

Date:

Dear Applicant:

Enclosed you will find a Community Investment Fund application. This is required for submittal by any organization seeking funds from the Town of Westcliffe. Please be sure to use only the forms included in this packet. You may attach supplemental information. Please be sure your submittal packet is complete and includes all items requested in the application. The Town Board of Trustees will be reviewing each application.

Please keep in mind that many private citizens generously support worthy causes with no direct benefit to the donor. It is often sufficient that the financial support just makes the donor “feel good.” When taxpayer money is committed, just feeling good is insufficient. In a representative form of government, the taxpayers expect that a need that a majority of the citizens believe is important is the driving issue behind the request for funds. Town policy makers must be able to defend their decisions.”

Special preference will be given to organizations that benefit Westcliffe youth and senior citizens. In order for your organization to be eligible for funding consideration, the Town Clerk's office must receive your cover letter, summary, narrative, budget and all associated attachments by August 31, 2017. Again, please be sure to use only the forms included in this packet.

The deadline to apply is 5:00 PM on Monday, August 31, 2017. Grant applications may be delivered to Town Hall at 305 Main Street; or mailed to P.O. Box 406, Westcliffe, CO. 81252. Eight copies of the printed application, attachments and support material must be received by the close of business on the deadline date above. Please staple each application with one staple in the top left corner.

Sincerely,

Kathy Reis
Town Clerk

APPLICATION INSTRUCTIONS

GRANT REQUEST

PLEASE USE THE FORMS INCLUDED IN THIS PACKET

BASIC ELIGIBILITY

Any applying organization must meet the following requirements:

- Organizations should have an address and/or office in the Town of Westcliffe.
- Organizations approved nondiscrimination policy in the organization' by-laws, if incorporated.
- Provide services or programming within the Town of Westcliffe.
- Preference will be given to projects that have longer-term benefits to the community, for example the Custer County Senior Center.
- The Board of Trustees will consider the number of Town residents impacted by the project.
- What are the consequences to the Town and its citizens if this request is not funded?

IF YOUR ORGANIZATION IS OPERATING AS A SUBORDINATE ORGANIZATION OF AN EXISTING 501(c) (3):

- The umbrella organization must have the ability to pull out your organization's budget from their budget.
- You must include a letter from the umbrella organization confirming your organization as a subordinate.
- You must include a completed budget sheet for your own organization.

WE DO NOT FUND:

- Individuals.
- Salaries for paid staff.
- Organizations without a direct connection the Town of Westcliffe.

Your request will be compared to similar requests from many other deserving organizations. Please follow this guide when submitting your request, being sure to provide sufficient detail to affirm your program or project's value to our community. Incomplete applications will not be accepted. **PLEASE DO NOT STAPLE OR BIND YOUR APPLICATION.**

- A. COVER LETTER: A one-page description of the nature of your program or project's importance to the Town of Westcliffe.
- B. SUMMARY OF REQUESTING ORGANIZATION: (Use the attached form only. If you have additional information, please include it as an attachment)
- C. NARRATIVE: Please follow the outline format below to insure that complete information is used to evaluate your request.

1. Agency Information (1 page)
 - a. Mission Statement, brief statement of organization's goals and/or objectives.
 - b. Brief summary of organization's history.
 - c. Describe the event, location and date, program(s) or services for which you are requesting funds. Please include: type of event, program(s) or service, its location, type of performers or participants, audience numbers and demographics, advertising and marketing strategies.
 - d. How will the Town of Westcliffe benefit as a result of financially supporting your cause?
 - e. What percentage of the user group are residents of the Town of Westcliffe?
 - f. If the request has been successful in the past, what results were realized last year? Or, how were the funds spent? Be specific.
 - g. In the case of publically funded entity, such as some Custer County C-1 activity, how many children in the Town of Westcliffe will be served?
 - h. What other funding sources is your organization pursuing, to include fund-raising?

D. ATTACHMENTS: **If your request is over \$1,500.00, please attach the following:**

1. If applicable, list of Board of Directors and their occupations.
2. General Support Budget Page.
3. If applicable, specific program/project budget for which funding is being requested.
4. A copy of the organization's 501(c) (3) determination letter from the IRS, if applicable.
5. Support Materials.
6. If this is your first request for funding, please provide letters of support and recommendation for your program or project.

We invite you to include budget notes that will help us to understand the financial management and health of your organization. We recognize that non-profits vary in terms of the budget line items; we welcome notes from you that help us understand your budget lines in both revenue and expenses. Footnote items (by line item number provided on Budget form) that need further explanation. *If you need help with this application, call the Town Clerk's office at 783-2282.*

If applicable, please address the following, providing one sentence as to the policy/strategy to address any or all of these, and if not applicable, enter NA.

Does your organization have cash reserves?

Does your organization have an endowment?

Does your organization have any accumulated debt (event, program(s) or service)?

COMMUNITY INVESTMENT FUND – 2018 BUDGET YEAR
SUMMARY OF APPLICANT ORGANIZATION

Organization Name: _____

Date of Incorporation (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____
Name Title

Phone: _____ Fax: _____

Email Address: _____

Website Address: _____

Purpose of Funds (Check all that apply):

Special program/project (support for specific activity of the organization that is consistent with its mission) Amt. Requested _____

Capital expenditure (funds for purchase of, or Additions/improvements to, building or equipment) Amt. Requested _____

Technical assistance Amt. Requested _____

Other Amt. Requested _____

Brief description of your request:

Organization budget: _____ Fiscal year: _____

Fiscal year ends: _____ Total Request: _____

Please include balance sheet information for your organization for the 2015.
If your organization received funding in 2016, please list the amount received and describe how those funds were utilized:

Authorized Signatures

Name	Title	Date
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Name	Title	Date
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By signing below, please acknowledge that this application and all supporting documents are public records on file with the Town of Westcliffe:

Name	Date
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