



YAP - Request for Partnership Support

Name of Organization:

Mailing Address (City, State, Zip):

Phone:

Contact Person:

Contact Email:

Organization or Fiscal Sponsor Tax ID #:

Amount of Annual Funding Requested:

Overall Organizational Budget:

Percent of overall organizational budget this funding request will fulfill:

Organization's Mission Statement:

Please answer the following questions to the best of your ability. Note that there is a 250-word limit for each response. Keep in mind that CSFF staff will have a conversation with the Executive Director of your organization where they will be able to describe in further detail what your organization offers to youth.

1. Briefly describe how your organization is aligned with the objectives of the Youth Advocacy Project.
2. How will YAP funding help your organization to better serve youth and families?
3. In what ways does your organization work to close social and economic inequities in Routt County?

Financial Attachments – Please attach the documents requested below:

1. Current year's budget of the organization. If the file is extremely large, please provide a link.
2. A copy of your most recent financial audit OR year-end balance sheet and income statement.

By signing below, I certify that the information contained in this Request for Partnership Support is true and correct to the best of my knowledge.

Executive Director

Date