



SAGUACHE COUNTY GOVERNMENT
501 Fourth Street
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Saguache, Colorado 81149

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www.saguachecounty.net

Saguache County GRANT APPLICATION GUIDELINES

Thank you for your interest in applying for a grant that will benefit Saguache County.

The Timeline

1) To be considered for a grant this cycle, please submit -

- **ONE** copy of your Application electronically, to:
wmaez@saguachecounty-co.net
- **FOUR copies** of your grant application and all attachments,
NO LATER than 3 pm on APRIL 24, 2009

Mail to: Saguache County Administration / Grants
P.O. Box 655, Saguache CO 81149

Or deliver to: the Administration Office in the Courthouse lower level, at 501 4th Street, Saguache, CO

2) You may be contacted if we have any questions or clarifications in order to consider your application.

3) **Applicants will be notified** as to whether their application has been approved for funding or not by June 30, 2009. A possible notification may be done by email by June 19, 2009.

4) Due to the vast amount of applications received applicants may or may not be heard by Board.

GRANTEE REPORTING

REPORTING REQUIREMENTS AND CONDITIONS WILL BE SPECIFIED FOR APPROVED GRANTS, ON A CASE-BY-CASE BASIS. THESE MAY INCLUDE, BUT ARE NOT LIMITED TO:

Progress and/or final report of accomplishments.

Submission of receipts and/or Financial Accounting Report.

Project Evaluation:

What went well.

Unexpected outcomes/results differing from proposal intentions, etc.

Next Steps (if applicable).

I. COVER SHEET (1 page)

Indicate the funding category for your request:

θ Emergency services, public health & safety;

θ Programs, projects and organizations which benefit youth and senior citizens;

θ Renewable energy projects and/or business opportunities and job creation.

Date of application:

Applicant Name / Contact person (and title if applicable):

Address:

Telephone number:

Fax number:

eMail Address (must supply):

IF APPLICABLE:

Organization Name / Tax exempt status:

Year organization was founded:

Total ORGANIZATIONAL budget - current year:

TOTAL Budget for the Project that is the subject of this request:

Amount of this:

Time Period this grant will cover:

(Note: Your report on use of granted funds will be scheduled, based on the grant period you indicate.)

II. NARRATIVE (up to 2 pages MAXIMUM)

Describe your request (incorporating the following points:)

1. What Saguache County problems, needs or issues will you address?

Describe how will this project benefit Saguache County.

2. What are the goals and activities involved in this request?

Describe your specific proposed activities using a timeline.

3. Who will be involved in carrying out the plans outlined in this request?

Include a paragraph summarizing the qualifications of each of the key individuals involved.

5. Who will be involved in evaluating the outcomes - staff, board, community, project

beneficiaries? *Describe your plan for evaluating the success of the project, and how will the evaluation results be used.*

III. FINANCES (1 page)

1. Provide a project budget with line item detail.

2. List individually other funding sources for this project, if applicable. Include amounts and whether received, committed or projected/pending.

NOTE: IF THIS APPLICATION IS FOR FUNDS TO MATCH ANOTHER GRANT(S) YOU ARE SEEKING, PLEASE INCLUDE:

- Date(s) when you will be notified whether awarded or denied those grants?
- If denied projected matching funds from other sources, would you:

If you do not receive other funds needed for this project what will you do with this funding?

θ withdraw your application for a grant from Saguache County?

θ amend your application to the County and proceed with an adjusted project/budget?

θ reapply in a future cycle, if applicable?

IV. SUPPORTING MATERIALS (optional)

1. Letters of support/commitment (up to three).

2. A copy of your IRS 501(c)(3) determination letter - if applicable.

3. Other information that supports the viability / effectiveness of the project and its potential to benefit Saguache County (up to three pieces).