**Buell Foundation Abbreviated Application Packet**

**For Current Grant Partners**

**Submission Details**

* Deadline to apply: May 15, 2020 by 5:00 p.m.
* Email applications to Norah Lovato – nlovato@buellfoundation.org
* Subject line should include the name of your organization and May 2020 Grant Application

*(e.g. – ABC Organization May 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).**

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

**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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