



2026 COMMUNITY SERVICES PROVIDER PROGRAM APPLICATION

I. General Organizational Information:

Organization Name: _____

Address: _____

Organization Authorized Official: _____

Phone: _____ Email: _____

Application Contact Person (if different): _____ Organizational Role: _____

Phone: _____ Email: _____

Organization's Federal Tax ID#: _____ Year Established: _____

Number of Years Organization Has Operated or Served Douglas County Residents: _____

II. General Organizational Narrative:

What is the organization's mission statement?

What service(s) does the organization provide to align with its mission?

Has the organization previously received funding from the Douglas County Board of Commissioners? If yes, please list the years and amounts for the past five (5) years and provide a narrative of achieved outcomes.

What are the organization's other funding sources?

III. Funding Request:

Purpose: Describe the proposed project (including the need for funding).

Goals: Describe goals associated with your project.

Activities: Provide a complete description of activity to be undertaken including what products or services are to be performed, where they are to be provided, and how they are to be provided.

Timeline: Please explain the anticipated timeline for expending funds.

General Administration: Describe the general administrative services to be performed in support of activities noted above, including management of funds.

Target Population: Identify the beneficiary (individual or group) that will benefit from the program.

IV. Budget: An itemized, detailed budget must be provided for each activity in the program.

Item	Description/Role/Activity/Calculation(s)	Amount (\$)

Total Amount Requested: _____

Application Checklist

- ☐ Application Form
- ☐ IRS Letter of Determination
- ☐ 3 Most Recent 990 Form or other tax return documents
- ☐ List of Staff and Board Information
- ☐ Audited Financial Statements for the Past Two Years
- ☐ Organization's Current Year Operating Budget

V. Reporting Requirements

I understand the requirement of providing programmatic and financial reports as scheduled. _____ Initials

Please attach additional pages as necessary to explain any of the questions or to address budget allocations.

VI. Certification

The signature below represents attestation of the following:

The application form is completed in its entirety by the most appropriate representative of the organization and is completed with truthful and accurate information. The organization understands that a complete application includes all requested information. Omission and/or incompleteness of either will result in ineligibility for funding consideration during the current budget year. Furthermore, the organization understands that a complete application does not guarantee funding from the Douglas County Board of Commissioners and that if considered, said organization will present their fund-usage intentions at a regular Board meeting before a final decision is made.

Print Name and Position

Signature

Date