

# Standard Grants Application - Cycle 1 2021

## *Instructions:*

- If you have questions or need help completing the application, please contact us at 970-644-8188.

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## ORGANIZATION INFORMATION

### Legal Name of Organization

Captain Midnight's Search & Rescue

### Organization Type

501(c)(3)/509(a)

### In which Western Slope region are you located?

**Central (Delta, Montrose, Gunnison, Ouray); Mesa (Mesa); Mountain (Eagle, Garfield, Lake, Pitkin, Summit); Northwest (Grand, Jackson, Moffatt, Rio Blanco, Routt); Southwest (Archuleta, Dolores, Hinsdale, La Plata, Montezuma, San Juan, San Miguel)**

Mesa

If you need help identifying your region, please click on this link to view a map of the Western Slope regions. (<https://rmhealth.org/grant-making/funded-projects/>)

### 9-digit FEIN

**Requested Format: xx-xxxxxxx**

84-0503686

### Website

<https://hideandseek.org>

### Year Founded

1960

### Tell us about the history of your organization.

Wags the dog went missing one dark and stormy night; Capt. Midnight used his exceptional night vision and highly developed feline instincts to locate the miserable pooch. Grateful family told neighbors and the rest is history.

### What is your Mission, Vision or Belief Statement?

Incredible journeys happen everyday.

**Share a client success story that illustrates your mission in action.**

You found him - yay! You're our hero!

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## **FINANCIAL INFORMATION**

**Have you previously applied for funding from Rocky Mountain Health Foundation?**

No

**What is your current Budget amount?**

\$16,000

**What are your current funding sources?**

**Examples: Grants, Special Events, Individual Donors, Medicaid/care reimbursement, COVID-related emergency grants/loans.**

Grants, Fees for Service, Bequests

**Who are your top five funders and the amounts?**

**Note: You do not have to list an individual's name. Example: Individual donor \$10,000**

Mesa County, \$5000; Humane Society, \$1000; PetsrUs \$1000; Individual, \$500, Individual, \$300

**As of your most recent financial statement, how many months of operations can be covered with available cash?**

**This is the amount of cash and liquid investments that an agency has on hand that are not designated for specific purposes by the terms of government contracts, foundation grants or individual donor intent: (Cash + savings) ÷ (total expenses ÷ by 12).**

3

**Do you have a Board designated reserve?**

No

**What is the level of your independent annual financial report?**

Compilation

**How do volunteers contribute their time to your organization?**

Our one volunteer has been with the organization for two years. She prepares my meals, tidies the litter box, and answers the phone. She's really smart, too - she can open doors!

**How many people volunteered with your organization last year?**

1

**How many total hours did they contribute?**

400

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## **FUNDING REQUEST**

**What is the amount of your request?**

**Round up to the nearest thousand.**

\$2,500

**With which priority are you most closely aligned?**

Social/Emotional/ Behavioral Health

**Who is your target population?**

**Examples: Homeless families, older adults, undocumented immigrants, general low-income individuals and families.**

Missing dogs

**What is the issue you are addressing?**

Geographical Recollection Disorder and 'SQUIRELL!' Syndrome among canines

**How will you use the grant funds?**

general operating support - includes gas for catmobile, port-a-kennels, and staffing costs

**What is the change you expect to see in your clients?**

Short-term: reunited with grateful families. Long-term: none. (These are dogs, after all.)

**How will you measure your results?**

Pre & post surveys documenting level of family emotional stress. We also collect data on canine motivation and disappearance patterns, and then use regression analysis to determine likelihood of future wanderings and if a retainer for services may be required.

**What counties will you directly impact? Check all that apply.**

Delta, Mesa, Montrose

**Delta - Estimate the number of people served**

**It is unrealistic to use the entire county population.**

30

**Mesa - Estimate the number of people served**

**It is unrealistic to use the entire county population.**

120

**Montrose - Estimate the number of people served**

It is unrealistic to use the entire county population.

50

**Total Served (as stated above)**

200

**What underserved, vulnerable or marginalized groups of people does your organization reach? Check all that apply.**

People experiencing homelessness, Geographically isolated people

*Of your total clients served, estimate the PERCENTAGE of people you serve in each of these groups. The sum does NOT have to equal 100% since people may fall into multiple categories.*

**People experiencing homelessness - Percentage**

100

**Geographically isolated people - Percentage**

100

**How do you define 'low income?'**

Examples: X% of FPL, Medicaid eligible, Free & Reduced lunch.

< 250% of FPL

**Client Demographics:** Provide the actual or estimated percentage of clients served in each demographic. Each section should total 100%.

**Do you collect demographics on Gender?**

Yes

**Women and Girls Percentage**

10

**Men and Boys Percentage**

90

**Non-binary Percentage**

0

**Unknown Percentage**

0

**Do you collect demographics on Ethnicity/Race?**

No

**Do you collect demographics on Age?**

Yes

**Children Percentage**

5

**Youth Percentage**

50

**Adults Percentage**

40

**Older Adults Percentage**

5

**Unknown Percentage**

0

**Are your clients representative of your County demographics with respect to ethnicity?**

Yes

**Do your clients pay a fee?**

Yes

**What is your fee structure?**

typical finder's fee is \$50

**Describe your organization's most significant collaborations and efforts with other organizations to enhance client outcomes.**

Roice-Hurst Humane Society, Mesa County Animal Control

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## FINANCIAL ATTACHMENTS

**Please note:**

You cannot upload documents that have a password on them. You will need to remove the password and then upload the document. If you don't know the password, you can go to <https://smallpdf.com/unlock-pdf> (<https://smallpdf.com/unlock-pdf>) and have it removed.

*The following attachments must be uploaded. Provide what you would typically share with your Board.*

**Current board-approved operating budget**

**For governmental entity, provide the relevant Department budget; for fiscal sponsor, provide applicable program budget.**

2021 Budget CMSAR.pdf

**Most recent budget-to-actuals**

Budget to Actuals 5.31.21 CMSAR.pdf

**Most recent balance sheet**

5.31.21 balance sheet CMSAR.pdf

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**Digital Signature**

Captain Midnight, Esq.

**Date Completed**

03/18/2021