



COMMUNITY IMPACT GRANT APPLICATION

UPDATED JUNE 2018

Each participating organization must select a lead organization (501(c)3) to submit the application on behalf of the entire collaborative group. Only one application should be submitted per group.

Legal Name of Lead Organization: _____

DBA (if applicable): _____

Mailing Address (and Physical Address if it is different and not confidential): _____

Phone: _____ **Fax:** _____ **EIN:** _____

Website: _____

Name of CEO or Executive Director: _____

Phone: _____ **Email:** _____

Application Contact & Title (if not the CEO or Executive Director): _____

Phone: _____ **Email:** _____

LEAD ORGANIZATION INFORMATION

Year Founded: _____ **Mission Statement:** _____

Geographic Area Served (specific to this proposal): _____

Number of Employees: Full-time: _____ Part-time: _____

Current Budget for Fiscal Year Ending: _____

Income: _____ **Expenses:** _____

GRANT REQUEST INFORMATION

Amount of Request for Calendar Year 2019: \$ _____

Type of Grant Requested (select one):

General Operating Support Program or Project Support

Name of Program or Project: _____

What issue area does your funding request address?

Youth & Education Financial Stability Both

Briefly describe what the grant will be used for: _____

Does your collaborative group need support with:

Meeting Facilitation Evaluation Tools & Measuring Outcomes

REQUIRED DOCUMENT CHECK LIST

If you omit any of the required attachments, provide an explanation as to why.

- 1. Application
- 2. Narrative (no more than five pages)
- 3. Program or project budget (use budget template)

- 4. List of collaborative group partners, including individuals and organizations with name, title and contact information
- 5. Outcomes table with initial target performance measures and outputs

Lead Organization Financial Attachments

- 1. Lead Organization budget
- 2. Current (year-to-date) financial statements
- 3. Most recent year-end financial statements
- 4. Most recent 990
- 5. Board of Directors list
- 6. Proof of IRS federal tax-exempt status, dated within the last five years
- 7. Anti-discrimination statement adopted by the board of directors
- 8. Key staff list
- 9. Annual report, if available

NARRATIVE (FIVE PAGE LIMIT)

- 1. BACKGROUND OF COLLABORATIVE ORGANIZATIONS:** Discuss the founding and development of the organizations participating in the collaborative. Explain the original issues and/or opportunities the collaborative group was formed to address.
- 2. GOALS:** Describe the collaborative's current goals. This may include current statistics on the problem ("baseline"), and a discussion of best practices and strategies you will employ to address the issue.
- 3. PROGRAMS AND OUTPUTS:** Provide a brief description of the collaborative's programs and populations you serve, the number of clients you expect to serve in the coming year (unduplicated count), and number of services to be provided. Please specify the demographics of the population served, including number of participants who qualify for free or reduced-fee lunch; are at or below federal poverty guidelines; or are below the area median income for Larimer County, when applicable to your request.
- 4. PROGRAM OR PROJECT REQUESTS ONLY:**
 - a) Provide a timeline of activities for the program or project that will allow your group to meet its target performance measures and outputs.
 - b) How do your strategies and activities connect to best practices in your field?

5. INCLUSION PRACTICES: Describe how your collaborative will ensure that your services are available and provided equitably in Larimer County. What practices do you employ to serve marginalized populations in culturally appropriate and responsive ways?

6. EVALUATION – MEASURABLE OUTCOMES (See separate document for more information)

- a) What are the top three outcomes your collaborative hopes to achieve during this grant cycle?
- b) Please describe your program evaluation tool(s), how often you will collect data on the impact of your program(s), as well as how your evaluation strategy corresponds to best practices for program evaluation in your field.
- c) **Using the outcomes table**, detail the results, performance measures and strategies your organization will use during the grant term and how this connects to research-based indicators.

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Lead Organization CEO/Executive Director

Date