

# 2021 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 state what the grant will be used for.*

*Character Limit: 150*

### **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: 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: 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 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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**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 it 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*

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### Program/Project Need\*

Elaborate on the reasons why your project or program is important now.

*Character Limit: 1500*

### Request Purpose\*

*Describe the purpose of your grant request, including overall goal and any specific objectives or activities you plan to accomplish. if your grant request is for general operating, please provide organizational goals you hope to accomplish during the next year. This section expands on your Executive Summary.*

*Character Limit: 2500*

## 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 use pictures and expressions to explain your project/program more effectively 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

## 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

[https://telluridefoundation.org/wp-](https://telluridefoundation.org/wp-content/uploads/2019/07/HealthOutcomes.Chart_.New_.2017.pdf)

[content/uploads/2019/07/HealthOutcomes.Chart\\_.New\\_.2017.pdf](https://telluridefoundation.org/wp-content/uploads/2019/07/HealthOutcomes.Chart_.New_.2017.pdf)[https://telluridefoundation.org/wp-content/uploads/2020/08/HealthOutcomes.Chart\\_.New\\_.2017.pdf](https://telluridefoundation.org/wp-content/uploads/2020/08/HealthOutcomes.Chart_.New_.2017.pdf)

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: 2500*

## Attachments

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### 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*

### 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 program.

*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 program.

*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*

### 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 program. If not this years, the previous years, or the latest you have.

*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: 3 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*

## Other (if applicable)

*File Size Limit: 2 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.***

### Fiscal Agent Organization Name

*Character Limit: 250*

### Fiscal Agent Organization Address

*Character Limit: 250*

### Fiscal Agent 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*