**IMPORTANT: The format and questions in the sample grant below are identical to the grant application found on the submission portal for this cycle. A sample is provided to give you an idea of our expectations for this application. You’ll notice that the word limits are small; that is intentional because everything about this cycle is simplified and expedited. All we need are the highlights!**

**SIMPLE GIFTS FUND – SAMPLE GRANT APPLICATION**

**ORGANIZATION INFORMATION**

**Current Year:** 2024

**Legal Name of Organization:** San Miguel County Adaptive Sports Center

**Public/Preferred Name of Organization**: Mountain TopAdaptive Sports Center

**Nonprofit Status:** 501(c)3/509(a)

**9-Digit FEIN:** 55-5555555

**Website:** [www.mtasc.org](http://www.mtasc.org)

**What is your organization’s mission?** *(50-word limit)*

Mountain Top enhances the quality of life of people with disabilities through exceptional outdoor adventure activities. We empower our participants in their daily lives and have a positive enduring effect on self-efficacy, health, independence and overall well-being.

**What is the amount of your current organization budget?** *(whole dollars only)*$474,570

**ACTIVITIES & OUTCOMES**

**What is the amount of your request?** *Please round to the nearest thousand. (ex $6000, not $5700)* $8,000

**Who does your organization serve and what services/activities do you provide?** *(150-word limit)*

San Miguel County residents ages 5-60 with a disability or social/emotional issues. Our goal is to ensure that people with all types of disabilities have opportunities to engage in life-changing adaptive outdoor programs. Many of our clients are not able to access our great outdoors without trained support personnel and specialized equipment. These year-round, adaptive experiences help keep them physically fit and socially active while also helping to reduce depression due to isolation. Our organization works to engage people with disabilities in the community while developing the independence and skills needed in their daily lives. Our clients are supported in their activities by our team of skilled instructors and volunteers. Those team members receive continued training utilizing the most up-to-date training methodology. Our programs are accessible through subsidized fee rates, scholarship funds, and special community programs.

**What is your primary outcome for clients?** We know you likely have multiple outcomes but just select your most important one to complete the statements below:

1. **The most important change we hope to see for the people we serve is…**

 A reduction in depression and anxiety, leading to an improved mood and sense of well-being as it relates to social and family life.

1. **We measure/track this change using…** *(ex: pre/post testing, stories, school attendance records, surveys)*

 program logs and pre-post participant surveys

**GEOGRAPHIC COVERAGE**

**How many people did you serve in your most recently completed fiscal year?** 65

**What Western Slope counties did you serve in your most recently completed fiscal year?** *From the dropdown, select all that apply, then provide the ESTIMATED or ACTUAL % served in each of those counties.*

San Miguel: 60%

Ouray: 40%

 **100%**

**The total should equal 100%. If it does not, please check your entries.**

**Are your percentages for people served in each county ESTIMATED or ACTUAL?**  Actual

**CLIENT DEMOGRAPHICS**

*Why do we ask for demographics? As one of the Foundation’s core values, we support equity by identifying and helping to eliminate disparities that keep people from a healthy life. One indicator of equity that we consider is the demographic profile of the people you serve and especially how it compares to the ethnicity/racial profile of the community.* ***Preference will be given to organizations who are serving people of color equal to or greater than the % for the primary county served.***

**Please provide ESTIMATED or ACTUAL percentages for the ethnicity/race of the people you served in your most recently completed fiscal year.**

Native American or Alaskan Native: 12%

Asian/Asian American: 1%

Black/African American: 1%

Hispanic/Latinx: 34%

Middle Eastern/North African: 0%

Native Hawaiian or Pacific Islander: 0%

White/European: 50%

Multiracial People: 0%

Unknown/Not Reported: 2%

 100%

**The total should equal 100%. If it does not, please check your entries.**

**Are your percentages for ethnicity/race ESTIMATED or ACTUAL?** Actual

**For the following question, please refer to the DOLA demographics tables found** [**HERE**](https://rmhealth.org/resources/western-slope-demographics/)**. If you serve multiple counties, compare the demographics for the primary county.**

**Is the percentage of people of color served by your organization equal to or greater than the % for your county?** *(From the dropdown, select Yes or No*

Yes

*If you select No, you will see this question:*

**Please tell us why.** *(50-word limit)*

**GRANT REPORTING**

**Did your organization receive a Simple Gifts grant last year?**  *Select Yes or No.*

*If you select Yes, please complete the one-question Report:*

* **Briefly, what outcomes/results did you see for the people you served last year?** *Please refer to your application from last year and report on those intended outcomes.*

*If you select No, you will see this message:*

* **Thank you - you have no Grant Report to submit.**