

Welcome to your application for the fall grant cycle due September 1, 2022.

The application will automatically save information as you enter it. You can also manually save by clicking the button at the bottom of each page. You can return to the application to continue working on it anytime before the application deadline. You can also use the button at the bottom of each page to "View/Print Application" if you want to print it or save it as a PDF.

Please note there are some changes to the application from previous years. We recommend grantees plan additional time. Required fields are noted with an asterisk. You will not be able to submit your application until every category on the far right of the screen shows a green checkmark.

Please contact your Program Officer with questions about the content of your application. Click on the chat icon on the upper left of each page within the application for technical questions related to the online application. Note this is not a 'live' chat, questions will be answered within one-business day via email.

You will receive an email once your application is successfully submitted. Please check your spam folder, and then contact grants@buellfoundation.org if you do not receive the confirmation email once you have submitted your application.

The Buell Foundation would love to hear from you regarding this online grants management system. Please complete [a brief survey](#) to provide feedback related to your experience.

Organization Profile

Legal Name of Organization

This should be the exact wording from the IRS 501(c)(3) determination letter.

DBA (Optional)

Doing Business As – This is the name that the organization is widely known by if different from the legal name.

EIN (Applicant Organization)

The Employer Identification Number from the top right corner of your IRS 501(c)(3) determination letter. It is sometimes referred to as a Federal Identification Number.

Tax Exemption Status

Please choose the one that best describes your organization.

If you selected Other as your Tax Exemption Status, please describe:

Office Mailing Address

County

Please select the county where your headquarters are located.

Office Phone

Organization Website

Year Organization Founded

Organization Mission Statement

Geographic Area(s) Served

(e.g., counties, towns, etc.)

Anti-discrimination policy

An anti-discrimination statement is not the same as a harassment policy. If you do not have an anti-discrimination statement, please enter "No anti-discrimination policy." below.

Board of Directors List

Include the following information for each board member:

1. Position(s) on the board (officer and committee position)
2. Occupation and name of employer and/or affiliations(s)
3. City or county of residence
4. Term end date

You can upload a document that you already have developed. If you do not have a document, use the template provided here.

List of names and qualifications of Key Staff

Including length of service with the organization. Do not include job descriptions or resumes.

You can upload a document that you already have developed. If you do not have a document, use the template provided here.

Does your Organization use a Fiscal Sponsor?

Key Contacts

CEO or Executive Director

Click the Select Contact button below to either select a contact already in the system or to create a new contact. Note that all information must be included for each contact before your application will be considered complete.

Grant Contact

Click the Select Contact button below to either select a contact already in the system or to create a new contact. Note that all information must be included for each contact before your application will be considered complete.

Fiscal Sponsor Contact (If Applicable)

Click the Select Contact button below to either select a contact already in the system or to create a new contact. Note that all information must be included for each contact before your application will be considered complete.

Fiscal Sponsor Information (If Applicable)

Name of Fiscal Sponsor Organization

EIN (Fiscal Sponsor)

Please attach the following documents:

Memorandum of Understanding or the contract between your organization and your fiscal agent/fiscal sponsor

Attach your Fiscal Sponsor's operating budget for the current fiscal year

Please include revenues and expenses in the budget. Maximum number of attachments allowed: 4

Fiscal Sponsor Current (year-to-date) financial statements

These are generally financial statements reviewed at your Fiscal Sponsor's most recent board meeting. In some cases, the fiscal sponsor's year-to-date financial statements are the same as their most recent year-end statements. Please provide statements from within three months of application date.

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Income and Expense Statement)

Fiscal Sponsor's Year-end Financial Statements

Include your Fiscal Sponsor's most recent fiscal year-end financial statements, audited if available. If the fiscal sponsor has an audit, but it is not available for the most recent fiscal year-end, also include the most recent audit.

