

**ARCHULETA COUNTY**  
398 LEWIS STREET  
P.O. BOX 1507  
PAGOSA SPRINGS, CO 81147



**Deadline for submission: September 30, 2016**

## GRANT REQUEST FORM

Amount of Request: \$\_\_\_\_\_

Name of Proposed Program: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Grant Type:

General Support

Program/Project Support

Capital Request

Match Grant

Other: \_\_\_\_\_

1. Please provide a detailed description of the project and provide supporting documentation.
2. Please provide information of organizations are you collaborating with for this Program/Project and any monetary support that they are providing.
3. Please provide the timeline for this project and when will Archuleta County's support be needed.

4. Budget:

- a. Total Grant Request: \$ \_\_\_\_\_
- b. Total In-Kind/Match Funding: \$ \_\_\_\_\_
- c. Total Grant Funding: \$ \_\_\_\_\_

5. Please attach proof of your tax exempt of non-profit status.

- a. Name of Fiscal Agent: \_\_\_\_\_
- b. Contact Information for Fiscal Agent: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_