ONE LAFAYETTE COMMUNITY FUNDRAISER 2013
APPLICATION FOR FUNDING & ECR STATUS

Groups applying for funding from the One Lafayette Community Fundraiser may apply for status as an Essential Community Resource (ECR) or they may apply for a Special Program Grant.

Both ECR's and groups applying for a Special Program Grant must meet basic criteria, including:

- Must be a certified IRS 501 (c)(3) non profit group
- Must serve Lafayette residents
- Provide the One Lafayette coordinator with a current list of Board of Directors, active volunteers and key officers
- Provide the One Lafayette coordinator with a copy of their financial statement for the most recently completed fiscal year.

Organizations that are awarded funding based on being an ECR apply once every three years. During the three years after being certified as an ECR the non-profit is asked to document certain basic facts (i.e., they are still located in Lafayette, are still performing the same basic types of services, they are still a registered non-profit, etc.) At the end of the three years the group will need to re-apply for their ECR status.

Status as an ECR is awarded to groups that most closely fit the following criteria:

- Organization is physically located in Lafayette
- Organization's clientele is made up of primarily Lafayette residents
- Organization's mission is primarily devoted to aiding people in emergency or critical situations, such as families or individuals in need of food, medical or housing assistance.
- Organization works to support self sufficiency for adults through employment training, transportation or in-home services.
- Organization does **not** receive any additional funds from City budget and has not in previous budget cycle.

APPLICATION

Name of Organization: _____

Mailing Address: _____

City: _____ Zip: _____

Contact Person(s): _____

Email: _____

Organization Website: _____

Okay to link? ❒ Yes ❒ No Registered non-profit? ❒ Yes ❒ No

IRS 501 (c) (3) number: _____

Applying for (choose one): ❒ Essential Community Resources Status

❒ A Special Program Grant

Please indicate in which of the following areas your group serves Lafayette (choose all that apply):

❒ Child care or child development

❒ Health support services

❒ Protective services for children or adults

❒ Counseling or mental health

❒ Services for children in foster care

❒ Educational support services

❒ Services for developmentally disabled adults or children

❒ Transportation services for the elderly or handicapped

❒ Food, housing, and emergency support services for families in crisis, children, the elderly, the disabled or the homebound

❒ Other: _____

_____

_____
_____

The following fields are for groups that are applying for ECR status ONLY.

Describe how much of the services your organization provides are devoted to Lafayette residents. Provide specific details including total number of people served by your organization, total number of Lafayette residents served, dollar amounts of operating budgets devoted to Lafayette residents, etc.

_____

_____

_____

_____

_____

Please describe how your group serves the Lafayette community. Be specific and as descriptive as possible. Attach additional sheets as needed and include brochures, press releases, etc. as long as it specifically addresses your group's role in Lafayette:

_____

_____

_____

_____

_____

_____

_____

_____

Are there currently any other community agencies providing similar or equivalent services in Lafayette? If yes, who?

_____

_____

The following fields are for groups that are applying for either ECR status or a Special Program Grant.

Did your organization receive funding from the City of Lafayette in 2011?

❒ Yes ❒ No **(Do not include funds received from One Lafayette)**

Amount: $_____

Did your organization receive funding from the City of Lafayette in 2012?

❒ Yes ❒ No

Amount: $_____

What was the purpose of this funding?

_____

The following fields are for groups that are applying for a Special Program Grant ONLY.

What is the mission of your organization?

_____
_____
_____

Describe the specific activities, program or project that will be supported with the assistance of One Lafayette funding if granted?

_____
_____
_____
_____
_____

What consequences do you anticipate in your organization's programs/projects or activities if you do not receive this funding?

_____
_____
_____

What is the total budget for this specific program, project or activity?

_____

Amount of One Lafayette funding requested: $ _____

Deadline for applications is 5:00 PM Wednesday, July 31, 2013.

Applications must be submitted online using the form available at www.onelafayette.org and emailing attachments to pamsp@cityoflafayette.com.

Pam Spring
Human Resources Department
City of Lafayette
1290 South Public Road
Lafayette, CO 80026

Call Pam Spring at 303 665-5588 ext. 3382 for more information.