**SUMMARY SHEET FORM**

**Legal Name of Council:**

**DBA** (if applicable):

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

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

**Website:**

**Council Email Address:**

**Name of CEO or Executive Director:**

**Phone: Email:**

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

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

**COUNCIL 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**

**If you are unsure about how to fill out this section, please review the Application Guidance document and/or call your Program Officer.**

**$**

**Total Amount of Request:**

**Type of Grant Requested** (select all that apply)**:**

|  |
| --- |
| **Required** request area for all applicants: |
| □ | Infrastructure & Systems Building | $ |
| Optional request areas: |
| □ | Workforce & Professional Development | $ |
| □ | Quality Improvement | $ |
| □ | Increased Access to Child Care | $ |
|  |
| □ | Direct Services (Call your Program Officer) | $ |
|  | Name of direct service program(s): |

**FINANCIAL INFORMATION**

Budget numbers should match the numbers presented in Attachments 1

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

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

**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.

|  |
| --- |
|  |

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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|   |

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.

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|   |

Explain this year’s level of support from the State of Colorado, anticipated support through the next few years and how any changes will impact the council’s programs and activities.

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|   |

**ATTACHMENTS**

*Label each attachment and provide in the order listed.*

**Financial Attachments**

*Note: Provide explanations for items that may raise questions in any of the attached financial documents. The explanations can be written onto the documents themselves or included as an additional page.*

1. **BUDGETS**
Complete the attached budget form. You may also include a current operating budget if you feel it helps to provide clarity.
2. **Current (year-to-date) financial STATEMENTS**Include a Balance Sheet/Statement of Financial Position and Profit & Loss/Statement of Activities through the most recently completed operating month available (must be within the past three months).
3. **Prior Year-end financial statements, audit, and Sources of Income**

Include the most recent fiscal year-end financial statements, audited if available.

**Sources of Income Table.** Complete the table below for the council as a whole, based on the most recently completed fiscal year. Do not complete for the fiscal sponsor.

|  |  |  |
| --- | --- | --- |
| **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%.)** |

1. **Major CONTRIBUTORS**List major contributors (foundations, businesses, government, individuals) with amounts for each of the past two fiscal years. Do not include names of individual donors.
2. **In-kind contributions**Summary of significant in-kind donations (donated goods and professional services) received by the council in the last two fiscal years.

**Other Attachments**

1. **Proof of IRS federal tax-exempt status**

Also called a Letter of Determination. If your council is housed at a government agency, please include a letter from the agency describing the relationship with and oversight of the council (sample letters can be provided if needed).

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

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

1. **memorandum of understanding**
Contract between the council and the fiscal agent/fiscal sponsor.
2. **Financial attachments**

Budget, Current Balance Sheet/Statement of Financial Position and Profit & Loss/Statement of Activities, and Year-End Balance Sheet and Profit & Loss Statement/Statement of Activities.

1. **Proof of IRS federal tax-exempt status**
Letter of Determination for the fiscal agent/fiscal sponsor, dated within the last five years.
2. **Board of directors** **list**
Information for the fiscal agent/fiscal sponsor.