

General Information

Administrative notes for grant reviewers

[   ]

Prequalification: Program or Unrestricted (General Operating) Grant?

*Is your organization's current (this fiscal year) board-approved operating budget <u>over</u> $1 million?
• 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.

○ Yes   ○ No

*Is your organization faith-based?
• Does your mission and/or vision include values attributable to a specific institution of religion or belief?

○ Yes   ○ No

If you answer "No" to both prequalification questions, you may choose to apply for either a General Operating or Program Grant in question 12, which affects the questions you will answer.

General Information

*1. I am applying as part of a fiscal sponsorship.
Learn more about fiscal sponsorship.
○ Yes   ○ No

🛈

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

[   ]

🛈

Sector
[Select   ]

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

[   ]

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

ℹ

*** 5.** Title of grant proposal

Include a short descriptive explanation, e.g., "General Operating 2025-26" or "Program Grant for 2025: After-school Programming." For programs, please include at least a few understand the big picture of what you will do with these funds.

ℹ

*** 6.** Amount Requested.

Up to $10,000.

*** 7.** Contact person for this application.

ℹ

* Title or position.

* Phone number.

ℹ

* Email address.

ℹ

*** 8.** Mailing address for grant award.

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, this line.

* City.

* State.

CO

* Zip code.

*** 9.** Physical address for applicant organization's main office.

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.

Check all that apply.

☐ Routt   ☐ Moffat   ☐ Other - list below

10a - 10d only apply to orgs serving counties outside of Routt and/or Moffat

List or explain counties served outside Routt and Moffat.

(e.g., "Rio Blanco, Jackson" or "Statewide")

*10a. Does your organization have a separate chapter, regional office, franchise, etc. specific to Routt and/or Moffat county?

○ Yes   ○ No

*10b. Does your regional office have a dedicated budget exclusive to Routt and/or Moffat County?

○ Yes   ○ No

*10c. Does your regional office have a governing board specific to Routt and/or Moffat County?

○ Yes   ○ No

NOTE: Use your **local (Routt/Moffat only) entity** to answer questions about budget, board, etc.

NOTE: Use your **larger entity (e.g., statewide)** to answer questions about budget, board, etc. Only reference your Routt/Moffat operations when specifically asked abou two counties.

*10d. Explain how you will keep grant funds in Routt and/or Moffat County?

(150 word limit)

ⓘ

*11. Website.

ⓘ

*12. Type of grant requested.

Make sure to review guidelines. Contact us if unsure which applies to you.

○ General Operating   ○ Program Grant ($1 mil+ budget)   ○ Program Grant (Faith-based Organization)

○ Program Grant (Any other reason)

WARNING: Based on your answers to the prequalification questions above, **you are not eligible to apply for General Operating funds**. **You must apply for a Progr** your circumstances with Greg or Camille at YVCF).

12a. Program grants only

*12a. Provide a brief overview of the program(s) that this grant would support.
(150 word limit)
Make sure to review advice and tips.

Organization Overview

*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
IRS explanation here.

*14. Organizational leadership.
We want to know more about the people who are leading this effort. List all board members and key staff, including for each one: years served; term expiration
towns/cities represented; and a few words on background, affiliations, and/or connection to the organization's mission.

❶

*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. (150 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 explanati

*17. Organizational mission.

Your formally adopted mission statement. (150 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 specific goals for a minimum of three years in the future. (150

For question 19 - program grants should answer who their PROGRAM serves

General Operating

*19. Audience/Need: a) Who does your organization serve, b) why are they prioritized (e.g., what needs do they have that these fun
and c) how do you reach these people?

*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 f
(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 fo*

*If your work does not seem to directly benefit people (say you are focused on animals, landscapes, or community issues not at the individual level) the success
still benefit humans: please explore and share that human impact. (150 word limit)*

Program

*19. Audience/Need: a) Who does your <u>program</u> serve, b) why are they prioritized (e.g., what needs do they have that these funds
and c) how do you reach these people?

*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 f
(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 fo*

*If your work does not seem to directly benefit people (say you are focused on animals, landscapes, or community issues not at the individual level) the success
still benefit humans: please explore and share that human impact. (150 word limit)*

Only for religious organization program grants

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

(150 word limit)

Only for program grants

*19b. How will you manage accounting/bookkeeping to assure that specific use of funds is documented?

(150 word limit)

*20. Approach: describe the methods (tactics, tools, techniques, and resources) you rely on for your work.

This might include things such as staff and volunteers, trainings, physical resources, conceptual tools, and other resources and tools that allow you to carry out your work.

