



MASTER GRANT APPLICATION

Please complete the following and return to:

coscrt@gmail.com or

MAIL TO: *Community Roundtable
P.O. Box 62113
Colorado Springs, CO 80962
Attn: Finance Committee*

You may attach additional information as needed. Please clearly reference the question number in attachments.

Date of Master Grant Application:

- 1. Legal Name of Organization:***
- 2. DBA (if applicable):***
- 3. Address:***
- 4. City and zip code:***
- 5. Contact Person:***
 - a. E-Mail Address:***
 - b. Phone Numbers: Work:*** ***Cell:***
 - c. Relationship to the Organization:***
- 6. Date Organization was Established:***
- 7. Organization's Web Site:***
- 8. Name of CEO/Executive Director:***

9. Describe the role of the board of directors in advancing the mission of the organization:

10. Names, affiliation and contact information of three local individuals or organizations as references for Organization.

11. Describe the Vision, Mission, Purpose and Goals of Organization:

12. Is Organization local, regional and/or national (circle all that apply)?

13. Number of individuals served locally by Organization each year:

14. Does Organization have a local office? Yes No

15. Composition of local staff: Full Time: 1-4 Part Time: 1-4 Volunteers: 1-4

16. Is Organization a 501(c)(3) nonprofit entity? Yes No

17. Does Organization have a yearly Financial Audit, Review or Compilation completed by a CPA? **Audit:** Yes No **Review:** Yes No

If so, please attach.

18. Organization's budget for current fiscal year:

19. Additional information that will help us understand you and your organization better and that will help us make a more informed decision regarding your request.

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Name/Title

Signature

Date

GRANT REQUEST FORM

PLEASE COMPLETE A SEPARATE FORM FOR EACH SPECIFIC FUNDING REQUEST

- 1. Legal Name of Organization:**
- 2. Requesting Person (if different from Contact):**
 - a. **E-Mail Address:**
 - b. **Phone Number: Work: Cell:**
 - c. **Relationship to the Organization:**
- 3. Name of Activity or Specific Need:**
- 4. Total amount requested:**
- 5. Date of Activity (if applicable):**
- 6. Need/Activity budget:**
- 7. Describe how the funds will be used for each need/activity and how this need/activity contributes to the Community Roundtable goal of breaking the cycle of poverty in the Pikes Peak Region. ***

***Please note: Month-to-month operating expenses related to normal overhead such as payroll, utilities, rent, etc. are not considered eligible for CRT grants.**

Name & Title

Signature

Date