

Organization Name:

Grant Request \$:

Vail Valley Cares 2019 Grant Application

Vail Valley Cares - Mission Statement

**Vail Valley Cares is an ecumenical Christian help organization
dedicated to sharing the love of God by meeting people's needs.**

Vail Valley Cares is excited to announce we are offering grants for the year 2019. We primarily fund local organizations whose goal is to meet basic human needs, protect individuals and families, assist individuals and families in achieving self-sufficiency, and promote growth and healthy lifestyles.

If your organization would like to apply for a Vail Valley Cares grant, **please supply only the requested information along with the application. Important: Applications that do not have all the requested information may not be considered for funding.**

Please email a copy of the completed application and all attachments to: Office@vailvalleycares.com

If you have any questions or need clarification you can contact Greg Osteen or Laura Pliske at the Vail Valley Cares office e-mail at **office@vailvalleycares.com** **All Applications are Due 4/08/19 by 5pm**

Part I: Who You Are

A. Name of Organization and year started:

B. EIN from IRS determination letter:

C. Director: e-mail:

D. Main Contact: e-mail:

E. Address:

F. Phone: Fax:

G. Web Site:

H. Please provide your mission statement:

- **Please attach:**
 - a copy of your IRS 501(c)3 determination letter. Any application that does not contain this information will not be considered.
 - A list of your board members, including officers.

Part II : Purpose of Grant

List the programs and dollars for each that you are requesting:

Program:

Request \$

How many clients will this program serve?

Program:

Request \$

How many clients will this program serve?

Program:

Request \$

How many clients will this program serve?

Total Request \$

(Should match \$ at top of page 1)

- **Describe the project/program (s) to be funded:**

- **How do you plan to continue the operation of and funding for the project / program in the future?**

Your Services

- Please **BRIEFLY** describe your organization and the services/programs you provide and any recent accomplishments.
- Have there been any changes or new challenges for your programs in the past year? Are any changes planned for the year 2019:

PART III: Your Clients:

- What are your clients' needs and how does your organization respond to their needs?
- Where do your clients live? Do they live in Eagle County, or elsewhere?
- How do you collaborate with other agencies within the community?

- Describe **BRIEFLY** how your services fit into the areas that Vail Valley Cares funds
 - Meeting basic human needs
 - Protecting individuals and families
 - Assisting individuals and families in achieving-sufficiency
 - Promoting growth and healthy lifestyles

Part IV: Financial Information

- Please attach:
 - Most recent year-end financial statement actual vs. budget (MUST include income statement and balance sheet)
 - 2019 Organization Budget
 - Current year-to-date financial statement (actual vs. budget) and balance sheet for the organization.
 - Separate program budget attachments for each of the programs for which you are requesting Vail Valley Cares funds.

If you feel you need to explain any part of your budget or financial information please complete the area below.
Organization

Part V: Staff

- Total number of employees
- Total annual payroll
- Director:

Full Time?

Part Time?
- Director's Annual Salary: \$

Part VI: Additional Information:

If there is information you would like to include and that think we should consider in our review of your application and has not been addressed by our questions, please address that here:

Part VII: Signatures

Applicant(s) and/or applying organization by signing below you authorize Vail Valley Cares to use your company name and/or photo for promotional and non profit communication purposes if the applicant receives a grant from Vail Valley Cares.

Sign (Type name below)

Executive Director

Person Completing this Application:

**Thank you for the support you provide to help individuals, families, and our community.
God Bless.**

Grant Checklist

Have you filled out all the pertinent information that applies to your organization and to your 2019 grant request?

Has your 2019 application been signed?

Have you attached all the financial information requested?

List of your board members, including officers?

Have you included a copy of your 501 (c)3 IRS determination letter?

Have you emailed your complete application to **office@vailvalleycares.com**