

2024 CCCF LGBTQ+ Fund Grants

Chaffee County Grants Portal

Application Name*

Name of project or request.

Character Limit: 50

Tax Exemption Status

**For Grassroots Organizations: If awarded, funds will be granted to a fiscal sponsor or program expenses will be paid for directly by CCCF.

Choices

501c3 Organization

Project under the fiscal sponsorship of a 501c3 organization

501c6 Tax Exempt Organization

501c4 Organization

Government Organization

Grassroots Organization**

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

Choices

Yes

No

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

Choices

Yes

No

N/A

Organization EIN

Enter zeros if not applicable.

Character Limit: 10

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 LGBTQ+ Fund Grant.

Character Limit: 20

% of people to be served who are residents of Chaffee County.*

Character Limit: 3

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

Character Limit: 3

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" are not eligible for funding.

Choices

Agree

Disagree

Please upload Profit & Loss Statement for 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

Please upload Balance Sheet Statement for 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

W9*

Please upload a W9 dated in the past 3 years. Please ensure the W9 name matches the name on the 501c3 Letter and is signed.

[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

Question Group

Organization's Mission Statement

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

Character Limit: 100

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 the who, what, when, where and how of your activities.)

Character Limit: 5000

Focus Area

Please select the focus area that most aligns with your project. Remember, the LGBTQ+ community includes people of all cultures, classes, and abilities.

- **Supportive Space:** Promoting a sense of belonging and acceptance for those identifying as LGBTQ+. This could include social, recreational or other supportive services that are designed to specifically be inclusive to the LGBTQ+ community.
- **Inclusive Services:** Increasing the inclusivity of existing programs to better serve the LGBTQ+ community. This could include program adjustments, introduction of new programs, staff training etc. that seek to specifically remove barriers for the LGBTQ+ community to access the services.
- **Other:** To promote innovation, the committee is open to other ideas that meet the stated values and goals of the fund. Please note that those projects that specifically address Supportive Spaces and Inclusive Services will be prioritized in their grant round.

Choices

Supportive Space

Inclusive Services

Other

How is your organization working to meet the needs of the Ark River Valley LGBTQ+ Community?

Please describe how your organization is currently serving the LGBTQ+ community and any specific steps you have taken to meet the needs of the local LGBTQ+ community. Include challenges you have encountered in this work.

Character Limit: 5000

Please tell us about the proposed project and what the organization hopes to accomplish.

Note the project should start after November 1st, 2024. The project length can be two months - 2 years. Please describe the needs of the LGBTQ+ Community that you will be addressing, your approach to meeting the needs, and the impact you hope to have.

Character Limit: 5000

What impact 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% 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 will you determine the impact of what you do?*

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

Character Limit: 5000

Please describe how the project will specifically meet the needs of the LGBTQ+ population.*

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

Character Limit: 5000

Please describe your partnerships and collaborations.*

Please include how you collaborate with other organizations, how your project's services are different or compliment other organizations. Please include the specific partners you intend to work on for this project.

Character Limit: 5000

What challenges would you anticipate encountering during the implementation of this project?*

Please describe any challenges or obstacles you are anticipating, how you are planning to address them and what additional resources would be helpful in overcoming them.

Character Limit: 5000

Additional resources*

Are there any additional resources outside of the project expenses that would be helpful to you in completing this project? Please include any training, technical assistance, professional or consulting services that would help you be successful in this project.

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: 10 MB

Project Budget*

Please upload a project budget for the current fiscal year that includes revenues and expenses. Please be sure to include a description of the revenue and expenses that breaks down the specific costs and sources.

Examples:

Grant Funds - \$5,000: \$3,500 Requested from Ark River Valley, \$1,500 received from XYZ Foundation for project.

Project Supplies - \$500: To include welcome kits for all attendees \$30 each @ 20 attendees, activity materials \$100/mtg for four meetings.

File Size Limit: 5 MB