



COLORADO
PLATEAU
FOUNDATION

2016 Colorado Plateau Foundation Grant Application

Organization's Name:		
Mailing Address:		
City:	State:	ZIP code:
Physical Address:		
City:	State:	ZIP code:
EIN:	Website address:	
Phone:		Fax:
Contact Person		
Name:		
Title:		Phone:
Email address:		
Tribes Served and Grant Amount		
Grant request amount: Amount must be between \$1,000 and \$25,000		Tribes(s), Pueblo(s), or Nation served. Please check all that apply.
<input type="checkbox"/> Acoma	<input type="checkbox"/> Havasupai	<input type="checkbox"/> Hopi
<input type="checkbox"/> Kaibab Paiute	<input type="checkbox"/> Hualapai	<input type="checkbox"/> Zuni
<input type="checkbox"/> White Mountain Apache	<input type="checkbox"/> Navajo	<input type="checkbox"/> Ute Mountain Ute
Tribe(s), Pueblo(s), or Nation served. Check only one box.		
<input type="checkbox"/> Protection of water	<input type="checkbox"/> Protection of sacred places and endangered landscapes	
<input type="checkbox"/> Preservation of languages	<input type="checkbox"/> Sustainable, community-based agriculture	



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Colorado Plateau Foundation Proposal Narrative

***Sections 1-8 of the proposal narrative **must not exceed three pages**. The application must be submitted in Times New Roman, 12-point font, with one-inch margins.

Organizational History

1. Provide a brief history of your organization, its mission, and ongoing programs.

Capacity Building Proposal

2. **The Problem:** Provide a short description of the problem your organization faces. How will a capacity building grant help?
3. **Design:** Describe your ideas for building capacity to solve the problem your organization faces.
4. **Goals and Action Steps:** Provide a maximum of four capacity building goals and action step(s) to achieve each goal.
 - a. Goal 1
Action Step(s):
 - b. Goal 2
Action Step(s):
 - c. Goal 3
Action Step(s):
 - d. Goal 4
Action Step(s):



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5. **Impact:** Describe how:
 - a. increased capacity will benefit the organization
 - b. how the benefits will be measured. Each benefit must be no more than one succinct sentence with a number indicating the measurable result you plan to achieve.
6. **Personnel:** Who will be participating in the capacity building effort?
7. **Time:** How much organizational time will be dedicated to the capacity building effort? Approximately how many hours will participant(s) dedicate to the capacity building effort?
8. **Budget:** What is your total budget request? Please itemize your budget (i.e. break out by training costs, travel, office expenses, fiscal sponsorship fees, if applicable, etc.)

Please remember to include necessary supporting documents.

Supporting Documents

Applicants should provide up to 10 pages of supporting documentation as described below.

- Copy of your organization's or fiscal sponsor's IRS 501(c)(3) tax-exempt letter, or IRS 7871 designation letter;
- Budget information (organization's current year itemized budget and proposed project budget);
- If applicable, a brief description of your relationship and history with your fiscal sponsor (150 words max);
- List of staff (paid and/or volunteer), a list of your Board of Directors or Advisory Council;
- List of pending and committed revenues for your organization;
- Letters of support or commitment;
- Photos and brochures;
- Links to relevant websites other than the organization's