

**Garfield County
Human Service Mini-Grant Short
Form (Requests under \$5,000)
DUE: JANUARY 25, 2019, 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, 2019. 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