

# 2021 Telluride Foundation Community Grant: Capital Requests

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*Telluride Foundation*

## *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 state what the grant will be used for.*

*Character Limit: 175*

## *Organization Information*

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### **Mission Statement\***

*Character Limit: 1000*

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

*Please provide a brief list or summary.*

*Character Limit: 2000*

### **Diversity, Equity, & Inclusion (DEI)\***

After completing the Telluride Foundation's DEI training and/or other training or efforts you may have undertaken in the last year, in what ways has your organization deepened its community connections & commitment to DEI. Please address the following if applicable:

- How has your organization's operations changed internally and/or externally to reach marginalized communities?
- What steps have you taken to make sure that the social disparities highlighted during the pandemic continue to be addressed?
- How has your organization helped facilitate access to resources for underrepresented community members.
- Please read the Foundation's DEI Self-Assessment.

*Character Limit: 2000*

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

*List the names of each board member*

*Character Limit: 500*

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

*Character Limit: 100*

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

*Character Limit: 10*

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

*Character Limit: 10*

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

*Character Limit: 100*

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

*Character Limit: 100*

### **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 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***

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### **Total Capital Budget\***

*Character Limit: 20*

## Amount Committed/Raised to Date\*

*Character Limit: 20*

## 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

## 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 your capital project (This section expands on your Executive Summary.)*

*Character Limit: 3000*

### **Project Need\***

*Character Limit: 2000*

### **Describe your Fundraising Plan\***

*Character Limit: 2000*

### **Project Deliverables\***

*Character Limit: 2000*

### **How will completion of the project help you achieve your mission?\***

*Character Limit: 2000*

### **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 your project across more effectively with pictures and expressions than you could with a 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 three minutes (two minutes is recommended). Make sure a password is not required to view.*

## Link to Video

*Character Limit: 2000*

## *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.*

### Fiscal Agent Organization Name

*Character Limit: 250*

### Fiscal Agent Organization Address

*Character Limit: 250*

### Fiscal City, State, ZIP

*Character Limit: 250*

### Fiscal Agent Contact Person

*Character Limit: 250*

### Fiscal Agent Email

*Character Limit: 250*

### Fiscal Agent Contact Phone

*Character Limit: 20*

## *Attachments*

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A Capital Project Budget Detail (use form on Community Grants Website) is required. Provide additional attachments, only if not submitting another Community Grants application.

### Capital Project Budget Detail\*

The Capital Project Budget Form is available on the Community Grant website and by clicking [here](#).

*File Size Limit: 1 MB*

### 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: 4 MB*

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

*File Size Limit: 4 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: 2 MB*

### Annual Report

*File Size Limit: 3 MB*

### Fiscal Sponsorship Agreement (if applicable)

*File Size Limit: 1 MB*

### Other (if applicable)

*File Size Limit: 1 MB*