

CCCF - 2024 First Responder Grants Program

Chaffee County Grants Portal

Question Group

Application Name*

Name of Project, Program, or Request.

Character Limit: 50

Tax Exemption Status*

(click blank space for drop down menu)

Please note: Public/Private partnerships are encouraged to apply, but the primary applicant must be one of the options below.

Choices

- 501c3
- 501c4
- 501c6
- Government
- Project under the fiscal sponsorship of another 501c3 organization

Banking Information*

Please provide updated banking information to enroll in direct deposit so that you can quickly receive your funding if awarded.

Choices

- Please enroll me in direct deposit.
- Please update my banking information.
- Please use the banking information you have on file.
- No Thank You. Please mail me a check if I am awarded.

Direct Deposit Enrollment

If you selected to enroll or update your information, please provide updated banking information to enroll in direct deposit so that you can quickly receive your funding if awarded. Please download this form, complete and upload along with a picture of a voided check if you would like to enroll or update your information.

ACH Enrollment Form

File Size Limit: 5 MB

Tax Letter*

Please upload your IRS determination letter. If you do not have an IRS determination letter, please upload a statement explaining why. (i.e. We are a government entity).

File Size Limit: 5 MB

CO Secretary of State Charitable Organization Registration*

Please upload your certificate of good standing as a CHARITABLE ORGANIZATION from the Colorado Secretary of State's Office. Use this link to search for your registration: <https://www.coloradosos.gov/ccsa/pages/search/basic.xhtml>.

- Please note - this is different from your Business Registration with the Secretary of State. Do not upload your business certificate of good standing.
- If you feel you are not required to register as a Charitable Organization, please upload a statement explaining why. (i.e We are a government entity, we do not meet the minimum threshold to register, etc.)

File Size Limit: 5 MB

Nondiscrimination Statement*

Please indicate your agreement with the nondiscrimination statement:

If awarded, in carrying out the activities of the grant, the grantee will comply with all applicable Federal and State Statutes and local laws related to nondiscrimination. The Grantee shall take action to ensure that employees, applicants, clients, and those who interact with the organization are treated fairly and without regard to their race, color, religion, sex, national origin, sexual orientation, gender identity and expression, ancestry, age, physical or mental handicap unrelated to ability, marital status, or military status.

By checking the "agree" box below the applicant agrees to this statement. Applicants that check "disagree" at not eligible for funding.

Choices

Agree
Disagree

Geographic Restriction*

These funds are restricted to first responder activities serving Chaffee, Custer, Fremont, Lake and/or Saguache counties. Do you agree to only utilize these funds for services in this geographic location?

Choices

Yes
No

Grant Timeline*

Grant funds must be utilized within one (1) year of receiving funding. Any unspent funds must be returned after the one year timeframe. Do you agree to this policy?

Choices

Yes

No

Amount Requested*

This is the amount you are requesting from the First Responder Grant Program. First Responder applicants are eligible to request up to \$1,000.

Character Limit: 8

Please describe your programs and services.*

Please describe how your organization provides first responder services within the target geographic area.

Character Limit: 5000

Funding Use*

Please describe how the funds will be utilized.

Character Limit: 5000

W9*

Please upload a W9 dated in the past three years.

[Click Here for a Blank W9](#)

File Size Limit: 5 MB

Fiscal Sponsor Information

If your organization is sponsored by another organization, please upload the fiscal sponsor agreement here.

File Size Limit: 5 MB