Form for "Grant Application"

If you encounter problems with the application or have questions about our grant program, please email
 foundation@elevationscu.com

ORGANIZATION INFORMATION

Legal Name of Applying Organization

_____

Year incorporated

_____

Program Name (if different)

If you are operating a standalone program within a larger organization

_____

Organization's Annual Operating Budget

_____

Program Operating Budget(if different)

_____

Has this organization ever received an Elevations Foundation grant?

☐ Yes
☐ No
☐ Don't Know

Did this organization receive an Elevations Foundation grant in 2018?

☐ Yes
☐ No
☐ Don't Know

URL

(URL must begin with "http")

_____

Organization Address

Street Address: _____

City: _____

State: • Alabama
                                              • Alaska
                                              • Arizona
                                              • Arkansas
                                              • California
                                              • Colorado
                                              • Connecticut
                                              • Delaware
                                              • District of Columbia
                                              • Florida
                                              ... 31 additional choices hidden ...
                                              • South Dakota
                                              • Tennessee
                                              • Texas
                                              • Utah
                                              • Vermont
                                              • Virginia
                                              • Washington
                                              • West Virginia
                                              • Wisconsin
                                              • Wyoming

Zip code   _____

Executive Director or Program Head Contact Information

First Name   _____

Last Name   _____

Title   _____

Phone: _____

Email: _____

Contact information for Grant Administration

If other than Executive Director/Program Head

First Name   _____

Last Name   _____

Title   _____

Phone: _____

Email: _____

How did you learn about the Elevations Foundation Community Grant Program?

_____

Brief update on the status of your current Elevations Foundation grant-funded project

Describe key accomplishments and challenges. Do you expect to expend all funds roughly as planned?

_____
_____
_____

PROPOSED PROJECT DETAILS

Project Title

_____

Amount Requested

_____

Causes served by the program

Select all that apply

☐ Early Childhood Development
☐ Mental Health
☐ Sustainability & Environmental Education
☐ Other _____

Counties served by the program

Select all that apply

☐ Adams
☐ Boulder
☐ Broomfield
☐ Denver
☐ Jefferson
☐ Larimer
☐ Weld
☐ Other, please specify... _____

Project Description

Describe the **purpose and general activities** of the proposed project, including target population, number of people served, and qualifications/strengths that enable you to succeed.

_____
_____
_____

Objectives

What do you hope to achieve with this funding and in the broader context of your work? How do you measure success?

_____
_____
_____

Community Visibility

How does your organization inform the public about your program? How are grantors recognized? Elevations Foundation requests the opportunity to review communication materials that include the Foundation's name or logo.

_____
_____
_____

Key Funders, Partners and Collaborators

Please describe the people/organizations that are crucial in delivering your program

_____
_____