

IMPORTANT: The sample grant below uses the same format and questions as the application in this cycle's online portal. It is here to help you see what we're looking for in your responses. You'll notice the word limits are short on purpose, because this cycle is meant to be simple and fast. Just focus on the highlights of your work and what matters most!

SIMPLE GIFTS FUND – **SAMPLE GRANT APPLICATION**

ORGANIZATION INFORMATION

Current Year: 2026

Legal Name of Organization: Mountain Top Peer Recovery

Public/Preferred Name of Organization: Mountain Top

Nonprofit Status: *From the drop-down, select: 501(c)3/509(a); govt/tribal/school/public entity; fiscal sponsor*

501(c)3/509(a)

If you select 'Fiscal Sponsor' you will see this question:

Name of Fiscal Sponsor

9-Digit FEIN: 55-5555555

Website: www.mtntop.org

What is your organization's mission statement?

Mountain Top supports people seeking to achieve and sustain long-term recovery from addiction.

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

Mountain Top serves individuals within Lake County who are seeking to achieve and sustain recovery from substance use. More than 50% of our participants have been through a minimum of three previous treatment centers; most say that a lack of recovery support was the main reason for their relapse. Through 1-1 peer recovery coaching, emotional support, social engagement (game night, dances, BBQs, sledding, camping, art, etc), and resource referrals, Mountain Top helps individuals and their families build a solid foundation in recovery over time. We make our programs affordable through sliding fee rates and scholarship funds.

What is the amount of your organization's current budget? *(whole dollars only)*

\$474,570

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

\$10,000

IMPACT

To help us understand the impact of your work, tell us the most important result that indicates success for the people you serve. This should be the key change you want to see for participants (for example, a change in behavior, stability, or well-being) and something you are already tracking or measuring with your current data or reporting systems.

- a. **What is the main change or outcome you want to see for participants?** *(If your organization is currently funded through Simple Gifts, you'll see the outcomes from your last grant application already filled in. Please update anything that no longer feels accurate or complete.)*

Clients in our program find and sustain sobriety.

- b. **How will you measure this change? List the indicators (data or evidence) you will use to track change and show that results are being achieved.** *(If your organization is currently funded through Simple Gifts, you'll see the indicators from your last grant application already filled in. Please update anything that no longer feels accurate or complete.)*

- #/% clients attending at least one peer support group and/or activity each week
- #/% of clients identifying at least a 50% increase in their Recovery Capital *(increased personal/social/community capital; decreased barriers and unmet needs)*
- #/% of clients finding and sustaining sobriety at 120 days and at one year

GEOGRAPHIC COVERAGE

How many people did you serve in your most recently completed fiscal year? 45

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.*

Lake County: 90%

Summit County: 10%

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

GRANT REPORTING

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

If you select Yes, please complete the one-question Report, making sure to provide the measurable data that supports your statement.

Here are the outcomes and indicators from your 2025 application for reference in answering the reporting question below:

Outcomes (goals/changes): **your outcomes will pre-fill*

Indicators (measurable results): **your indicators will pre-fill*

Did you achieve the intended goal or change for your clients? Provide a brief summary of your measurable results and data. Be sure to include any challenges or limitations you experienced along the way.

The goal for our clients is to achieve and sustain sobriety. In 2025, we 45 individuals entered our program and were matched with a Peer Coach; 34 of those were still sober at one year!

- 92% (41) clients attended at least one peer support group and/or activity each week
- 82% (37) clients identified at least a 50% increase in their Recovery Capital score
- 90% (40) clients maintained their sobriety at 120 days; 75% (34) of clients were still sober at one year

It's still a challenge to find affordable housing for our homeless clients in recovery. We are exploring the possibility of purchasing a home to provide a sober living option.

If you select No, you will see this message:

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

NOT FOR SUBMISSION