The Colorado Health Foundation™

Standard Grant Application

October 2019
### Organization & Contact Information

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

### Full Application

To begin, please select the type of application you will be using. If you are unsure, please contact Grantmaking Operations at 303-853-3600 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**: Standard Application
- **Funding Type**: Add New

### Proposal Information

- **Project Title**: Add New
- **Proposal Summary (A one- to two-sentence description of your proposal) 500 Character Limit**: Add New

Characters left for field: 500

- **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 '+x' 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.

Organization Information
- Please share the mission statement and a brief history of your organization.
- Provide a brief overview of your organization’s current programs, activities and strategic plan.
- What is your board’s role in fundraising, governance and strategic planning?
- Who are your key partners and how do you work with them?

Current Mission Statement
- Test Organization’s mission statement.

(To edit, please save the application and access this field by going to the ORGANIZATIONS tab of the portal and selecting UPDATE ORGANIZATION CONTACT INFORMATION. If you do not have access to edit this section, email grants@coloradohealth.org with either your updated mission statement or with a request for moderator editing rights to your organization.)

5,000 Character Limit

Characters left for field: 5000
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

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

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 on our website.
- For the proposed work, describe what you will do and how you will do it.
- What is the timeline for this work and what are the major milestones that will ultimately lead to your desired results?
- What evidence have you used to decide that this approach may be effective in addressing the issue you are tackling?

10,000 Character Limit
**Method for Tracking Your Impact**
- Thinking of the health inequities you described above, what is the specific impact you are hoping to have through your grant activities?
- If your program provides direct services, how many unique individuals do you expect to serve?
- How will you know whether this work has been successful in achieving what you hoped it would?

5,000 Character Limit

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**Financial Information**
- What are the major funding sources for your organization and 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 this proposed work?

5,000 Character Limit

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Characters left for field: 5000
In order to submit your application, please upload the documents listed below.

Required Documents for All Applications (further guidance available here):

- Line-Item Budget Form (required template available here)
- Budget Narrative
- Board of Directors List (please include the organizational affiliation for each member)
- Key Staff List (please include a description of the qualifications and track record of the individuals who will be managing and performing the activities proposed)
- Organization’s Current Annual Operating Budget (revenues and expenses for your organization’s current fiscal year)
- Organization’s Most Current Financial Statements (interim income statement and balance sheet through the most recently closed month-end of current year)
- Organization’s Most Recent Completed Audited Financial Statements or Financial Review (if your organization does not have either, please upload a document letting us know)

If Using a Fiscal Sponsor, the following documents are also required:

- 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: 877-225-0839 or email: grants@coloradohealth.org.

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

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

Number of Hours: 