



The Colorado
Health Foundation™

Standard Application

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="All Other Funding"/>
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.  

Organization Information

This section should include:

- Your organization's mission statement and a brief history.
- A brief overview of your organization's current programs, activities and strategic plan.
- A description of the qualifications and track record of the individuals who will be managing and performing the activities proposed.
- A description of your Board's role in fundraising, governance and strategic planning.
- A description of your key partners.

Organization Information (5000 Characters, approx. 500 Words)

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Characters left for field:5000







Proposed Activities

If applying through a funding opportunity, please continue to refer to and clearly demonstrate within the application how you meet the criteria listed in the funding opportunity that you are applying under. Individual criteria for each funding opportunity can be found at coloradohealth.org.

This section should answer the following questions:

- Describe what you will do and how you will do it.
- What programs and services will you offer?
- Are you using a strategy that has been proven effective by research?
- Describe the populations served by the proposed work - how many people are expected to benefit from the activities?
- What are the risks of the proposed work?

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

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Characters left for field:10000



Intermediate Milestones

This section should answer the following questions:

- What is the timeline for the work and what are the expected milestones that will ultimately lead to your desired results?
- What evidence will you have to show that the activities took place as described and that the milestones were reached?

Intermediate Milestones (5000 Characters, approx. 500 Words)

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Method for Tracking and Calculating Your Impact:

This section should answer the following questions:

- What do you expect to be the ultimate result(s) of your grant activities?
- If your program provides direct services, how many unique individuals do you expect to serve?
- How will you use your evaluation data and what you learn from this grant to improve or refine your organization, program or strategies?

Method for Tracking and Evaluating Impact (5000 Characters, approx. 500 Words)

Characters left for field: 5000

Financial Information:

This section should answer the following questions:

- What are the major funding sources for your organization?
- What are the major funding sources for the work you are proposing?
- If this is a collaborative effort or partnership, who are the partners contributing to the project?
- What is the long-term funding strategy for your work?
- What percentage of your Board of Directors contributes financially to the organization?

Financial Information (5000 Characters, approx. 500 Words)

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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. Line-Item Budget Form (available [here](#))
2. Budget Narrative
3. A list of your Board of Directors with the organizational affiliation for each member
4. A brief description of key staff for the project and the organization
5. Organization's current annual operating budget (revenues and expenses for your organization's current fiscal year)
6. Organization's most current financial statements (interim income statement and balance sheet through the most recently closed month-end of current year)
7. Most recent completed audited financial statements



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.

Line Item Budget Form	(+)
Budget Narrative	(+)
Board of Directors	(+)
Key Staff List	(+)
Fiscal Sponsor MOU (If Applicable)	(+)
Fiscal Sponsor's Audited Financial Statements (If Applicable)	(+)
Current Annual Operating Budget	(+)
Current Financial Statements	(+)
Audited Financial Statements	(+)

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