

2019 Telluride Foundation Community Grant

Telluride Foundation

Introductory Questions

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

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

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

Number of Months of Operating Expenses (last fiscal year expenses) your Organization has in Reserve*

This is the number of months you could continue operating with the savings you have, if you didn't receive any additional revenue.

Character Limit: 4

Estimate Your Percent of Revenue (last fiscal year) from the Following Sources*

Revenue Sources: Grants, Earned Income, Donors & Individual Giving, Sponsorship, and/or Interest Income. In the space provided, list the source type and %. Your list of sources, should add up to 100%.

Character Limit: 150

Annual Operating Expense as Percent of Revenue in your last Fiscal Year Budget*

For example, if you budgeted operating expenses of \$90,000 and revenue of \$100,000, your projected revenue was \$100,000, your expenses as a % of revenue would be 90%. Please just provide the % amount.

Character Limit: 10

Grant Request Details

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 location where your organization office resides or where you may primarily serve.

Choices

- Norwood
- Ouray County
- Rico
- San Miguel & Ouray counties
- San Miguel & West Montrose counties
- 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

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

Attachments

Current Year Balance Sheet*

If you are part of a larger organization, please only send the portion of your financials that is relevant to your portion.

File Size Limit: 2 MB

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

If you are part of a larger organization, please only send the portion of your financials that is relevant to your portion.

File Size Limit: 2 MB

Next Year's Proposed Budget

If you don't have next year's budget, provide your current one, if you haven't already done so.

File Size Limit: 1 MB

990 Tax Return from Most Recent Year*

If not this year's 990 provide the previous year, or most recent that you have. If you are a taxing or government entity, upload a document stating such.

File Size Limit: 7 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

Most recent Audit (if you have one)

If you are part of a larger organization, please only send the portion of your audit that is relevant to your portion. If not this year's, the previous years, or the latest you have.

File Size Limit: 4 MB

Annual Report (if applicable)

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

Outcomes

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

Fiscal Agent Information

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