**Organization & Contact Information**

- **Organization**: Test Organization
- **Location**: Test Organization - headquarters
- **Proposal Contact**: 
- **CEO/President/ED**: 
- **Secondary Contact**: 
- **Does this grant include a Fiscal Sponsor?**: 

**Full Application**

To begin, please select the type of application you will be using. If you are unsure, please contact Grantmaking Operations at 303-850-3600 or access our website for more information on our current open funding opportunities (which use the Standard Application) or our Rapid Response funding. Following your application choice, please select your desired focus from the Funding Type drop down. As you complete your application, ensure your answers address any specific criteria related to the area in which you are applying.

- **I am Applying For**: Rapid Response Application
- **Funding Type (Rapid Response)**: 

Please keep your answers brief throughout the proposal sections, we are not looking for extensive responses.

**Proposal Information**

- **Project Title**: 

**Proposal Summary (A one- to two-sentence description of your proposal) 500 Character Limit**

- **Type of Support**: please select one
Organizational / Project Budget

For general operating requests, enter your total organizational budget for Total Project Budget. If using a fiscal sponsor, enter the Total Organization Budget for the sponsored organization/project (not the fiscal sponsor).

Total Organization Budget

Total Project Budget

Total Amount Requested

Funding Term (Months)

Geographic Area and Age Group

Geographic Area Served - Click on the '+' button to add all counties the proposed work will specifically serve, or select 'Colorado Statewide' from the list, as applicable.

Age Group - Please select the primary age group(s) targeted by your proposal. Please select at least one. If you do not know what percentage of the age groups are targeted, press the "X" to close the window that appears.

Cornerstones

Cornerstones are the foundation upon which the Colorado Health Foundation’s work is based, and that we expect to see reflected in the work of our partners. In the sections below, describe how your organization and your proposal will address each cornerstone.

Health Equity: We do everything with the intent of creating health equity.

- What specific health inequities is this work addressing?
- How will these proposed activities address these inequities?

5,000 Character Limit

Low Income: We serve Coloradans who have low income and have historically had less power or privilege.

- Please describe the people that your organization seeks to serve. Include socioeconomic information, as well as demographic or any other information that you think is important.
- Please share with us any other information you use (e.g., needs assessments, census data, etc.) to help you understand the context, needs or perspectives of the people or communities living on low income that you plan to serve.

5,000 Character Limit

Characters left for field: 5000
Community-informed: *We are informed by the community and those we exist to serve.*
- How does your organization engage with the community it serves?
- How did feedback and input from the community you plan to serve contribute to this proposed work?

**5,000 Character Limit**

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**Proposed Advocacy Activities**
- What is the policy issue/challenge your organization is addressing? Please review the Foundation’s priorities and discuss how your proposed effort address one of our priorities.
- Why is the issue urgent?

**10,000 Character Limit**

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**Rapid Response - Resources and Key Partners**
- Why is your organization the one to respond to this issue/challenge? Please discuss past experiences, partnerships, cultural responsiveness and community engagement.
- Who, if any, partners are you working with on this issue/challenge?

**2,500 Character Limit:**

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**Financial Information**
- Do you have other sources of funding or support for this project? If so, please describe.
- Does your organization have experience managing other grant funds? What financial oversight will be in place to manage grant funds, if awarded?

**5,000 Character Limit**

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In order to submit your application, please upload the documents listed below.

**Required Documents for Rapid Response Applications:**

1. Organization’s current annual operating budget (revenues and expenses for your organization’s current fiscal year)
2. Organization’s most current financial statements (interim income statement and balance sheet through the most recently closed month-end of current year)

**If Using a Fiscal Sponsor, please also include:**
- Fiscal sponsor’s audited financial statements
- Fiscal Sponsor Agreement (template available [here](#))

For guidance on how to upload the required documents listed above or how to upload any additional documents you’d like to include, please click [here](#).

If you are unable to include documents electronically, please contact Grantmaking Operations to make arrangements for an alternative submission at 303-953-3600, toll-free: 877-255-0839 or email [grants@coloradohealth.org](mailto:grants@coloradohealth.org).

Current Annual Operating Budget
Current Financial Statements
Fiscal Sponsor Agreement (If Applicable)
Fiscal Sponsor’s Audited Financial Statements (If Applicable)

**Application Documents**

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Please tell us approximately how many hours it took for you to complete this application.

**Number of Hours:**