

Aspen Valley Medical Foundation Partner Grant Application Checklist

Please complete the following and include it with your proposal, along with the Organizational Summary Form (provided) and required attachments. Applications are due the *first Friday in June*. Please view AVMF Community Grants guidelines at www.avmfaspden.org and click on Community Grants for detailed information about the AVMF Community Grants process.

QUESTIONS ABOUT THE APPLICATION

Contact Liz Lasko
AVMF Community Grants Coordinator
(970) 544-1241 or llasko@avmfaspden.org

Submit proposals and requested attachments to:

AVMF
PO Box 1639
Aspen, CO 81611

or submit in person to the AVMF offices located inside the Aspen Valley Hospital (Do not leave with hospital personnel.)

or email to llasko@avmfaspden.org

Please provide 6 copies of all documents, unless submitting electronically.

GRANT APPLICATION QUESTIONS

Please answer the following questions. All responses should be a 10 point font minimum. Application (questions 1-7) should not exceed 4 pages.

1. State the mission of your organization.
2. Describe each of your programs and services in a format that includes a description of each Program/Service, Target Client Population, and Number of Clients Served.
3. What other local agencies and organizations provide programs and services in your field of service? How are you unique? How do you seek to collaborate and with whom?
4. Identify 1-3 significant goals for your organization and briefly describe your strategies to meet them.
5. Describe the challenges facing your organization.
6. What is your funding request?
7. Given your other sources of funding, what funding changes to you anticipate in the next 3 years?

ATTACHMENTS REQUIRED

1. List of current board members, their professions and community affiliations.
2. List of current staff and function.
3. Current fiscal year financial statement including budget and balance sheet.
4. Prior fiscal year financial statement, including budget and balance sheet.
5. Copy of most recent 990 form and current audit, if available.



Aspen Valley Medical Foundation Grant Applicant Organizational Summary Sheet

SUMMARY

Name of Organization _____

Physical Address _____

City _____

State _____

Zip _____

Mailing Address (if different) _____

City _____

State _____

Zip _____

Contact Person _____

Title _____

Phone _____

Email _____

Fax _____

Web Address (if applicable) _____

Tax ID Number _____