

# **Community Closet Funding Guidelines & Application**

## **The Community Closet was established to:**

- Provide residents of Park County with affordable second-hand clothing and household goods
- Provide non-profit groups and activities in Park County with no-cost merchandise as appropriate
- Improve the quality of life in Park County through charitable contributions generated from thrift store profits as funding allows

## **Funding Guidelines:**

The Community Closet may accept applications for funding from:

- Non-profit corporations
- Civic bodies
- Local governments
- School districts and private (non-profit) schools
- Other interested groups whose function is to benefit the community of Park County, Montana
- Religious or fraternal organizations for activities or projects that are a benefit to the general public
- Individual residents of Park County or on behalf of individual residents for assisting with catastrophic incidences will also be accepted (please read following section for examples)

The Community Closet Board of Directors may also grant funds to activities, organizations, or individuals that they deem to be in the community's interest.

## **Funding applications for the following groups/activities will not be accepted:**

- Political organizations, campaigns, candidates
- Activities not taking place in Park County or not providing a clear benefit to Park County residents
- Operating budgets for religious or fraternal organizations
- Past bills such as rent, water, or power
- Deposits for housing or utilities
- Any application from an individual requiring immediate assistance

## **Examples of possible funding would include but not necessarily be limited to:**

- Recreation scholarships/equipment
- Community functions
- Educational programs
- Youth programs
- Support of existing non-profit organizations/special programs

**Examples of past funding for individuals and families include:**

- Gas cards so a family could take a child to an out of town hospital
- Orthotic inserts so a waitress could stay on her feet and keep her job
- Travel and conference expenses so family caregivers could learn to take care of a child with disabilities

**The Application and Funding Process:**

1. An application, including a budget, is required from all applicants. Past grants have ranged from \$50 to \$5,000 with the average being \$1,000. All grant awards require a grant report within six months of receiving the grant, those who have not submitted reports are ineligible for further grants.
2. As part of the application process, you must include a budget of how the funds requested from The Community Closet will be spent. If your organization has a budget, we need to see that as well.
3. Funding determinations are made by the Board of Directors at their quarterly meetings. Deadlines are March 31, June 30, September 30, and December 30. Applications must be received by or postmarked on the deadline. Drop off at Community Closet, attention Ashley Smith, email to [grants@communitycloset.org](mailto:grants@communitycloset.org), or mail to 416 E. Park Street, Livingston, MT 59047 by the deadline.
4. If funding is awarded, the recipient must maintain financial records of how the money is spent to provide these records to Community Closet at the end of their activity or when the money has been spent, whichever comes first. Grant report instructions can be downloaded [here](#).
5. Funds not used for the applied project must be returned to The Community Closet; these funds may not be rolled over to another project without an additional (successful) application. Questions? Email [grants@communitycloset.org](mailto:grants@communitycloset.org).

# Application for Community Closet Funding: Individual/Family

Please read preceding *Funding Guidelines*. We are not able to fund past due bills (such as rent, water, and power), deposits for housing or utilities, or any application from an individual requiring immediate assistance. If we provide funding, it is usually directly to the provider of services, not an individual.

Use this side of the application form only if you are applying as an individual or family. Organizations please see *Application for Community Closet Funding: Organization*.

Please return to 416 E. Park Street. Questions? Please call Ashley at 222-6200

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Date of Application: \_\_\_\_\_

Contact Information:

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are applying for someone else, please include his or her Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of people in the household needing funds and ages:

What is the financial situation? How much money is needed and why?

If we need to verify this need, whom can we speak to For example, is there a physician or social worker in town we can contact?

I verify that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Application for Community Closet Funding: Organization

Applications from organizations are typically reviewed four times a year with the following deadlines: the last business day of March, the last business day of June, the last business day of September, and the last business day before Thanksgiving (November).

*If this is an emergency or you are facing immediate need, please make sure that is noted at the top of the application.*

Use this side of the application form only if you are applying as an organization. Individuals or Families, please see *Application for Community Closet Funding: Individual/Family*.

Please return to 416 E. Park Street. Questions? Please call Ashley at 222-6200

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Date of Application: \_\_\_\_\_

Contact Information:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Date Funds are Needed: \_\_\_\_\_

Approximate number of people served: \_\_\_\_\_

Attachments:

- Please attach a budget of how funds will be used
- Attach a description of your project, including how the project fits within Community Closet funding guidelines or how it benefits Park County.

If your organization is a non-profit or tax supported organization, please include your budget for the current fiscal year. For tax supported organizations, please just provide budget for your department.

I verify that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_