

CCCF - 2024 Spring Municipal Grants

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)

Choices

501c3 Organization

Project under the fiscal sponsorship of a 501c3 organization

501c6 Tax Exempt Organization

501c4 Organization

Government Organization

Have you received a grant from CCCF in the past year?*

Choices

Yes

No

If you've received a grant from CCCF, has your banking information changed?*

Choices

Yes

No

N/A

Tax Letter*

Please upload your IRS determination letter.

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.

File Size Limit: 5 MB

Amount Requested*

This is the amount you are requesting from the 2024 Spring Grant Program.

Character Limit: 8

Type of Organization*

Please select the type that most accurately reflects your organization and the descriptions below:

Nonprofit Organization: Non-faith based 501c3 organizations serving Buena Vista & Salida (50%+ populations served located within one or both municipalities). Organizations in this category will be applying for operating support. Applicants are welcome to highlight specific programs in their request, however if awarded the funds will be unrestricted. Example: An organization that holds a 501c3.

Faith Based Organization: An organization that is recognized as a church or religious organization by the IRS, that is providing a charitable service to Buena Vista and/or Salida residents. Organizations in this category will be applying for project support for a specific charitable project operated by their organization. If awarded, the grant will be restricted. Example: A church who offers community services, or a 501c3 that references a specific religion or faith in its programming.

Statewide or Regional Organization: A nonprofit organization that serves more than 50% of people who are located outside of either Buena Vista or Salida. Organizations in this category will be applying for project support for services offered specifically to the residents of Buena Vista and/or Salida. If awarded, the grant will be restricted. Example: An organization that serves the entire state or Central Mountain region, but is applying for a project specifically serving the communities of Salida.

501c4, 501c6 or Government: An organization that holds a 501c4, 501c6 or a government designation. Organizations in this category will be applying for project support for a specific charitable program operated by their organization. If awarded, the grant will be restricted. Example: A Public Health, Chamber of Commerce, Department of Human Services program that offers community benefit.

FAQ: What is the difference between operating and project support?

Project grants support a specific project or activity of the grantee, and are tied to a specific, project-based outcomes; general operating grants support an organization's overall activities, including operating expenses and overhead.

Not clear on the difference between operating support and projects? Watch this 3-minute video.

FAQ: I'm not sure which organization type to choose.

Please contact Anna at 719-204-5071 or anna@chaffeecommunity.org to confirm. Applicants that choose the wrong organization type will have to redo their application and/or will not be eligible for funding as the grant questions are dependent on your response to this question.

Choices

Nonprofit Organization

Faith Based Organization

Statewide or Regional Organizations (Those with 50%+ population served located outside BV & Salida)

501c4, 501c6 or Government Entity

The next three questions are asking for a geographic breakdown of who your organization serves. Your answers should be between 0 and 100 for each question and your answers for all three questions should add up to 100%.

Example:

% of people...Buena Vista: 50

% of people...Salida: 30

% of people... Another Entity: 20

TOTAL = 100%

% of people to be served who are residents of Buena Vista*

Please enter a percent between 0 and 100.

Character Limit: 3

% of people to be served who are residents of Salida*

Please enter a percent between 0 - 100.

Character Limit: 3

% of people to be served who are residents of another entity.*

Please enter a percent between 0 - 100.

Character Limit: 3

Please select the focus area of your project.*

Please select all that apply.

Choices

Agriculture

Animal Welfare

Arts

Child Care

Disaster preparedness

Diversity, Equity, & Inclusion

Economic Development

- Education
- Environment
- Food Security
- Healthcare
- Housing
- Older Adults/Aging Community
- People in Crisis
- People with physical, sensory or mental disabilities
- Recreation
- Workforce Development
- Youth Development

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

Profit & Loss Statement*

Please upload a Profit & Loss Statement from the most recently completed fiscal year.

Profit and Loss Statements should reflect the organization's revenue and expenses during a specific period and the difference between them. [Click Here for more information on Profit & Loss Statements](#)

File Size Limit: 5 MB

Balance Sheet*

Please upload a Balance Sheet Statement from the most recently completed fiscal year.

A Balance Sheet is a report that shows a snapshot of your organization's financial health. It shows your organization's assets, liabilities, and net assets in a single document. [Click Here for more information on Balance Sheets.](#)

File Size Limit: 5 MB

2023 Grant Report*

If you received funding in 2023 from the Municipal Community Grants, please ensure that your grant report has been submitted.

