

2022 Douglas County Philip S. Miller Application  
Due March 18, 2022

Philip S. Miller awards are allocated through an annual competitive grant process for charitable, scientific, literary and educational purposes. Awarded funds are to be used exclusively for Douglas County residents, preferably to support programs that enhance their quality of life. Applicants may apply for a variety of programs, but preference will be given to organizations proposing to provide services and outcomes that address self-sufficiency, at-risk youth, suicide prevention, senior programming, and gaps in medical and mental health services. The emphasis is on funding safety net services for underserved populations such as at-risk children and vulnerable adults, as opposed to organizational operating expenses or salaries.

**Applicants must be a registered 501(c)3 or 501(c)4 organization in order to apply.** Applications and all attachments are due by 5:00 p.m. on Friday, March 18 via email to Kim Smith at [crsgrants@douglas.co.us](mailto:crsgrants@douglas.co.us). Please also direct any questions to this email address or call 303-660-7347.

Application Summary

Grant amount requested: \$ \_\_\_\_\_

What percentage of grant funds do you estimate spending on administrative costs? \_\_\_\_\_ %

Proposal project name: \_\_\_\_\_

Brief proposal description:

Organizational Profile

The questions in this section pertain to your organization.

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Are you a faith-based organization?  Yes  No

Identify the governing body of your organization. (Board of Directors, elected officials, or other)

\_\_\_\_\_

What is the most recent budget approved by your governing body? (2021, 2022, 2020-21, 2021-22) \_\_\_\_\_

How many individuals were served by your organization last year? \_\_\_\_\_ from Douglas County  
\_\_\_\_\_ organizational total

**1. What is your organization's mission?**

**2. List the services offered by your organization.**

**3. Other than funding, what does your organization need to increase your success, expand services or serve additional clients? Describe any limitations related to your organization's capacity to serve residents.**

**4. Is your organization fully staffed? If not, please explain.**

**5. If funds are awarded, is there a staff person(s) assigned to work on this proposal? Are any key staff involved in this proposal, new to the organization within the last year?**

**6. Please indicate the measures your organization tracks and describe any other measures in the space provided below.**

**Measures, such as:**

Client contacts

Clients assisted by service

Services provided per client

Successful outcomes

Fundraising events held

Participants attending events or dollars raised at events

Outreach and educational events

Participants attending outreach events

**Yes, No, or Not Applicable (N/A)**

Yes     No     N/A

Yes     No     N/A

Yes     No     N/A

Yes     No     N/A

Yes     No     N/A

Yes     No     N/A

Yes     No     N/A

Yes     No     N/A

**Provide any additional measurements that your organization tracks.**

**7. What are the outcomes or results of those measurements?**

## Proposal Details

The questions in this section pertain specifically to your proposal for grant funds.

**8. Grant amount requested: \$ \_\_\_\_\_**

**9. How do you propose using grant funds?** (*scholarships, discounted services, direct services, such as rent or utilities, education, initiate a new project, administration, or other*)

**10. Will grant funds be used toward an existing program, a program launched within the last year, or a new program? Please explain.**

**11. Will this program continue after grant funds are exhausted?**

**12. How many individuals do you estimate serving through *this proposal*?**

\_\_\_\_\_ from Douglas County

**13. What is the unit cost of the service offered through this proposal? \$ \_\_\_\_\_/unit**

**14. How did you calculate the unit cost?**

15. Describe the individuals who will be served.

16. Explain how grant funds will impact the individuals receiving services.

17. Explain the need for this funding. If it addresses a gap in services, how does the gap affect those served?

18. The Board of County Commissioners has six priorities that it focuses on. Please visit [www.douglas.co.us/government/commissioners/board-priorities/](http://www.douglas.co.us/government/commissioners/board-priorities/) to learn more about these priorities. Five of the priorities are included in the drop down menu below. County Services has been removed as that pertains to internal departments. Select the priority from the drop down menu below that your proposal best meets.

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Based on your selection from the drop down list above, please explain how your proposal meets the priority you selected.

19. Douglas County defines a partnership as an ongoing, agreed upon, service-based relationship between organizations resulting in additional service provision. Networking and referring clients between agencies is not considered a partnership. Douglas County values partnerships that benefit the community. Does your proposal involve a partnership(s)? If so, please name the partnering organization(s) and the role it(they) play in the proposal. *Please note that partnerships are not required to receive funds. If no partnerships, respond with N/A.*

20. Describe how the partnership will benefit residents served. *If no partnerships, respond with N/A.*

21. Are there any other details regarding your proposal you would like to include?

22. Leveraging Philip S. Miller funds is highly valued. Please identify any leveraged funds (grants, contributions, etc.) for 2022 related to your proposal below. If you have applied for funds, but not been awarded yet, please provide the amount you requested and include an "(NA)" for not awarded. If applicable, include any other grants from Douglas County. If no match is required from the grantor, enter "\$0". On the last row of the table, include the total leveraged amount. If additional explanation is needed, please include in #20.

Funding Source	How will grant funds be used? <i>(i.e., admin, additional rent assistance, etc.)</i>	Amount	Required Match <i>(if applicable)</i>
<b>Government Grants (Federal, State, Local):</b>			
<b>Business, Private, Foundation, and Other Grants:</b>			
<b>In-Kind Contributions:</b>			
<b>Fundraising Events:</b>			
<b>Total Funds Leveraged:</b>			

## Required Attachments

Check the attachments included with this funding request, label and include the attachments with your electronic submittal. A word document with sheets labeling the attachments will be emailed for your use.

- Attachment A: List of Governing Body Members
- Attachment B: IRS Tax Status Letter
- Attachment C: W-9
- Attachment D: Financial Data for the Previous Calendar or Fiscal Year, to include:
  - Organizational Budget: Revenues and Expenses
  - Budget versus Actual
  - Balance Sheet
- Attachment E: Financial Data for the Current Calendar or Fiscal Year, to include:
  - Organizational Budget: Revenues and Expenses
  - Budget versus Actual
- Attachment F: 2022 Program Budget for this Proposal

**Please provide any pertinent details related to the required attachments listed above.**

## Signature and Certification

I certify that all information provided in this grant application is complete and accurate to the best of my knowledge. My organization's governing body has approved submittal of this grant application and the electronic signature below is the authorized individual to sign grant applications. I understand that any false information or omission may disqualify my organization from further consideration for funding. I authorize the investigation of any or all statements contained in this application and any other information pertinent to this application, my organization, its employees, officers and Board members.

I have read and understand the above statements.

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**Electronic Signature**

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**Date:**

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**Title**

There are several ways to save this form. Please ensure that the expandable fields have expanded, or that there is a plus sign or scroll bar to allow reviewers to see the response in its entirety before submitting. Thank you.