

# 2018 Telluride Foundation Community Grant

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*Telluride Foundation*

## *Introductory Questions*

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### **Eligibility Check List\***

You must check all of the items below to be eligible to apply.

To confirm that you have a Certificate of Good Standing, [click here](#).

To see the Telluride Foundation's Nondiscrimination Clause, [click here](#).

To review the Outcomes/Indicators for your program sector, [click here](#).

### **Choices**

Program serves people in Rico, San Miguel, Ouray or west Montrose counties

Application has been approved by Executive Director, CEO, or Board Chair

Organization will agree to Foundation's Nondiscrimination Clause

Either you/fiscal agent has a CO Certificate of Good Standing OR you are a govt. or taxing entity

I have reviewed the Outcome/Indicators for my program sector

I understand that I will be required to report on these Indicators in my Progress Report

## *Executive Summary*

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### **Project Name\***

*Name of Project*

*Character Limit: 250*

### **Funding Amount Requested\***

*Whole dollar amounts only; no \$ signs*

*Character Limit: 20*

### **Grant Request Executive Summary\***

*Please provide a one sentence statement of what the grant will be used for.*

*Character Limit: 175*

### **Multi Year Funding**

*Check the box if you are attaching a Multi-Year Funding Application Form to the attachments section, have read and met the criteria, and have discussed with Telluride Foundation staff.*

### **Choices**

Multi-year Funding Form Attached

## Organization Information

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### **Mission Statement\***

*Character Limit: 1000*

### **Organization Programs, Activities, Accomplishments\***

*Please provide a brief list or summary*

*Character Limit: 3000*

### **Board of Directors\***

*List the names of each board member*

*Character Limit: 500*

### **Years Organization has been in Existence\***

*Character Limit: 250*

### **Number Full-time Employees**

*Character Limit: 10*

### **Number Part-time Employees**

*Character Limit: 10*

### **Current Fiscal Year Start Date\***

*Character Limit: 10*

### **Last Fiscal Year Total Expense\***

*Character Limit: 20*

### **Last Fiscal Year Total Income\***

*Character Limit: 20*

### **Amount Given in Financial Aid Last Fiscal Year**

*If you give out scholarships, financial aid, or have a sliding scale program, how much did you give in financial aid last fiscal year.*

*Character Limit: 300*

## Grant Request Details

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### **Request as Percent of Budget\***

*Grant request as a percent of your fiscal year organization budget. Provide whole numbers and no symbols; for example 25% would be 25.*

*Character Limit: 10*

## Previous Grant Information

*If you received a grant from the Telluride Foundation last year, how much did you receive? If you are asking for more this year, please explain why.*

*Character Limit: 1000*

## Differences from Last Year's Request

*If you submitted an application last year, highlight how this year's grant request is different. For example, you may indicate that it is the same, that is the same but with a different request amount, or that you are asking for a different program.*

*Character Limit: 1000*

## Program Area\*

*If you are unsure as to which sector your program belongs, please review the Outcome/Indicator Matrix for each sector on the Telluride Foundation Community Grants web page.*

### Choices

Arts & Culture  
Athletics  
Early Childhood Education  
Education  
Environment & Animals  
Health  
Human Service

## Program Region\*

*Select the region that best fits the primary location that your program for which you are seeking funding serves. This is not necessarily the same region where your organization primarily serves.*

### Choices

Norwood  
Ouray County  
Rico  
San Miguel & Ouray counti  
San Miguel & West Montrose counites  
San Miguel County  
San Miguel, Ouray & West Montrose counties  
Telluride  
West Montrose County

## Request Type\*

*Choose all that apply.*

### Choices

Program/Project  
General Operating  
Technical Assistance

## Population Served\*

### Choices

- All Age Groups
- 65 years and older
- 18 years to 65 years
- 18 years and under
- 5 years and under

## Gender

*Which gender(s) is/are served by this request?*

### Choices

- Both genders
- Primarily male
- Primarily female
- Other

## Ethnic group\*

*Which ethnic group(s) is/are served by this request?*

### Choices

- All Ethnic Groups
- Asian
- African American
- Caucasian
- Latino
- Native American
- Other

