



The Colorado
Health Foundation™

Rapid Response

August 2018

▼ Organization & Contact Information

| | | |
|---|--|-------------------------|
| Organization | <input type="text" value="Sample Nonprofit Organization"/> | Add New |
| Location | <input type="text" value="Sample Nonprofit Organization - hea"/> | ▼ |
| Proposal Contact | <input type="text"/> | Add New |
| CEO/President/ED | <input type="text"/> | Add New |
| Secondary Contact | <input type="text"/> | Add New |
| Does this grant include a Fiscal Sponsor? | <input type="text"/> | ▼ |

▼ Full Application

Select One. If you're not sure, please contact our Grantmaking Operations Department at (303) 965-3600 or for more information on our open funding, please visit our website by clicking [here](#). If applying for All Other Funding or Responsive Grants Program funding, please select the desired focus from the selections listed within the Funding Type drop down.

| | | |
|----------------------------------|---|---|
| I am Applying For | <input type="text" value="Rapid Response"/> | ▼ |
| Funding Type (All Other Funding) | <input type="text"/> | ▼ |

Proposal Information

Project Title

Proposal Summary (A one-to-two-sentence description of your proposal. 1000 Characters, approx. 100 Words):

Characters left for field: 1000



Type of Support: please select one

Organizational / Project Budget

For General Operating requests, enter your total organizational budget.



Total Organization Budget



Total Project Budget

Total Amount Requested

Funding Term (Months)

Geographic Area and Age Group





Geographical Area Served - Click on the '+' button to add at least one of the 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.  

Proposed Activities

- Describe event prompting your proposed activities
- Describe what you will do and how you will do it
- Why are these proposed activities time-urgent?
- What makes this situation an opportunity to advance health?

Proposed Activities (10000 Characters, approx. 1000 Words):

T: **B** *i* u  *S'* *S,* **:=**   

Characters left for field:10000

Rapid Response - Risks & Challenges

This section should answer the following questions:
What risks or barriers to success do you anticipate?

Rapid Response - Risks & Challenges (2000 Characters, approx. 200 Words):

T: **B** *i* u  *S'* *S,* **:=**   





Characters left for field:2000

Rapid Response - Resources & Key Partners

The section should answer the following questions:

- What resources and strengths do you have to allow you to carry out these activities?
- What other organizations are working on this issue and are they supportive of the approach you are proposing?

Rapid Response - Resources & Key Partners (2000 Characters, approx. 200 Words):

T: **B** *i* u  *S'* *S,* **:=**   



Financial Information

- How specifically will the funds be used?
- 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?

Financial Information (5000 Characters, approx. 500 Words)

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Characters left for field:5000

To complete your application, please upload the documents listed below. If you are unable to include documents electronically, please contact our Grantmaking Operations department to make arrangements for an alternative submission. Contact information: (303) 953-3600, toll-free: (877) 225-0839, email: grants@ColoradoHealth.org

Required Documents for All 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
- Memorandum of Understanding

How to Attach (Upload) a Document:

1. For required documents, please locate your required document type below and select the (+) icon below.
2. Click "Add files" to search through your computer's files to find the document, as you would an attachment for an e-mail. Double click on the identified document's name. The document will be added to the component and upon clicking "Start upload" of the form, will display in the Application Documents section below.
3. If you'd like to add an additional, optional document, please locate and select the (+) button on the Application Documents section below to add.

Note: Submitting your Application Request without adding the required documents will result in a warning. This will prevent you from moving forward until the required documents have been added; Please attach the required documents at a minimum for submission.

- Current Annual Operating Budget +
- Current Financial Statements +
- Fiscal Sponsor MOU (If Applicable) +
- Fiscal Sponsor's Audited Financial Statements (If Applicable) +

Application Documents +

- In order to submit the application you must first save it.
- To access a saved but not submitted application, you'll find it under the "In Progress" section in your Grantee Portal.





www.coloradohealth.org