

# 2019 CCAASE Grant Application

**Deadline is Midnight MDT on Monday, September 24, 2018**

**Applicant Organization:** \_\_\_\_\_

**Type of organization (please check ONE type of organization in only ONE Grant Category):**

Arts and Special Events Grants

\_\_\_ Arts Organizations (performing arts, visual arts, and art-based education)

\_\_\_ Special Events (defined as “town gatherings that are open to the general public”)

Community Support Grants

\_\_\_ Service Organizations (human, welfare, and community)

\_\_\_ Athletic Organizations

\_\_\_ Educational Organizations

\_\_\_ Other \_\_\_\_\_

**Grant Request** = \$ \_\_\_\_\_

**For clarity purposes, please reference the below definitions when completing the application:**

- Applicant organization = the entity requesting funding
- Umbrella organization = the fiscal agent which will receive funding on behalf of applicant organization
- Program = specific activity for which funds are requested
  - Single program = a single activity, including general operating requests
  - Multiple programs = multiple activities with separated financial reporting

2019 CCAASE Grant Application Checklist- Before submission, have you:

\_\_\_ **Filled out** all the required questions (indicated with red box) in the CCAASE Grant Application?

\_\_\_ **Attached** 1 copy of the last I.R.S. 990 Form submitted by your organization?

\_\_\_ **Attached** a Letter of Agreement with your umbrella organization? [if applicable]

\_\_\_ **Attached** financial statements?

\_\_\_ Initial here to indicate that you have included all of the above-listed items and have met all of the requirements outlined in the 2019 CCAASE Grant Guidelines.

**TOWN OF TELLURIDE COMMISSION FOR COMMUNITY ASSISTANCE,  
ARTS AND SPECIAL EVENTS GRANT APPLICATION**

**Part 1: Applicant Information**

**A. Name of applicant organization:** \_\_\_\_\_

**B. Contact information:**

Applicant contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Federal ID number (or EIN):** \_\_\_\_\_

**D. Number of years organization has been in existence:** \_\_\_\_\_

**E. For Special Events Only: List approved CCAASE calendar dates:**

\_\_\_\_\_

**F. List Board of Directors:**

\_\_\_\_\_

\_\_\_\_\_

**G. Name of umbrella organization / Fiscal agent:** \_\_\_\_\_

*[If applicant does not have 501(C) 3 or non-profit status]*

Fiscal Agent contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*If applicable, please refer to page 5 of the CCAASE Grant Guidelines for Letter of Agreement requirements.*

## **A. Mission Statement**

Provide a clear and concise statement of the applicant organization's mission

*Ex: The mission of CCAASE is to develop, maintain, and encourage an environment conducive to the following community organizations: Arts and Special Events organizations and Community Support organizations.*

## **B. Board of Directors**

Describe your board's level of involvement in the applicant organization.

### C. Goals and Objectives

List the applicant organization's goals and objectives for the granting year.

*\* Please limit your response to no more than 3 goals and no more than 4 objectives (for each goal)*

**Goals** = desired future state or direction (1 year or more)

**Objectives** = intended results or outcomes that are measures of progress towards a goal  
(1 year or less)

### D. Planning

State the applicant organization's planning efforts focused on strategies for sustainability (or longevity), including your ability to raise funds.

**E. Staffing Plan**

Describe the applicant organization's staffing plan, including volunteers and paid staff.

**Part 2: Grant Request**

A. Cash Request Amount \$ \_\_\_\_\_

B. Grant request as a percentage of next year's budget: \_\_\_\_\_%

C. Purpose of requested funds

NOTE: If requesting funds for multiple programs, please specify for each program

1. Provide a brief statement of specifically what grant will be used for.

2. List budget items for which funds will be expended

*Ex: Funds will be used for the summer circus program (\$9,270)*

<i>Staffing:</i>	<i>\$5,500</i>
<i>Materials:</i>	<i>\$1,225</i>
<i>Insurance:</i>	<i>\$2,545</i>
<b><i>Total Request:</i></b>	<b><i>\$9,270</i></b>

D. Geographical location of where funds will be expended

Quantify the percentage of programs/activities accessible to the community by the following locations (percentages in either category (not both) should add up to 100%):

Arts and Special Events Organizations (percentage must be 100% for this grant type)

\_\_\_ Town of Telluride

Community Support Organizations (percentages must add up to 100%)

\_\_\_ Town of Telluride

\_\_\_ San Miguel County (outside of Telluride)

\_\_\_ Other (outside of San Miguel County)

### **Part 3: Program Information**

NOTE: If requesting funds for multiple programs, please specify for each program

#### **A. Collaboration**

Describe your efforts to promote collaboration with other local non-profit and for-profit organizations.

