



GRANT APPLICATION FOR NON-PROFIT ORGANIZATIONS

Please answer the following questions as concisely as possible in the space provided. Applicants should plan to attend the September 19th Finance Committee meeting, held virtually at 4:00 pm in case questions or additional information is required. The City reserves the right to request additional information by e-mail or telephone after the Finance Committee has reviewed the application.

The proposal summary should be reviewed by both an official of the agency's governing board and, if applicable, the agency's director.

The application and all required attachments should be submitted electronically. Please email the application and all attachments to mmansurabadi@louisvilleco.gov. For the email subject line, please use "[Your Organization Name] Non-Profit Grant Application."

Applications are due on or before 5:00 p.m., Monday, August 26, 2024

Required Attachments:

- List of Board of Directors and key officers or active volunteers.
- Copy of agency's 501(c)(3) tax ruling from IRS.
- Copy of your agency's most recent IRS Form 990
- The most recent copy of your budget, financials, and Annual Report

Organization _____

Program Title or "General Operating" _____

Contact Person _____ Title _____

Address _____

Telephone _____ E-Mail _____

Program Duration (if applicable) Begin _____ End _____

Anti-Discrimination Policy (Required) Yes _____ No _____ Other _____

	<u>2025</u>	<u>2026</u>
Grant Amount Requested for 2025 and/or 2026	\$ _____	\$ _____

3. **Program measurements:** Provide the following information for the program/activities for which funding is requested:

Quantitative measures: For example, describe the overall population and geographic area targeted for service, with more specific information about the population you expect to reach in Louisville.

Qualitative measures: How will you measure the success of this program/activity?

4. **Evaluation:** If you offered this program in the past year, provide a brief description of successes and challenges. What, if any, changes will you implement to address this evaluation?

6. Please identify any other agencies/organizations that are currently providing similar services to the targeted population. Describe any cooperative or collaborative efforts between your organization and the other agencies.

7. Please include any additional information that would be helpful to the Finance Committee in evaluating your agency's need for funding.

**CITY OF LOUISVILLE, COLORADO
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Please list all funding sources anticipated for your 2025-2026 fiscal years for the entire program/agency.

<u>Source of Funding</u>	<u>Estimated/Requested Funding Amount</u>	<u>Percent of Total</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I swear or affirm that the above information is true and correct to the best of my knowledge and belief.

Signature

Signature

Agency Director

Board President

Telephone Number

Telephone Number

E-Mail Address

E-Mail Address

Applications may be considered public record after presentation to the Finance Committee pursuant to City Ordinance and the Colorado Open Records Act. The City will notify the applicant of any request for disclosure and it will be the responsibility of the applicant to object and to pursue any legal actions pursuant to Colorado law. An applicant shall notify the City within 24 hours of notification by the City of request for disclosure of the applicant's objections to disclosure and the applicant's intent to pursue lawful protection under Colorado law. Any proprietary or otherwise sensitive information contained in the application is subject to potential disclosure. Submitting it waives any recourse with respect to disclosure and indemnifies the City for any charges directly related to the City's disclosure.