2026 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.

Choices

Program serves people in Rico, San Miguel, Ouray or west Montrose counties
Either you/fiscal agent has a CO Certificate of Good Standing OR you are a govt. or taxing entity
I have checked or updated my contact information for this application

Executive Summary of 2026 Grant Request

Project Name*

Please name your project, first stating your organization, followed by a program descriptor if applicable. For example, "ABC Organization - scholarships for local youth"

Character Limit: 100

Funding Amount Requested*

Whole dollar amounts only; no $ signs

Character Limit: 20

Purpose of Grant Request*

Please state what the grant will be used for in no more than one sentence.
(Example Format: "for general operating." or "to provide scholarships for classes and programming.")

Character Limit: 200

Program Area*

Please select the category that best reflects your program.

Choices

Arts & Culture
Athletics
Climate & Conservation
Early Childhood Education
Education

Health
Human Service

Program Region*

Select the region that best fits the primary location where your grant funding would be used. This is not necessarily the same location where your organization office resides or where you may primarily serve.

Choices

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

Geographic Area Where Grant Funds Would be Spent

Add a number (0 to 100) representing the % of grant funding to be spent in the specific geographic area. Total must equal 1 or 100%.

For example, if you are asking for a general operating grant of $10,000 and your organization serves San Miguel and the West End of Montrose County you might provide:
Telluride/TMV - 34
Norwood/San Miguel other than Telluride/TMV - 33
West Montrose - 33

R1:C1	R1:C2
Telluride/Mountain Village	
Norwood/San Miguel County other than Telluride/TMV	
West Montrose County	
Ouray County	

Rico	
Other (Only to be used in rare circumstances & suggested by Foundation staff)	
Total (Should equal 100)	

Request Type*

Choose all that apply.

Choices

Program/Project
General Operating
Technical Assistance
Capital Project

Capital Project Funding

*Check the box if you are attaching a Capital Project Funding Application Form and Capital Budget Form to the attachments section, have read and met the **Capital Guidelines & Criteria**, and **have discussed** with Telluride Foundation staff.*

Choices

Capital Project Funding Form & Budget Attached

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 (within the Community Grant Guidelines), and **have discussed** with Telluride Foundation staff.*

Choices

Multi-year Funding Form Attached

Organization Information

Mission Statement*

Character Limit: 700

Organization Programs, Activities, Accomplishments*

Please provide a brief list or summary of what you do as an organization in general.

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

Grant Request

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 Grant Request Executive Summary.

Character Limit: 2500

Program/Project Need*
Elaborate on the reasons why your project or program is important at this time.

Character Limit: 1500

Program Impact*
Explain the impact that this program or project has/will have in the community by providing any numbers or anecdotes that best demonstrate impact. For example, please include ***participant numbers and percents; if you serve diverse populations, also provide those numbers and percents served.***

Character Limit: 1500

Collaborations*
List primary groups and their roles that your organization collaborates with.

Character Limit: 1500

Community, Inclusion, & Belonging*
What actions has your organization taken to increase accessibility, opportunity, and inclusion? Please include how these actions are reflected in your budget and/or priorities, as well as how they are reflected in your organization's composition (board, staff, participants). If applicable,

please explain how your organization measures the success of your actions and provide related metrics.

Character Limit: 1500

Organizational Sustainability*

Please describe how your organization plans for its financial sustainability by responding to the following:

- *What are your main sources of funding, and how are you working to diversify or strengthen them?*
- *How do you plan and budget for the year ahead, and how do you handle unexpected financial challenges?*
- *Are there any financial risks or gaps you are currently navigating, and what is your plan to address them?*

Character Limit: 1500

Financial Considerations

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

Current Fiscal Year Start Date*

Character Limit: 10

Last Fiscal Year Total Income*

Character Limit: 20

Last Fiscal Year Total Expense*

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

What are your plans for any unrestricted cash or reserves?

At year end, will your organization have any savings or cash on hand that was not designated for a specific program or expense? If so, please describe how you plan to use these funds.

Character Limit: 1500

What percent of your revenue is philanthropic (grants, donors, sponsorships) vs. earned?*

Character Limit: 150

Is there anything else about your financials you would like us to know?

For example, upcoming capital expenditures, program additions or expansions, new grants received, or loss of anticipated funding, etc.

Character Limit: 2000

Attachments

Optional Video

Applicants may provide, at their option, a link to a video (please use YouTube, Vimeo, or your website; please do not send Instagram, Facebook, or ICloud links). 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 or event videos. 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.

Character Limit: 2000

Project or Capital Budget Detail

The Project or Capital Budget Forms are linked here and can be 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 Profit & Loss*

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 Budget*

File Size Limit: 2 MB

990 Tax Return from Most Recent Year

*Please submit your **entire 990 with schedules**, not an abbreviated version (your audit if available.) If not this year's 990, provide the previous year or the most recent that you have.*

File Size Limit: 10 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

Scholarship Applications & Criteria (if requesting funding for scholarships)

File Size Limit: 1 MB

Fiscal Sponsorship Agreement (if applicable)

File Size Limit: 1 MB

Other (if applicable)

File Size Limit: 2 MB

Capital Project Funding Form (if applicable)

Prior to completing this form, you should read the Capital Guidelines and discuss your eligibility with Telluride Foundation staff. To access the Capital Project Funding Form, click here.

File Size Limit: 1 MB

Multi Year Funding Form (if applicable)

Prior to completing this form, you should read the multi-year funding criteria within the Community 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 Sponsor/Agent Information

A Fiscal Agent or Sponsor is a formal arrangement in which a 501(c)(3) nonprofit sponsors an organization that may lack exempt 501(c)(3) status. Complete this section if you are not a 501(c)(3) and have a fiscal sponsor; attach your agreement under attachments.

Fiscal Agent/Sponsor Organization Name
Character Limit: 250

Fiscal Agent/Sponsor Organization Address
Character Limit: 250

Fiscal Agent/Sponsor City, State, ZIP
Character Limit: 250

Fiscal Agent/Sponsor Contact Person
Character Limit: 250

Fiscal Agent/Sponsor Email
Character Limit: 254

Fiscal Agent/Sponsor Contact Phone
Character Limit: 20

Did You Receive a Grant Last Year from the Telluride Foundation?

Did You Receive a Grant Last Year from the Telluride Foundation?*
If you select "yes" you will have access to the 2025 grant report form, which is required.

Choices
Yes
No

2025 Grant Report

Purpose of Last Years Grant?*
Please provide a brief executive summary of your last year's grant purpose (e.g. general operating or to fund the XXX program).

Character Limit: 700

Amount Received?*
What was your last year's grant award?

Character Limit: 100

Expenditure of Grant Funds*

Please summarize how grant funds were spent.

Character Limit: 1000

Impact of Last Year's Grant Funding*

What was the impact of the grant funding you last received from the Foundation? How did you evaluate success, what were the outcomes, if you measured specific metrics for your program or organization, please provide them.

Character Limit: 2000

Example or Story Illustrating Success*

Please provide an example illustrating the need for or the impact/success of the work funded through your grant?

Character Limit: 2000

Optional Video

If you would like to share a short video, illustrating the success or impact of your program, please upload a link. (YouTube, Vimeo, your website etc)

Character Limit: 2000