



## The Community Grantmaking Process

(Approved April 1, 2009)

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### Guiding Principles

The Aspen Valley Medical Foundation seeks to address the growing health and human needs in the Roaring Fork Valley through its leadership and grant-making process.

- AVMF provides funding support to agencies and organizations in the spirit of trust and mutual respect, maintaining the highest standards of accountability without micro-managing.
- AVMF grants funds to qualified area not-for-profit 501(c)(3) agencies and organizations which are effective at meeting health and human service needs with high quality programs and services and sound administrative and fiscal management.
- Qualified organizations include, but are not limited to, services and programs focused on health and wellness in the Roaring Fork Valley.
- AVMF prefers to fund an organization for general operating support. AVMF discourages organizations from developing or tailoring specific programs in order to qualify for funding.

### Funding Guidelines

**Partnership** Grants offer funding over a period of three years

**Affiliate** Grants offer funding on a year-to-year basis. Affiliate funding is appropriate for new applicant organizations, or funding for a time-limited project.

AVMF Community Grants do not usually provide funding for start-up organizations, fundraising events, pass-through funding for other grant-making organizations, or the issues of transportation, housing, and child care.

Grants are not made to individuals for health care expenses. Referring agencies and health care providers seeking assistance for a patient, see Direct Assistance Program information and applications, or contact Associate Director Arna Einarsdottir, 970/544-7371.

**Grantee Organizations commit to:**

1. Maintain high standards of excellence in administration and fiscal management.
2. Provide high quality programs and services which meet community health and human service needs.
3. Serve people in the Roaring Fork Valley.
4. Submit annual progress reports and current audit, or IRS Form 990, by May 1 of each year. (see Progress Report Guidelines).
5. Participate when appropriate in AVMF led initiatives.
6. Include AVMF in activities and events, as appropriate.
7. Include AVMF in marketing materials, when possible. AVMF will provide logos to grantees.
8. Add AVMF to mailing list to receive newsletters and other communications from your organization.
9. Notify AVMF within 60 days when the organization faces a significant material change, such as a change in mission, funding or organizational structure, programming, geographic area served, or other significant deviations from the information provided in the Grant Application.

**AVMF commits to:**

1. Funding each year of the grant period (one year for Affiliate grantees, three years for Partner grantees) as long as grantees uphold the commitments of the grant application and grant contract.
2. Support the work of the organization with technical assistance upon request.
3. Provide opportunities for collaboration among grantee organizations, and advocacy for health and wellness issues, in order to meet community needs.
4. Consider additional funding requests, if there is an urgent need.

## Application Process

1. Requests for funding are accepted once per year and must be received no later than 3 PM on June 1.
2. Submissions can be mailed to Aspen Valley Medical Foundation, PO Box 1639, Aspen, Colorado, 81612 or hand delivered to the AVMF offices located in the Aspen Valley Hospital, 0401 Castle Creek Road, Aspen, Colorado. Do not leave with hospital personnel.
3. If you are not currently a Community Grantee, please set up a pre-application phone call with Community Outreach Manager, Liz Lasko. New applicants will not be considered without a pre-application call. Liz can be reached during business hours at 970/544-1241.
4. Electronic Submission are accepted. Email to [llasko@avmfaspden.org](mailto:llasko@avmfaspden.org). If attachments cannot be submitted electronically, please mail by application deadline. Please call to confirm the application was received, 970/544-1241.
5. The application includes:
  - a. Cover Letter (can be in text of email)
  - b. Organization Summary Sheet
  - c. Completed application (not including cover letter, summary, and attachments)
    - Affiliate applications should not exceed 3 pages.
    - Partner applications should not exceed 5 pages.
  - d. Required attachments
6. Other requirements for the submittal of grant applications:
  - a. All questions to be completed in minimum 10 point font size.
  - b. Please provide 6 copies, unless submitting electronically. Only one copy of the audit or IRS Form 990 is necessary.
  - c. Please do not use any special presentation folders. They are discarded.

If you have any questions, please contact Liz Lasko, AVMF Community Outreach Manager, at 970/544-1241 or [llasko@avmfaspden.org](mailto:llasko@avmfaspden.org).

### The Review Process

1. The AVMF Community Grants Committee will review applications.
2. Applicants may be asked to meet with the committee.
3. Applicants may be asked to present supplementary material to their original application.
4. The Community Grants Committee will make recommendations at the September meeting of the Board of Directors of the Aspen Valley Medical Foundation for final approval.
5. Notification of grant determinations will be sent in writing to requesting organizations by early October.

# Grant Application

Please answer the following questions. All responses should be a 10 pt. font minimum. Excluding cover letter, Summary Sheet, and attachments, **Affiliate applications should not exceed three pages; Partner applications should not exceed 5 pages.**

1. State the mission of your organization
2. Funding request – affiliate or partner, and amount.
3. Describe each of your programs and services; target client population; geographic areas served; and number of clients served.
4. Identify 1-3 significant goals for your organization and briefly describe your strategies to meet them? If available, you can include a success story that highlights the work of your organization.
5. What other local agencies and organizations provide programs and services in your field of service? How are you unique? How do you seek to collaborate and with whom?
6. Describe the challenges facing your organization.

## Attachments

1. List of current board members, their professions and community affiliations
2. List of current staff and function
3. Financial information:
  - a. Current fiscal year budget vs. actual, and balance sheet.
  - b. Prior fiscal year budget vs. actual, and balance sheet.
  - c. List of other grants received in amounts over \$5,000 for the past two years.
  - d. Copy of a current audit, if available, or the most recent IRS Form 990.

## Progress Report Guidelines

1. Progress Reports are submitted annually on or before May 1.
2. Length of report should be between 1-3 pages.
3. Progress reports can be mailed to: AVMF, PO Box 1639, Aspen, CO 81611; dropped off at the AVMF offices located inside Aspen Valley Hospital, or emailed to: [llasko@avmfaspden.org](mailto:llasko@avmfaspden.org).

## Progress Report Questions

1. Tell us about a recent challenge and a success. If appropriate, share emerging trends relevant to your organization or services.
2. Briefly describe progress towards meeting the goals and strategies identified in your grant application.
3. Share a client story that exemplifies how your organization helps people in need. This can be an ongoing case that is a continued challenge, not necessarily a closed case. Please limit to 2 paragraphs, and respect client confidentiality.
4. Attachment: copy of current audit, if available, or most recent IRS Form 990.



## Community Grant Applicant Summary Sheet

Name of Organization: \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Web Address \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Grant Contact Person \_\_\_\_\_ Title \_\_\_\_\_

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

Amount Requested: \_\_\_\_\_

Partner or Affiliate: \_\_\_\_\_