



THE H.O.P.E. (Healing Opportunities through Prevention Efforts) FUND

FUNDING GUIDELINES:

The H.O.P.E. Fund was established to provide funding to improve the accessibility and sustainability of mental health and addiction recovery services. Funding is decided based on the Advisory Committee assessment of the potential positive impact on mental health and addiction services for Grand County residents. Grand Foundation staff is available to assist with completing the application. Please do not hesitate to contact us for any questions or help.

The funding for the H.O.P.E. Fund is made possible by numerous fundraisers throughout the year which requires a large volunteer base. Without the commitment of these volunteer hours this fund would not be possible. If you are a new applicant, we encourage you to volunteer with the Grand Foundation, so that the H.O.P.E. Fund can continue to support the Grand County community. Please contact the Grand Foundation directly if you would like to volunteer or learn more. Once application is completed, submit to info@grandfoundation.com

- Any awarded funding is paid directly from the Fund to the organization providing the service or program.
- If an applicant receives duplicate funding for a request, the Fund monies must be returned.
- The Fund is not in the practice of providing assistance more than one time in a calendar year. However, if there are extenuating circumstances we encourage you to apply for funding. Each application is reviewed on a case-by-case basis.
- No funds will be used to participate in any political campaign, on behalf of any political campaign, or on behalf of any issues or candidates.
- Requests for expenses, activities or programs already completed typically will not be considered for funding.
- The Fund will not cover travel expenses, such as food or hotel costs. Funds cover program fees only.
- The advisory committee will make a decision upon completion of committee meetings and all applicants will be notified of funding decisions. Any changes to the approved grant request must be discussed and reviewed with the committee prior to any use of granted funds. Notifications of approvals and/or declines will be given within a month of the application deadline.
- The committee looks for commitment from the organization or provider for a portion of the total cost of the activities/programs/expenses.
- Requests not following the Application Requirements and Fund Guidelines will not be considered for funding. Applications and Data are confidential and only reviewed by Grand Foundation staff.



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GRANT APPLICATION (Page 1)

APPLICANT NAME: _____

BUSINESS NAME: _____

APPLICANT LICENSE TYPE AND NUMBER (if applicable): _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

EMAIL: _____ **PHONE:** _____

ACTIVITY TO BE FUNDED: _____

ORGANIZATION TO BE PAID: _____

ORGANIZATION CONTACT: _____

EMAIL: _____ **PHONE:** _____

PURPOSE OF GRANT:

- Office Lease / Operating Expenses
- Professional Expenses
- Community Support/Education Programs
- Other: _____

TYPE OF AGENCY:

- Private Practice
- Agency
- Non-profit
- Other: _____

AMOUNT OF REQUEST: \$ _____ **TOTAL COST:** \$ _____

DATES _____

Please complete all sections of the grant application, including pages 1 & 2 of the application and all attachments. 1. Grant application 2. Invoice and/or quote for the activity 3. Previous year tax returns

Signature, Applicant

Date

By signing here, you agree that you have read and understand the guidelines of the grant.



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GRANT APPLICATION (Page 2)

Please answer each of the following questions or prompts on a separate piece of paper.

1. Please describe your services and/or organization, including any specializations or areas of focus and how many days per week you provide services in the county.
2. Please describe the program, activity, service, and/or expense to be funded, including a needs statement explaining how this will impact mental health and/or addiction services in the community.
3. Please list any other sources of funding you applied to and/or have received funding from.
4. If applicable, what forms of payment do you currently accept for direct services (full fee private pay, sliding scale private pay, insurance, GCRHN vouchers, EAP program(s), etc.)? If you do not take insurance, vouchers, and/or offer sliding scale, please describe the barriers that prevent you from accepting these forms of payment.
5. Please attach an Invoice and/or Quote for program fees requested.
6. Please include any other information you would like the Advisory Committee to consider when reviewing your application.
7. Volunteers are an essential part of fundraising. May we contact you for volunteer support at Grand Foundation Events?