#### **B. Scholarships/Grants**

Describe your scholarship program, including the scholarship types, amounts, and target audience.

**C. Community Impacts**

1. Describe your outreach / marketing plan (method only, do not include actual materials).

2. Provide the projected number of people served for the requested funding year.  
 (Please list individual events/programs and total for the year)

*E.G.:*

*Program #1                      50 people*  
*Event #1                         250 people*  
*Event #2                         150 people*  
***Total served for year: 450 people***

<i>Event/Program Name</i>	<i># served</i>	<i># tickets sold</i>



3. List the community needs and creative qualities your program offers and how these characteristics are determined, including educational, cultural, and/or economic impacts.

**Part 4: Financial Information**

**Applicant Organization Financial Information (Note: For Applicant Org., NOT Umbrella Org.)**

**A. Summary Financial Information**

Complete the below table with summarized information for the applicant organization

<b>Organization's Budget for <u>Current</u> Fiscal Year Ending on:</b>	Mo/Day/Yr:
<b>Income:</b>	\$
<b>Expenses:</b>	\$
<b>In-Kind Donations:</b> <i>Please list specific category totals for lodging, equipment, volunteer hours, food, auction items, etc</i>	\$  (Total of In-Kind donations below)
	\$
	\$
	\$

**B. Other Grant Funding Sources**

List other grant funding being pursued for your organization as a whole in the below table for the upcoming year

Source of Funds	Funder Name	Grant Request Amount	Purpose of Funds	%of Org. Budget
National				
State				
County				
Private Organization				
Other Local (non-CCAASE funds) (Examples: Tax revenue, govt. appropriations, etc.)	Town of Telluride Mountain Village Telluride Foundation Other (please list)			

**C. I.R.S. 990 Form submitted to the I.R.S. by your organization or umbrella organization (if applicable)  
(1 copy only)**

*If your organization does not file a 990, provide 1 copy of the following:*

- a. Letter stating why your organization does not file a 990;*
- b. Letter indicating non-profit status; and*
- c. Program audit or Board approved balance sheet*

**Program Financial Information**

**NOTE: If requesting funds for multiple programs, please specify for each program**

- A. 2019 budget projection** (income and expense only – no in-kind amounts) to include at a minimum (2 double sided pages maximum):
1. Salaries, other compensation, and employee benefits (full-time, part-time, and contracted positions)
  2. Travel and entertainment
  3. Grants & sponsorships
  4. Scholarships
  5. Contributions / Fundraisers
  6. Ticket / admission sales
- B. Financial statements** (income and expense only – no in-kind amounts)  
*If possible, please use Quickbooks to generate these statements.*  
*\* Sample formats & printing instructions for these reports are located at ([www.telluride-co.gov](http://www.telluride-co.gov))*
1. Profit & Loss Statement-for the most recently completed fiscal year.
  2. Current Balance Sheet (summary) (as of September 2018)
- C. A narrative on any budget anomalies or irregularities CCAASE should be informed about.**

**Part 5: Follow-up Report**

All Year 2018 grant recipients that are applying for 2019 grant funds are required to submit a follow-up report on the Year 2018 event or organization. This requirement includes new applicants funded directly by Town Council in 2018.

Reports should include, but not necessarily be limited to:

- A. Number of tickets sold/people served (please refer to example given in Part 3, Question C.2.)

<i>Event/Program Name</i>	<i>Number of tickets sold</i>	<i>Number of people served</i>

- B. Actual use of funds (for programs/events please specify dates, location/venue, etc.)

C. Describe any problems with your event, programming, or organization that CCAASE should know about

D. Describe progress made toward your goals and objectives