(150 word limit)

General Operating

*21. Outcomes: describe your impact and provide evidence for the positive outcomes you seek, including quantitative data or qualitative/anecdotal hig
efforts, if possible.

*TIP: sharing the demand for your work only reflects a reaction to past needs, versus your forward-looking understanding of future needs. How do you assure yo
effective? How do you refine your work so that it is improving? (150 word limit)*

Program

*21. Outcomes <u>& Timeline</u>: describe your impact and provide evidence for the positive outcomes you seek, including quantitative data
qualitative/anecdotal highlights of your past efforts, if possible. Also include a timeline for delivery of key program benchmarks.

*Tip: sharing the demand for your work is helpful but that only reflects a reaction to past needs, versus your forward-looking understanding of future needs. Hov
efforts are effective? How do you refine your work so that it is improving? (250 word limit)*

*22. Shared goals and collaboration: how does your organization address a common need, problem, or opportunity with other groups or organizations

(100 word limit)

Attachments

Administrative notes for grant reviewers

*23. 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 - c

*Note: For this question enter the total projected expenses in the budget uploaded in Question 24.

*23a. Upload organizational budget for the current year.

Please highlight and provide an explanation for any major changes or irregularities in your budget. Make sure that your funding sources are clearly identifiable (i.e. do not roll all grant

item)

ⓘ   23b-d. Program grants only

*23b. Provide a program budget that clearly details how you will spend the funds you are applying for through this grant.

REQUIRED: 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).

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*23c. 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 w

*23d. Explain how this program fits into your organization's larger mission. How will you manage accounting/bookkeeping to assure that specific use o

documented?

(250 word limit)

*24. Financials for most recent full fiscal year (audited if applicable).

REQUIRED: Include BOTH a Consolidated Statement of Financial Position (Balance Sheet) and Consolidated Statement of Financial Activity (P&L).

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

The U.S. Chamber defines "cash on hand" as "any accessible money, funds in bank accounts, or liquid assets that could be accessed within less than 90 days."

* *Date of total cash on hand above.*

_____

Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 03/18/2026 format).

25a. (OPTIONAL): If your cash on hand is particularly low (or high) please provide a brief explanation for why that is.

Note: We would typically consider 3-9 months' cash on hand as reasonable for most nonprofits. However, we understand some organizations may have unusual circumstance contact us if you would like to further discuss this situation.

*26. Upload your most recently filed Form 990.

Do you file an "e-postcard" (Form 990-N)? <u>Learn more about the 990-N from the IRS.</u>

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27. (OPTIONAL) Supporting 1-2 page document to provide clarity to any answers in this application. Make sure to reference the appl number for any material provided.

We only recommend attaching something that would be critical to evaluating your previous answers that could not be explained properly within the application one photograph or diagram might explain an aspect of your work better than text, that would be acceptable. This option is not intended to circumvent word lim Upload one PDF document only, <u>maximum 2 pages</u> *(free conversion/merging tools linked above).*

🛈

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

29. (OPTIONAL) How, if at all, did you utilize artificial intelligence or similar technologies in producing this application?

Use of AI is not forbidden, however human oversight is required to assure all content is accurate. If you use artificial intelligence tools of any sort at any stage believe it is best to disclose that so our reviewers are not guessing.

(OPTIONAL) **Report on previous year's grant**

If you received a grant from this cycle in the past year, a report is due upon application (template available from green buttons at bottom of this page: https://yvcf.org/yvcf-com funds have been fully expended, submit a final report at that time. If still in progress, a progress report including timeline for final expenditure of 2024 funds is due with your ap 2025). You may also email your report directly to greg@yvcf.org

Upload one signed PDF document only

Declaration and Compliance

If approved for funding, our organization agrees to use the grant money as proposed in this application. I understand these funds must be spent within one year of the date extension of time or deviation 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/).

*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 ag an impact on the organization's operations?

◯ Yes ◯ No

If yes, please explain.

*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 no policy.

○ I agree   ○ I do NOT agree

*32. 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 m

○ Yes   ○ No

* *If no, please explain.*

*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.

○ Yes   ○ No

* *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 organ organization, or fiscal agent has authorized me to make this application.

*Full name: Authorized representative

*Title or position

Electronic Signature

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

Enter your name as "Greg Hamilton" to Confirm your Electronic Signature.

Yan ⓘ

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

☐ Yes

Full name: Authorized representative #2

*Title or position #2

Electronic Signature

*Signatory #2: By signing here, I attest that the information provided in this application is true and accurate.

Enter your name as *"Greg Hamilton"* to Confirm your Electronic Signature.