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Income and Expense Statement)
3. Most recent Audit (optional)

Board of Directors List for the fiscal agent/fiscal sponsor

Include the following information for each board member:

1. Position(s) on the board (officer and committee position)
2. Occupation and name of employer and/or affiliations(s)
3. City or county of residence
4. Term end date

You can upload a document that you already have developed. If you do not have a document, use the template provided here.

About Your Request

Total Grant Request (\$)

How are you planning to use the funds you are requesting?

What type of support are you seeking for your Licensed Child Care program?

Please describe the type of Licensed Child Care.

Briefly describe what requested grant funds would be used for. *Suggested word limit: 150.*

If you are seeking funding for more than one program or purpose, describe each program and purpose and note the requested amount for each. Be sure to note any one-time requests that are outside of typical funding (e.g., technical assistance, materials, etc.).

More About Your Organization and Programs

Provide a brief history of your organization. *Suggested word limit: 250.*

Provide a brief description of the organization's current programs. Include:

- Program Name
- Population
- Numbers served
- Expected results

Suggested word limit: 250.

Number of Employees

Full-Time Staff

Part-Time Staff

Describe the organization's overall approach to evaluation, including how the organization measures impact. *Suggested word limit: 250.*

In this section, you may choose to discuss the following:

- How the organization incorporates findings from its evaluation efforts or its experience to inform its future direction and improve its programming
- How often staff and/or the board and/or program participants engage in evaluation-related activities
- The relationship the organization has to formal research or evaluation efforts, linkages with colleges, universities, and/or evaluators, if appropriate

If the organization does not attempt to measure impact in any way, provide an explanation as to why not.

Describe the challenges facing the organization in the next one to three years. *Suggested word limit: 250.*

If applying for program or capital project support, also include the challenges facing the program or project for which funding is requested.

Describe the opportunities facing the organization in the next one to three years. *Suggested word limit: 250.*

If applying for program or capital project support, also include the opportunities facing the program or project for which funding is requested.

Are you a current partner of the Buell Foundation with an open grant?

Please describe the progress made toward the current grant's goals and the impact the grant has had on the organization, specific funded program, and/or community. Suggested word limit: 500.

Please use this space to tell us how you are progressing in your current grant period. You may want to include notable successes or challenges to your organization, or funded program, to date as well as any lessons learned and resulting changes.

This question takes the place of the interim report we have historically required from current partners.

Have the funds been fully expended?

Check this box to acknowledge that, once all funds have been expended, you will submit your final report. Your deadline for submission is noted in your contract and you will receive an automatic reminder to access the report on the grantee portal.

Licensed Child Care Information

How many total child care centers do you operate?

Please provide information about your child care centers.

Please download the following template file, complete the table and upload the completed document below.

How many child care sites do you have at each quality rating level?

of Colorado Shines Level 1 Sites

of Colorado Shines Level 2 Sites

of Colorado Shines Level 3 Sites

of Colorado Shines Level 4 Sites

of Colorado Shines Level 5 Sites

Do you have any sites with other accreditations?

of Sites with other accreditation

Please describe any other accreditations

Child Care Capacity

Are you licensed to serve infants?

If you answered yes, please answer the organization capacity questions that will appear below.

Total # of infant classrooms

Total # of open infant classrooms

Total infant license capacity

Infant enrollment

Average infant daily attendance

Infant waitlist

Are you licensed to serve toddlers?

If you answered yes, please answer the organization capacity questions that will appear below.

Total # of toddler classrooms

Total # of open toddler classrooms

Total toddler license capacity

Toddler enrollment

Average toddler daily attendance

Toddler waitlist

Are you licensed to serve preschoolers?

If you answered yes, please answer the organization capacity questions that will appear below.

Total # of preschool classrooms

Total # of open preschool classrooms

Total preschool license capacity

Preschool enrollment

Average preschool daily attendance

Preschool waitlist

Staffing

How many child care staff are employed by the organization/center?

Directors

Teachers

Assistants

Other

Please describe the positions included **Other**.

How many vacant positions do you currently have?

Do you have strategies in place to help retain staff?

