

**Organization Name:**

**Grant Request\$:**

This area will autofill from  
the "Total Request"

## Vail Valley Cares 2026 Grant Application

### Vail Valley Cares - Mission Statement

Vail Valley Cares is an ecumenical Christian help organization dedicated  
to sharing the love of God by meeting people's needs.

Vail Valley Cares is excited to announce we are offering grants for the year 2026! We primarily fund local organizations whose goal is to meet basic human needs, protect individuals and families, assist in achieving self-sufficiency, and promote growth and healthy lifestyles within Eagle County. We look forward to receiving your application.

Applications that do not have all the requested information will not be considered for funding.

Please email a copy of this completed application and all required attachments to:

**grants@vailvalleycares.com**

If you have any questions or need clarification, please contact Greg Osteen or Renata Marshall at the Vail Valley Cares office e-mail at **grants@vailvalleycares.com**

**All Applications are Due 4/17/2026 by 5pm**

A. Name of Organization and year started:

B. EIN from IRS determination letter:

C. Director:

E-mail:

D. Main Contact:

E-mail:

E. Address:

F. Phone:

Fax:

G. Web Site:

H. Please provide your mission statement  
(Up to 400 characters):

- BRIEFLY describe your organization. (What do you do?) (*Up to 800 characters*)

- **Purpose of Grant:**

Briefly list the programs and dollars requested for each program.

Program 1.) Name:

Program Description (*up to 600 characters*):

How many clients will this program serve?

Request \$:

Program 2.) Name:

Program Description (*up to 600 characters*):

How many clients will this program serve?

Request \$:

Total Request \$

(Should match \$ at top of page 1)

- How do you plan to continue the operation of and funding for the program/ project in the future? (*Up to 600 characters*)

- Have there been any changes or new challenges for your programs in the past year?  
Do you foresee any changes for the year 2026?      Yes      No    If yes, explain. (*Up to 600 characters*)

• Has your payroll changed more than 10% since last year?      Yes      No      If yes, explain. *(Up to 600 characters)*

• Has your budget changed more than 10% since last year?      Yes      No      If yes, explain. *(Up to 600 characters)*

- Total number of employees:
- Full Time:
- Part Time:
- Total annual payroll: \$
- Director Name:
- Director's Annual Salary: \$
  
- Please attach:
  - 1.) Most recent year-end financial statement actual vs. budget (MUST include income statement and balance sheet)
  - 2.) 2026 Organization Budget
  - 3.) Current year-to-date financial statement (actual vs. budget) and balance sheet for the organization.
  - 4.) Separate Program budget attachments for each of the programs for which you are requesting, if it is not already broken out in the organizational budget.
  - 5.) Copy of your IRS 501 (c) 3 determination letter. Any application that does not contain this information will not be considered.
  - 6.) Certificate of Good Standing from the Colorado Secretary of State.
  - 7.) A list of your board members, including officers.
  
- If you feel you need to explain any part of your budget or financial information, please complete! the area below. *(Up to 600 characters)*

## Grant Checklist

Have you filled out all the pertinent information that applies to your organization and to your 2026 grant request?

Has your 2026 application been signed?

Have you attached all the financial information requested?

Have you attached the list of your board members, including officers?

Have you included a copy of your 501 (c)3 IRS determination letter?

Have you attached your Certificate of Good Standing from the Colorado Secretary of State?

Have you emailed your complete application to [grants@vailvalleycares.com](mailto:grants@vailvalleycares.com)?

## Signatures:

Applicant(s) and/or applying organization by signing below you authorize Vail Valley Cares to use your company name and/or photo for promotional and nonprofit communication purposes.

Sign - e signature accepted (Type name below).

Executive Director:

Person Completing this Application:

Thank you for the support you provide to help individuals, families, and our community. God Bless.