## Primary Economic Group Served\*

### Choices

- All Income Levels
- High Income
- Households 200% of Poverty
- Households At or Below Poverty
- Medium Income
- Second Homeowners

## Grant Request Purpose

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### Request Purpose\*

*Describe the purpose of your grant request, including program need. This section expands on your Executive Summary.*

*Character Limit: 3000*

## Goals, Objectives, and Activities\*

*Please briefly list your program or organizational goals, objectives, and activities. Remember that goals are generally non-measurable statements describing the overall purpose of your program, whereas objectives should be measurable and quantifiable milestones along the way to reaching your goals. If your grant request is for general operating funds, please provide organizational goals, objectives, and activities that you hope to accomplish in the next year.*

*Character Limit: 1500*

## Collaborations\*

*List specific groups and their roles that your organization may be collaborating with for this funding request.*

*Character Limit: 1500*

## Optional Video

*Applicants may provide, at their option, a link (YouTube, Vimeo, your website) to a video. Your video should emphasize the need for your grant request and why you are requesting funds from the Telluride Foundation. This is an opportunity to get across something more effectively with pictures and expressions than you could with narrative. Please do not send generic organization videos or videos of an event. This video should be made specifically for this grant application.*

*Videos should be a maximum of 3 minutes (two minutes is recommended). Make sure a password is not required to view.*

## Link to Video

*Character Limit: 2000*

## Outcomes

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*Prior to completing this section, please review the chart of Outcomes/Indicators for your program sector. In the space below discuss how you will report on the indicators required for your sector. For example, if you are applying for a health program, name the HP 2020 Objective you will be using and your baseline number. You may want to discuss the surveys or process you will be using to collect indicator information over the grant period. You will be expected to report on your actual outcome indicators in your progress report.*

*To see the charts of outcomes/indicators:*

*Arts & Culture*

*Athletics*

*Early Childhood*

*Education*

*Environment & Animals*

Health  
Human Service

### **Outcomes Narrative\***

Describe how you will measure your expected indicators and describe additional qualitative or quantitative tools you plan to use to measure success.

Character Limit: 3000

## **Attachments**

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### **Current Year Balance Sheet\***

File Size Limit: 1 MB

### **Current Year Income Statement/Budget v. Actual Year to Date\***

File Size Limit: 1 MB

### **Next Year's Proposed Budget**

File Size Limit: 1 MB

### **990 Tax Return from Previous Year\***

File Size Limit: 5 MB

### **IRS 501c3 Determination Letter\***

If you do not have an IRS 501(c)(3) letter, either attach:

- your fiscal agent's letter
- a document stating that you are a government entity
- a document stating that you are in the process of obtaining your 501(c)(3) status and date filed.

File Size Limit: 3 MB

### **Previous Year's Audit (if applicable)**

File Size Limit: 4 MB

### **Annual Report**

File Size Limit: 3 MB

### **Scholarship Applications & Criteria (if applicable)**

File Size Limit: 1 MB

### **Fiscal Sponsorship Agreement (if applicable)**

File Size Limit: 1 MB

## Child Care Center Quality Documentation (if applicable)

File Size Limit: 1 MB

## Project Budget Detail

The Project Budget Form can be found by clicking [here](#) or is located on the Foundation's website on the Community Grants page. **Only complete if requesting project/program funding, not general operating.**

File Size Limit: 1 MB

## Other (if applicable)

File Size Limit: 1 MB

## Multi Year Funding Form

Prior to completing this form, you should read the multi-year funding criteria in the grant guidelines and discuss your eligibility with Telluride Foundation staff. To access the Multi-Year Funding Form, click [here](#).

File Size Limit: 1 MB

## Fiscal Agent Information

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**A Fiscal Agent is a formal arrangement in which a 501(c)(3) nonprofit sponsors an organization that may lack exempt 501(c)(3) status. Only complete this section if you have a fiscal agent and attach your fiscal agent agreement under attachments.**

### Organization Name

Character Limit: 250

### Organization Address

Character Limit: 250

### City, State, ZIP

Character Limit: 250

### Fiscal Agent Contact Person

Character Limit: 250

### Fiscal Agent Email

Character Limit: 254

### Fiscal Agent Contact Phone

Character Limit: 20