Please describe your staff retention strategies. Suggested word limit: 250.

Curriculum

What is/are the primary early childhood curriculum/curricula used in your classrooms?

Select any add-on curriculum/curricula and/or other programming used. Check all that apply.

Please name and describe all the add-on curricula that you selected. If you selected Other, please specify.

Assessment

What child developmental growth and learning assessments are used in the classroom?

What are key learnings from the last assessment timeframe? Suggested word limit: 150.

Have your staff been trained in the assessments?

Family Engagement

Describe how you engage families throughout the year in their child's learning. What wraparound supports/services are provided to families? *Suggested word limit: 250.*

Tuition Assistance

Describe your approach to serving families with low incomes. *Suggested word limit: 250.*

Does your center participate in any of the listed funding programs? Please check all that apply.

Colorado Child Care Assistance Program (CCCAP)

How many CCCAP slots?

Colorado Preschool Program (CPP)

How many CPP slots?

Early Head Start

How many Early Head Start slots?

Head Start

How many Head Start slots?

Other (e.g., Denver Preschool Program (DPP), Summit County's Right Start)

Please list.

What percent of families enrolled in your program have low incomes as defined by Buell Foundation thresholds as defined in the downloaded document above?

Are tuition assistance or scholarships available to families?

How do you determine the level of tuition or scholarship assistance? *Suggested word limit: 150.*

What percentage of families receive tuition assistance?

Attach tuition assistance structure and/or sliding scale.

Financials

Read these instructions carefully before answering the Organizational Budgets forms below. Note that each form is comprised of two parts: *Budget Summary* and *Notable Sources of Revenue*.

Buell Foundation requires Organizational Budget information for:

1. Your most recently completed Fiscal Year
2. Your current Fiscal Year

Use the **first form** below to provide the following information about your **most recently completed fiscal year**:

Budget Summary

- Revenue
- Expenses
- Data Source (Note the source from which revenue and expenses were pulled)

Notable Sources of Revenue

Note your primary sources of revenue with amounts from your most recently completed fiscal year. The form will show several primary source categories (raised income, tuition/fees/earned income, other, and in-kind). Please include information for these broad categories as well as the breakdown by subcategory wherever possible. Be sure to specify:

- The top three (3) businesses supporting your organization, if applicable
- The top three (3) fundraising events, if applicable
- The top five (5) foundations supporting your organization, if applicable
- The top five (5) government agencies supporting your organization, if applicable

Use the *second form* below to provide the following information from your **operating budget for your current fiscal year**:

Budget Summary

- Revenue
- Expenses
- Data Source (This should be your operating budget)

Notable Sources of Revenue - DO NOT FILL OUT

For example: If your current fiscal year ends December 31, 2022, first enter the relevant information for the fiscal year ending December 31, 2021. Then, enter all information for your current fiscal year 2022.

Organizational Budgets for your most recently completed and your current Fiscal Years.

Use the **first form** to provide information about your most recently completed fiscal year. **DO** fill out the Notable Sources of Revenue on the first form.

Use the **second form** to provide information from your operating budget for your current fiscal year. **DO NOT fill out the Notable Sources of Revenue on the second form.**

Attachments

Attach your Organization's budget for the current fiscal year and your Program(s) budget if applicable

Attached budgets should include both revenues and expenses. Please provide the following budgets:

1. Organization budget for current fiscal year
2. Program/project budget(s) for current fiscal year, if applicable (not required for general operating requests)

Current (year-to-date) financial statements

These are generally financial statements reviewed at your most recent board meeting. In some cases, the organization's year-to-date financial statements are the same as your most recent year-end statements.

Please provide statements from within three months of application date.

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Income and Expense Statement)

Year-end Financial Statements

Include the most recent fiscal year-end financial statements, audited if available. If the organization has an audit, but it is not available for the most recent fiscal year-end, also include the most recent audit.

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Income and Expense Statement).

Does the organization have a financial audit?

If so, please enter the audit date:

Most recent Audit