**Buell Foundation Abbreviated Application Packet**

**For Current Grant Partners**

**Submission Details**

* Deadline to apply: September 1, 2020 by 5:00 p.m.
* Email applications to Bill Inama – [binama@buellfoundation.org](mailto:binama@buellfoundation.org)
* Subject line should include the name of your organization and September 2020 Grant Application *(e.g. – ABC Organization September 2020 Grant Application)*

**CHECK LIST**

**Required Materials:**

Interim/Final Report – Use the Common Grant Report found [here](https://crcamerica.org/resources/common-grant-forms/common-grant-report/).

Colorado Common Grant Summary Sheet

One-page narrative describing your intended use of funds, including how much funding you are seeking, for what purpose and how your work may have changed from past Buell grants

Supplementary questions

1. Please describe any significant impacts related to COVID-19. For example, this could include information about significant changes in leadership or staff size and/or significant changes in programming not already addressed in the one-page narrative.
2. Please describe any additional successes/changes in the past year (which may or may not be related to COVID-19) that were not addressed in your interim/final report.

Sources of Income Table

Major Funders

Year-to-date financial information (budget, Balance Sheet/Statement of Financial Position, and Profit and Loss/Statement of Activities), including comments on significant changes to financial position

Prior year-end financial information (Balance Sheet/Statement of Financial Position, and Profit and Loss/Statement of Activities)

Proof of IRS federal tax-exempt status, also called a Letter of Determination

**For child care centers, also include:**

Current child care license and Colorado Shines Quality Rating

[Buell Child Care Center Worksheet](http://buellfoundation.org/wp-content/uploads/2018/08/Buell-Foundation-Child-Care-Center-Worksheet.docx)

**SUMMARY SHEET FORM**

**Legal Name of Organization:**

**DBA** (if applicable):

**Mailing Address** (and Physical Address if it is different and not confidential):

**Phone:**  **Fax: EIN:**

**Website:**

**Organization Email Address:**

**Name of CEO or Executive Director:**

**Phone:** **Email:**

**Application Contact & Title** (if *not* the CEO or Executive Director)**:**

**Phone:** **Email:**

**Organization Information**

**Year Founded:**

**Mission Statement:**

**Geographic Area Served** (specific to this proposal)**:**

**Tax Exemption Status:**

□ 501(c)(3)

□ Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

□ Other than 501(c)(3), describe:

**Number of Employees: Full-time: Part-time:**

**Grant Request Information**

**$**

**Type of Grant Requested** (select one)**: Amount of Request:**

□ General Operating Support

□ Program or Project Support

Name of Program or Project:

□ Other

**Describe what the grant will be used for:**

**Financial Information**

**Budget numbers should match the numbers presented in Attachments 1(a) & (b).**

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**Organization’s Current Budget for Fiscal Year Ending:**

**Income: Expenses:**

**AND, if other than a general operating request,**

\_\_/\_\_/\_\_

\_\_/\_\_/\_\_\_

**Program or Project Budget: Dates: from: to**:

**Income: Expenses:**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

**CEO/Executive Director Date**

Please complete a one-page narrative describing your intended use of funds, including how much funding you are seeking, for what purpose and how your work may have changed from past Buell grants.

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| --- |
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Supplemental Questions:

1. Please describe any significant impacts related to COVID-19. For example, this could include information about significant changes in leadership or staff size and/or significant changes in programming not already addressed in the one-pager.

|  |
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2. Please describe any additional successes/changes in the past year (which may or may not be related to COVID-19) that were not addressed in your interim/final report:

|  |
| --- |
|  |

**Sources of Income Table** Complete the table below for the organization as a whole, based on the most recently completed fiscal year. Categories may be modified to fit your organization’s funding sources.

|  |  |  |
| --- | --- | --- |
| **Percentage** |  | **Funding Source** |
|  | % | Government grants (federal, state, county, local) |
|  | % | Government contracts |
|  | % | Foundations |
|  | % | Business |
|  | % | Events (include event sponsorships) |
|  | % | Individual contributions |
|  | % | Fees/earned income |
|  | % | Workplace giving campaigns |
|  | % | In-kind contributions (optional) |
|  | % | Other |
|  | **%** | **TOTAL (must equal 100%.)** |

**Major contributors** For the previous two fiscal years, list major contributors (foundations, businesses, government, individuals) with amounts. Do not include names of individual donors.

**Additional Attachments for Fiscal Agents/Fiscal Sponsors**

*If your organization uses a fiscal sponsor, please submit the items listed below with your application.*

**Memorandum of Understanding** Contract between the organization and the fiscal agent/fiscal sponsor.

**Financial Attachments** Budget, Current Balance Sheet/Statement of Financial Position and Profit & Loss/Statement of Activities, and Previous year-end Balance Sheet/Statement of Financial Position and Profit & Loss/Statement of Activities.

**Proof of IRS Federal Tax-Exempt Status** Letter of Determination for the fiscal agent/fiscal sponsor, dated within the last five years.

**Board of Directors List**

Information for the fiscal agent/fiscal sponsor.

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