

**Garfield County  
Human Service Mini-Grant  
Short Form  
(Requests under \$5,000)  
DUE: FEBRUARY 9, 2018, 5 PM**

Please follow the directions carefully. Do not include a cover letter.

Name of Organization:

Address:

City, State, Zip

Phone Number:

Website:

Contact Name and Title:

Contact Email:

Contact Phone:

Dollar Amount Requested:

Colorado Secretary of State Registration #:

Geographic Area Served:

Ages Served:

Are you a member of Human Service Commission?

Do you regularly attend Human Service Commission meetings?

**Organization Information**

Mission Statement:

Number of Clients (students, participants, etc.) Served Annually:

Number of Volunteers Involved Annually:

Number of Employees:

    Full-time:

    Part-time:

Purpose of Funds: (Please tell us what you are going to do with the funds and why.  
Please limit your response to 750 words.)

## **Attachments**

### **Attachment 1**

CO Sec of State "Good Standing" Certificate

### **Attachment 2**

Are you a 501(c) 3? \_\_\_\_\_ Other \_\_\_\_\_  
Tax ID Number (FEIN):

Please attach a copy of IRS determination letter as to 501(c) 3.

### **Attachment 3**

List of current board of directors and officers. Please provide the name, board title/responsibility, community/business affiliation and contact information (email, phone, mailing address) for all board members.

### **Attachment 4**

#### **Financial Information**

##### **Organizational Budget**

Include a Statement of Financial Position (Balance Sheet) and a Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months). Provide the Statement of Activities in a budget-to-actual format if the organization uses that format.

##### **Program Budget**

Please include a budget for the program for which you will be using the funds if the program budget is different from the (total) organizational budget.

**REPORT**

A written report of use of funds is required. This written report is due on December 31, 2018. In a maximum of one page, please tell the grants committee how you spent your funds. Please include numbers served, community served and any outcomes.

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

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Executive Director

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Officer