



TOWN OF CARBONDALE
COMMUNITY SERVICE REQUESTS
FOR YEAR 2020

Agency/Program Description (Check one):	Amount	Funds Requested Are For	Funds Will Support (Check One):
<input type="checkbox"/> Health & Human Services	\$	<input type="checkbox"/> Annual Grant	<input type="checkbox"/> General Operating Budget
<input type="checkbox"/> Education	\$		
<input type="checkbox"/> Environmental	\$		
<input type="checkbox"/> Recreation	\$	<input type="checkbox"/> In-Kind Funding	<input type="checkbox"/> Special Project Budget
<input type="checkbox"/> Regional Collaboration	\$		
<input type="checkbox"/> Cultural	\$		

Town of Carbondale Grant Funding Received in 2019: _____

Value of In-Kind Funding Received From the Town of Carbondale in 2019: \$ _____

Description of In-Kind Funding: _____

Agency Name: _____

Executive Director: _____ **Email:** _____

Address: _____

Phone: _____ **Fax:** _____

Executive Director Signature: _____ **Date:** _____

EXECUTIVE SUMMARY: In 25 words or less, explain what your grant request will accomplish.

Place this Cover Page on the top of your proposal. Please number every page of your proposal and your Appendices. Hand-numbering is acceptable. Please use a readable typeface, in 12 pt. or larger.

YOU ARE REQUIRED TO SUBMIT ONE (1) COPY electronically to:
cderby@carbondalecto.net or deliver/mail one (1) 8 ½ X 11 hard copy to the Town of
Carbondale c/o Town Clerk, 511 Colorado Avenue, Carbondale, CO 81623 by
September 20, 2019 at 5:00 p.m. Copy should be one-sided. **PLEASE DO NOT
STAPLE.** Keep all written proposals concise, with a maximum of three (3) pages.
Proposals will be evaluated based upon how well they address the criteria. For further
information, please call Town Clerk Cathy Derby at 510-1206.
**The grant applications will be reviewed by the CARBONDALE BOARD OF TRUSTEES who will
make their final funding decisions in December, 2019.**

COMMUNITY GOALS:

Indicate which one of the Community Goals best describes your grant request's primary focus:

CHOOSE ONE ONLY! SELECT PRIMARY GOAL OF ORGANIZATION

- () Family and Youth Well-Being – Promote the social, emotional and economic well-being of families and youth.
- () Physical Health – Promote the physical well-being of individuals.
- () Mental Health and Substance Abuse Prevention – Promote the psychological well-being of individuals, provide treatment and promote prevention of substance abuse.
- () The Well-Being of Seniors – Promote the social, emotional, economic and physical well-being of senior adults.
- () Cultural, Recreational, and Educational Treasures – Promote and optimize the quality of life of residents and workers for the Town of Carbondale.
- () Regional Collaboration – Fostering opportunities to share resources and common problem-solving activities.
- () Environmental Efficiency and Sustainability – Enhance and sustain our natural resources.
- () Economic Development – Assist in the attraction, establishment and expansion of retail, commercial and industrial enterprise while supporting existing businesses.

PROPOSAL NARRATIVE:

Brief Project Description.

BACKGROUND INFORMATION:

- a) Brief summary of agency's history.
- b) Describe your member/client base; please include geographic and demographic information and what needs are served. What percentage of your members/clients are Carbondale residents and/or workers?
- c) Describe activities that are distinctive to your organization (i.e. program performance, volunteer involvement, in-kind donations, etc.).
- d) Describe your agency's community partnerships and collaborations.

PURPOSE OF YOUR REQUEST:

- a) What programs or services will this money support? Describe your programs or projects – who, what, where, when, and how.
- b) Explain why you need financial support from the Town of Carbondale. Identify all contributions (in addition to the dollars requested) you will be expecting from the town including, labor, equipment, maintenance, use of facilities, fuel, etc.
- c) How will you use your grant to leverage support from other funding sources?
- d) Identify other funds or special event funding that you will be requesting/receiving from the Town.

NEEDS ASSESSMENT:

- a) If you received a grant from the Town of Carbondale last year, how was the money used?
- b) What Community needs does your program or service fill? How do you determine this need?
- c) How will your service be affected if you don't receive funding?

CHECKLIST

Be sure to attach the following Appendices to this completed grant application. Insert this checklist page, with all items checked, in front of your Appendices in your grant proposal. Please continue to number all pages in your grant proposal, including the Appendices.

All Appendices Are Required

- Appendix A:** Proof of non-profit status.
- Appendix B:** A current list of your Board of Directors, members and officers, including addresses and telephone numbers.
- Appendix C:** A list of all Major contributors with amounts contributed to organization for 2018 and 2019 year-to-date.
- Appendix D:** Current Year-To-Date Actual Budget.
- Appendix E:** Projected Organizational Budget for 2020 showing revenues and expenses.
- Appendix F:** Matching cash contributions and in-kind contributions.
- Appendix G:** Provide ratio of expenditures for Administrative costs to program expenditures. Provide how these costs align with your organizational goals.

GRANT DEADLINE IS SEPTEMBER 20, 2019, AT 5:00 P.M