



# Public Service Grant Application

This application is to be used for anyone requesting funds from the Town of Mt. Crested Butte. Town Council will review all applications in the fall as part of the budget planning process for the next year.

Application Due Date: October 3, 2022

Please email your completed application to Tiffany O'Connell, Town Clerk, [toconnell@mtcb.colorado.gov](mailto:toconnell@mtcb.colorado.gov) or drop it off at the Mt. Crested Butte Town Hall, 911 Gothic Road during office hours.

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Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant Type:

- Non-Profit Organization
- Local, State or Federal Organization (private businesses may apply through a local non-profit or governmental agency to serve as the sponsor and administrative unit for managing the contract with the Town)

## Proposal Information

Program/Service: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Description (provide a brief description of the program/service):

Funding Impact (If grant funds are not awarded, please let us know the result or impact your organization will face without additional funds)

Population Served (How many participants are directly impacted or participate in your program or service? How many of your participants are Mt. Crested Butte residents or stay in Mt. Crested Butte?)

Justification (Why do you think this program/service should be funded by the taxpayers of the Town of Mt. Crested Butte?)

Please list two measurable objectives and include how attainable of the goals/objectives will be measured.

**Objective 1**

How will objective 1 be measured?

**Objective 2**

How will objective 2 be measured?

**Please attach the following documents:**

- Most recent year’s actual income and expenses – include reasonable detail for the agency as a whole (if you are requesting funds for a specific project, please provide the project actuals as well.)
- Most recent budget for the organization and the project, if you are requesting funds for a specific project.
- Names and addresses all board members including the designation of officers.
- Options – Please feel free to include any other documents that you think will support your application.

**Please acknowledge the following statements with your signature.**

*I understand that I will have to provide the Town with a full accounting (profit and loss) of the program/service no later than 90 days after the event/program end.*

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

*I hereby attest that the information provided in this application is accurate as of the date of submission.*

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date