Organization Name:			
Grant Request\$: Vail Valley Cares 2020 Grant Application			
Vail Valley Cares is excited to announce we primarily fund local organizations whose goal is and families and assist in achieving self suffice healthy lifestyles within Eagle County we look for the sufficient of the sufficient o	ciency. If your organization promotes growth and		
Applications that do not have all the requested	information will not be considered for funding.		
Please email a copy of this completed application Office@vailvalleycares.com	n and all required attachments to:		
If you have any questions or need clarification yo Vail Valley Cares office e-mail at office@vailvalleyo	u can contact Greg Osteen or Laura Pliske at the cares.com		
All Applications are Due 4/13/2020 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:			

Fax:

F. Phone:

G. Web Site:

H. Please provide your mission statement:

Please BRIEFLY describe your organization. (What do y	ou do?)	
Purpose of Grant:		
Briefly list the programs and dollars requested for each program.		
Program 1.) Name:		
Program Description:		
How many clients will this program serve?	Request\$:	
Program 2.) Name:		
Program Description:		
How many clients will this program serve?	Request\$:	
	Total Request \$	

Total Request \$

(Should match\$ at top of page 1)

•	Describe BRIEFLY how your services fit into the areas that Vail Valley Cares funds.
	 Meeting basic human needs Protecting individuals and families Assisting individuals and families in achieving-sufficiency Promoting growth and healthy lifestyles
F	low do you plan to continue the operation of and funding for the project / program in the future?

•	Have there been any changes or new challenges for your programs in the past year? Are any changes planned for the year 2020:
•	Where do your clients live? Eagle County, or elsewhere?
•	How do you collaborate with other agencies within the community?

	employees.
•	Full Time:
•	Part Time:
•	Total annual payroll:

• Director Name:

Total number of

- Director's Annual Salary: \$
- Pleaseattach:
 - 1.) Most recent year-end financial statement actual vs. budget (MUST include income statement and balance sheet)
 - 2.)2020 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.) 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.

Additional Information:			
If there is any additional information that you would like to include for our review that has not been addressed by our questions, please address that here:			
Grant Checklist			
	Have you filled out all the pertinent information that applies to your organization and to your 2020 grant request?		
ŀ	Has your 2020 application been signed?		
ŀ	Have you attached all the financial information requested?		
ŀ	Have you attached the list of your board members, including officers?		
ŀ	Have you included a copy of your 501 (c)3 IRS determination letter?		
H	Have you emailed your complete application to office@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 non profit communication purposes. Sign (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.			