

Saguache County Government
505 Third Street | P.O. Box 100
Phone: (719) 655-2231 | Fax (719) 655-2635
<https://saguachecounty.colorado.gov>

Saguache County Sales Tax Grant Application

Thank you for applying for our grant that aims to benefit Saguache County. We appreciate the time and effort you have put into preparing and submitting your proposal. It is inspiring to see individuals and organizations like yours committed to making a positive impact in our county & community. We assure you that your application will be carefully reviewed and evaluated by the Saguache County Commissioners.

Your application will not be considered complete unless:

- All Items, in all sections, are completed.
- The application is submitted by the published date and time deadline.

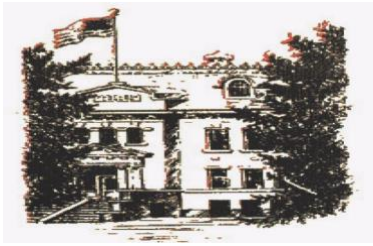
If any section is not applicable type: N/A

- Please remember that the maximum grant request allowed is \$7,500.
- **Please remember your agency is only allowed to submit 2 grants per-cycle.**
- Two copies of your application must be received by 3:00 P.M. on the published deadline. If you chose to complete the grant online that will be all that is needed-no paper copies required.

Acknowledgement and Agreement

I hereby acknowledge and agree that if awarded Saguache County Sales Tax Grant funds I shall provide proof of expenditures verifying the use of funds awarded were/are used for the purposes approved for said Grant Award. I further understand and agree that if I do not produce written verification of fund expenditures for this purpose, or use of the funds for a purpose not applied for as set forth in the application for Sales Tax Grant, I shall refund all funds to Saguache County immediately upon request of the County. The acceptance of Sales Tax Grant funds and the agreement to provide proof of expenditures to verify the funds were/are used for the purposes set forth in my application is contractual in nature and enforceable as a condition of the acceptance of Sales Tax Grant funds.

X. _____



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I. COVER SHEET

PLEASE Indicate the Funding Category for your request **PLEASE ONLY CHOOSE ONE**

- ☐ Emergency Services, Public Health & Safety
- ☐ Programs, projects, and organizations, which benefit Youth and Senior Citizens
- ☐ Renewable Energy projects and/or business opportunities and job creation

Date of application:

Applicant name:

Contact person (Title if applicable):

Mailing address:

Telephone number:

Fax number:

Email Address:

Amount of this Sales Tax Grant request (Max \$7,500):

To whom should the check be written to if grant is awarded:



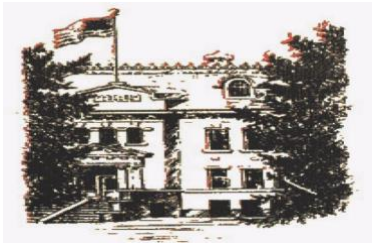
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IF APPLICATION IS AN ORGANIZATION, PLEASE COMPLETE THE FOLLOWING:

Organization name:

Year organization was founded:

Total organizational budget (Projected expenses, current year):



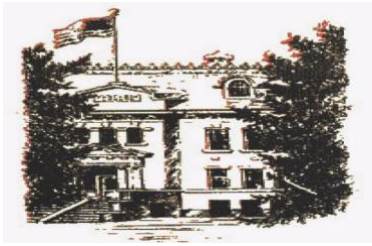
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II. NARRATIVE

- 1.) In five lines or less please give a brief description of your grant request:

A faint, circular seal of Saguache County is visible in the background of the text area. It features a central emblem surrounded by the words "SAGUACHE COUNTY" and "COLORADO".

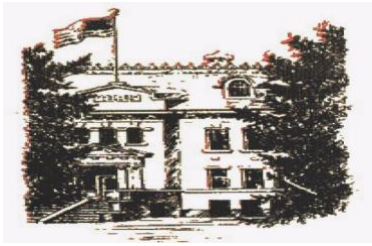
- 2.) Which problems or issues in Saguache County does this project aim to address? (2,000 Characters max with spaces)



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- 3.) How will this project benefit Saguache County? Please state how many people will be served by this project and describe how they will benefit. (2,000 Characters max with spaces)

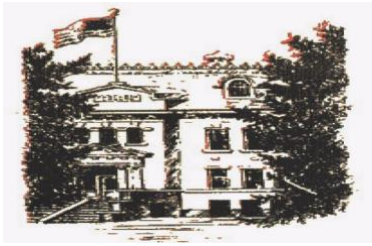
- 4.) What are the project objectives, and the proposed strategies and activities to achieve them? Please provide a timeline, describing the specific accomplishments of this project, and when they will be achieved. (2,000 Characters max with spaces)



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- 5.) Who will be involved in carrying out the plans outlined in this request? Summarize the qualifications of each key individual involved, who is responsible for implementation and oversight of this project.
(2,000 Characters max with spaces)

- 6.) Who will be involved in evaluating the outcomes? An example would be staff, boards, project beneficiaries. Describe you plan for evaluating the success of the project, and how the evaluation results will be used.
(2,000 Characters max with spaces)



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III. FINANCES

1.) Provide a budget, including:

A. Line-item detail-all projected income & expenses for the project.

B. Note the hourly rate for any individuals paid to implement the project, and any other financial notes here:

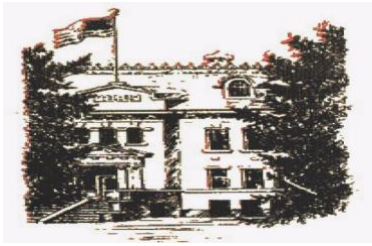


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2.) List all sources of support for this project, and amounts they are contributing.

A.) In-Kind Support, type, and amount:

B.) Sources of committed funds and amount in hand for this project:



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C.) Funds pending approval, sources and dates of approval will be known:

3.) If you do not receive the full amount of Sales Tax Grant funding you requested, or, other funds needed for this project don't come through, what will you do?

Check one:

- ☐ Postpone the project and reapply in a future cycle.
- ☐ Streamline the same project and proceed.
- ☐ Request approval from County Commissioners to apply the funds differently than what was approved providing details for new purposes and allocations proposed.

4.) Is this your first Sales Tax Grant application to Saguache County?

(If "YES" proceed to question 5 & If "NO" attach reports requested.)

- ☐ Yes
- ☐ No

5.) Please attach three (3) professional letters of reference from constituents you will serve with your project along with your grant application.

6.) Please provide a copy of your IRS 501 (c)(3) determination letter, with your Tax ID. (If Applicable)

7. At this time no religious institutes may apply for this grant.