- Project based funding for faith-based or non 501c3 grantees should complete the report here: <https://forms.gle/Hdbo6xk7WRa4LN166>
- Operating support grantees should complete the report here: <https://forms.gle/uqcMgu9aKXnNaak58>

Please note the grant report is due by 12/31/2023. Receipt of this grant report by CCCF is required before the organization can be considered for funding in 2024.

Did you complete your 2023 Grant Report?

Choices

Not Applicable

Yes

No

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

Operating Support

Organization's Mission Statement*

A few sentences that reflect the mission and vision of your organization.

Character Limit: 1000

Describe what your organization does.*

Please be sure to include:

- The need it is meant to address
- The specific programs and activities it undertakes to meet the need (including who, what, when, where and how of your activities.)

Character Limit: 5000

What impacts are you anticipating to have this year?*

Describe the outcomes your organization hopes to achieve. Please include specific, measurable, time-bound changes that will take place due to your programs. Outcomes typically reflect a change in attitude, knowledge, behavior or other measurable impact. Examples:

- Change In Knowledge: "100 children will learn to read over the 6 month program period as a result of our tutoring program as measured by tutor administered before and after assessments."
- Change In Behavior: "Waste reduction will increase by 50% in Chaffee County over the next 6 months as measured by a 50% increase in the number of people signed up for recycling and the volume of diverted waste."
- Change In Attitude: "30 young adults will experience increased self confidence after participating in the theater performance as measured by self surveys."
- Change In Measurable Impact: "Pollinator desert landscapes will decrease by 10% in one year as a result of the Bee Friendly Campaign as measured by the number of grass yards converted to pollinator friendly spaces."

Looking for more information on how to describe your impact? Check this article on NonProfit Impact.

Character Limit: 5000

How do you determine the impact of what you do?*

Please describe how you measure the impact of your activities. Please include your evaluation approach, data from the previous year and what you hope to achieve in the coming year.

Character Limit: 5000

Please describe the population the organization serves.*

Specifically, identify any and all unique needs of the population served and how your organization strives to break down barriers for those who need your services the most.

Character Limit: 5000

How does the community benefit from your services?*

Describe how your work benefits the community at large. Please include how you collaborate with other organizations and how your services are different or complement other organizations.

Character Limit: 5000

Organization Budget*

Please upload a board approved operating budget for the current fiscal year that includes revenues and expenses.

File Size Limit: 5 MB

Project Support

Project's Mission Statement*

Please share the Statement of Purpose for the Project if there is not a project specific mission statement.

Character Limit: 1000

Describe your project.*

Please be sure to include:

- The need it is meant to address.
- The specific programs and activities it undertakes to meet the need (including the who, what, when, where and how of your activities.)

Character Limit: 5000

What impacts are you anticipating to have this year?*

Describe the outcomes your project hopes to achieve. Please include specific, measurable, time-bound changes that will take place due to your programs. Outcomes typically reflect a change in attitude, knowledge, behavior or other measurable impact. Examples:

- Change In Knowledge: "100 children will learn to read over the 6 month program period as a result of our tutoring program as measured by tutor administered before and after assessments."
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Looking for more information on how to describe your impact? Check this article on NonProfit Impact.

Character Limit: 5000

How do you determine the impact of the project?*

Please describe how you measure the impact of your activities. Please include your evaluation approach, data from the previous year and what you hope to achieve in the coming year.

Character Limit: 5000

Describe the population the project serves.*

Specifically, identify any and all unique needs of the population served and how your organization strives to break down barriers for those who need your services the most.

Character Limit: 5000

How does the community benefit from your project?*

Describe how your work benefits the community at large. Please include how you collaborate with other organizations and how your services are different or complement other organizations.

Character Limit: 5000

Project Budget*

Please upload a project budget that includes revenues and expenses for the current operating year of the project.

File Size Limit: 5 MB

Banking Information

Direct Deposit Enrollment*

Please provide updated banking information to enroll in direct deposit so that you can quickly receive your funding if awarded. Please upload a completed form along with a picture of a voided check below if you would like to enroll or update your information.

Blank ACH Form

Choices

Please enroll me in direct deposit.

Please update my banking information.

No Thank You - Please mail me a check if I am awarded.

Direct Deposit Information Upload

Please upload your complete ACH form and voided check to enroll in Direct Deposit.

File Size Limit: 5 MB