# City of Craig LMD Dissolution Funds

## Grant Application Checklist

**Name of Organization** _____ **Today's Date** _____

The City of Craig may make one-time funding available from dollars received through the dissolution of the former Moffat County Local Marketing District. This application is intended for projects, programs, or initiatives that support tourism, economic development, community vitality, visitor attraction, or related public benefit in Craig and the surrounding regional economy.

- ☐ **Section 1:** **Cover Letter (one page)**
  Include the purpose of the grant request and a brief description of how the request fits with the City of Craig LMD dissolution funding priorities.
- ☐ **Section 2:** **Completed City of Craig Grant Request Form**
- ☐ **Section 3:** **Project or Program Description**
  Describe the concept, location, timeline, beneficiaries, partnerships, and expected public benefit.
- ☐ **Section 4:** **Financial Attachments**
  - ☐ Organization's current operating budget
  - ☐ Grant request project or program budget
  - ☐ Year-to-date profit and loss statement or current financial statement
  - ☐ Specific budget showing how requested City funds will be used
  - ☐ Current W-9 or other vendor documentation, if requested
- ☐ **Section 5:** **Supporting Materials, if applicable**
  Examples include letters of support, marketing plans, project plans, proof of insurance, or other materials that help explain the request.

**Review process:** Applications may be reviewed by City staff and, when applicable, an advisory committee before consideration by the City Council or other authorized decision maker. Funding is subject to availability, appropriation, and approval.

**Use of funds:** Funds must be used only for the approved purpose and within the approved budget unless the City provides prior written authorization for a change in scope or budget.

**Timing:** Unless otherwise stated in the award notice or grant agreement, awarded funds should be spent within one year of approval. A presentation may be required as part of the review process.

**Final report:** Award recipients must submit a final report and supporting documentation, including receipts, invoices, proof of payment, and other records requested by the City.

# City of Craig LMD Dissolution Funds

## Grant Request Form

**Legal Name of Organization:**

**DBA (if applicable):**

**Organization Type:** ☐ Nonprofit ☐ Government ☐ Business ☐ Other

**Federal EIN or Tax ID:** **Website:**

**Contact Person:** **Title:**

**Daytime Phone:** **Alternate Phone:**

**E-mail Address:** **Fiscal Year End:**

**Mailing Address**

**Address Line 1:**

**Address Line 2:**

**City:** **State:** **Zip Code:**

**Project / Program Title:**

**Project Location:** **Proposed Start:** **End:**

**Total Project / Program Cost:** $ **Amount Requested:** $

**Organization Budget for Current Fiscal Year** **Income:** $ **Expenses:** $

**Briefly describe how the grant funds will be used:**

**If awarded, will other funding or match be used for this project?** ☐ Yes ☐ No

**If yes, identify source(s):**

# City of Craig LMD Dissolution Funds

## Project Narrative and Certification

**1. Describe how the project advances tourism, economic development, community vitality, visitor attraction, or another public benefit.**

**2. Identify the target audience, beneficiaries, and estimated reach, participation, or attendance.**

**3. Identify cooperating organizations, project partners, or other contributors and describe their role.**

**4. Provide a specific breakdown of the requested City LMD dissolution funds and how each expense supports the project.**

**Applicant Certification:** By signing below, I certify that the information in this application is true and complete to the best of my knowledge. I understand that any award is subject to City approval, funding availability, and any conditions included in an award letter or grant agreement. If funds are awarded, the applicant agrees to use the funds only for the approved purpose, maintain supporting documentation, submit a final report, and return or reimburse funds if they are not used in accordance with the approved scope or City requirements.

**Authorized Signature:** **Date:**

**Printed Name:** **Title:**