



Sample Application Questions

The below is not the actual Old Bill's application. This document's purpose is to help you prepare for the application when it is available during the application period in May. The application uses branching logic and will show questions based on your answers.

NEW OR RETURNING NONPROFIT

1. Please check which one *best* describes your organization:
 - a. This is my organization's first time applying to Old Bill's
 - b. My organization participated in Old Bill's 2025 and is reapplying
 - c. My organization participated in Old Bill's previously but missed Old Bill's 2025 and is reapplying
 - d. My organization is NOT reapplying and needs to complete a grant report
2. Did you or another member of your organization attend the virtual Nonprofit Orientation meeting?
 - a. If yes: enter their name

ORGANIZATION INFORMATION

1. Are you applying for Old Bill's as:
 - a. a 501(c)(3) serving Teton County, WY
 - b. using a fiscal sponsor
 - i. If yes: Name of Fiscal Sponsor
 - ii. A verification letter or email from the fiscal sponsor organization is required
 - iii. Fiscal Sponsor's mailing address
 - c. as a government or other eligible entity that is NOT a 501(c)(3)
 - i. If yes: Organization's IRS tax status & Federal tax ID (EIN)
2. Legal name of organization
3. Organization's mailing address (*for your local office*)
4. Website URL
5. Organization's IRS tax status
6. Organization's EIN

MARKETING INFORMATION

1. How would you like your organization to be listed in Old Bill's marketing materials? (*Please see Old Bill's Rules & Procedures document for acceptable marketing name parameters*)
2. Organization's mission statement (*25 words or less*)
3. In which field of interest does your organization work?
 - a. Animals

- b. Arts & Culture
 - c. Conservation & Environment
 - d. Civic
 - e. Education
 - f. Health & Human Services
 - g. Sports & Recreation
4. Would your organization like to host a booth on Run Day?
 5. Are you interested in having your organization featured in Old Bill's promotions?

ELIGIBILITY INFORMATION

1. Please check which one *best* describes your organization:
 - a. An organization that predominantly works in or serves Teton County
 - b. An official Jackson Hole/Teton County, WY chapter in good standing of a state/regional/national membership organization
 - c. A state organization
 - d. A regional/national organization
2. Percent of total work/service performed in Teton County, WY (*total organization, not just local office*)
3. Does your organization have at least one paid employee?
 - a. If yes: Employee is based in Teton County, WY and works from either a dedicated office space or home office set up within Teton County, WY (*if employee has a home office set up in a nearby commuter town such as Victor, ID, or Alpine, WY please specify in the additional information section*)
 - b. If yes: Employee is primarily focused on programmatic work in Teton County, WY
 - c. Percent of employee's work performed in Teton County, WY
4. Excluding personal residences, does your organization pay for dedicated office space in Teton County, WY?
 - a. If yes: Physical Address
5. Are you a religious or political organization?
 - a. If yes: Old Bill's funds may be used for non-religious, non-political operating expenses in Teton County, WY. Please enter three specific non-religious and non-political use of funds.
6. Total number of board members in your organization (*total organization, not just local office*)
7. Total number of board members who are Teton County, WY residents.
8. Does your organization have a Teton County, WY advisory committee?
 - a. If yes: Total number of advisory committee members
 - b. Total number of advisory committee members who are Teton County, WY residents
9. Additional Information

CONTACT INFORMATION

1. Primary Contact (*this person will receive application status updates and login information to review Old Bill's donations throughout the Giving Season*)
 - a. Name, title, email address, phone number
2. Executive Director
 - a. Name, email address

3. Additional Contacts (*up to two, optional, they will receive the Nonprofit Newsletter with important information about booths, marketing, timelines etc.*)
 - a. Name, title, email address

VERIFY NONPROFIT STATUS (*government organizations will not see this task*) – make sure you have your organization’s EIN ready to enter.

GRANT REPORT (*new nonprofits should not see or need to complete this task*)

1. 2025 total Old Bill’s grant check amount (*this includes the match and any additional awards*). Please reach out to [Cindy Corona](#) or [Maeve Stewart](#) or call us at 307-739-1026 if you cannot remember this amount.
2. Financial Report: Use of 2025 Funds
 - a. Detail your organization’s use of its 2025 total Old Bill’s grant. Please list specific budget categories (e.g. names of programs, specific expenses) and any unspent funds. **Please note that organizations have 18 months to spend Old Bill’s match funds following receipt of the grant check in October.*
 - b. You will have up to 15 lines to detail your spending; the total amount should add up to the 2025 total Old Bill’s grant check amount.
3. Did your organization report any unused funds on the table above related to your 2025 Old Bill’s check?
 - a. Yes/No
4. If you haven’t spent all your funds from your 2024 Old Bill’s check, please select yes.
 - a. Yes/No
5. Last year, did your organization report any unused funds related to your 2024 Old Bill’s check?
 - a. Yes/no
6. Do you still have any unspent funds related to your 2024 Old Bill’s check?
 - a. Yes/no
7. If no: Detail your organization’s use of its 2024 total Old Bill’s grant. Please list specific budget categories (e.g. names of programs, specific expenses) and any unspent funds.
 - a. **Please note that organizations have 18 months to spend Old Bill’s match funds following receipt of the grant check in October.*
 - b. You will have up to 15 lines to detail your spending; the total amount should add up to the 2024 total Old Bill’s grant check amount.
8. Financial Contact
 - a. Name, phone number, email
9. Impact Statement (150 words or less): Describe the impact the 2025 Old Bill’s Grant had on addressing community needs. Include specific metrics such as the number of people serviced, new opportunities created, and what this funding means to our Teton County community. **Please note that Impact Statements may be shared with Co-Challengers, the media, and the public.*

ATTESTATION

At the end of the application, you will need to agree to the statements below by checking each box and signing electronically.

By submitting this Old Bill's 2026 Application I agree to the following should my organization be accepted to Old Bill's 2026:

- All funds raised by my organization through Old Bill's Fun Run will be used in or to benefit Teton County, WY,
- My organization will not use funds raised through Old Bill's Fun Run for political or religious purposes,
- My organization will abide by all rules and restrictions specified in the Old Bill's Rule & Procedures,
- All information provided in this application is true and accurate.