



Application Deadline: October 15, 2024
Return PARTNERSHIP APPLICATION
and non-profit information
provided on this form or online to:
Resale Boutique in Bailey Plaza
or via mail to PO Box 904 Bailey CO 80421
or via email to pccpresaleboutique@gmail.com

Organization Information

Legal Name of Organization: _____

Tax Exemption Number and Status:

EIN:

Mailing Address (and physical address if it is different and not confidential):

Phone:

Email:

Website:

Name, Head of Organization: _____

Phone:

Email:

Name, Primary Contact who will interface with PCCP Board Liaison: _____

Phone:

Email:

Signature of Head of Organization (required): _____

Title: _____

Phone:

Email:

If any requested documentation and information is missing from this application, without an explanation, the application will not be considered

APPLICATION NARRATIVE

1. Provide your organization's Mission Statement.
2. Describe your organization's history.
3. Provide a brief description of your organization's current direct service* programs. Explain the impact your services have on the community served. Are the services provided not met by other community organizations?
4. Elaborate on the demographics of the populations served. Include the approximate number of people impacted.
5. Specifically, what are the issues and/or challenges that you need to address to better serve our mountain community between Shawnee and Conifer.

*Note: Direct Service means any program/project that provides individuals or groups with physical support (food, shelter, safety), emotional or mental health support, educational opportunities and/or supportive community experiences.

FINANCIAL INFORMATION

1. Annual organizational budget
 - a. General operating expenses (overhead, employees, insurance etc)
 - b. Direct Service expenses (general costs of each category of service)
2. Other sources of income

PROGRAM/PROJECT GRANT REQUESTS

1. What are the specific direct service programs/projects that the PCCP Resale Boutique Grant will support?
2. How will these proposed programs/projects better serve the needs of the local community?
3. As close as possible, itemize the budget needs associated with your requests.

Note: There is no guarantee the PCCP Resale Boutique will be able to accommodate the total requested amount.

OTHER INFORMATION

1. List your Board of Directors or Leadership Committee members.
2. Indicate what month(s) your organization prefers to complete its volunteer commitment of at least ten (10) hours a week of donated time if you are chosen as a Beneficiary.
3. What are your opportunities to publicize and promote our partnership during your assigned month?

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**A letter of acceptance or declination from the PCCP Board
can be expected by November 15**

For internal purpose only:

Date application received _____

Received by _____

DP 10/04/23; REV PE 08/30/2024