**Organization & Contact Information**

- **Organization**: Add New
- **Location**: ▼
- **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 303-953-3600 or access our website for more information on our current open funding opportunities (which use the Standard Application), our Rapid Response funding, or our Sabbatical Program. Following your application choice, please select your desired focus from the Funding Type drop down (unless you’re applying for the Sabbatical Program). 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**: Sabbatical Program ▼

**Sabbatical Program - Applicant Information**

**Application Title**
Please enter your full name and Sabbatical (e.g. John Doe - Sabbatical).

**Sabbatical Summary (A one-sentence description of what you would do should you be awarded this Sabbatical)**

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**Total # of full-time equivalents at your organization**
Why are you engaged in your current field of work?

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What significant leadership lessons have you learned along the way?

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Describe the last seven years' experience you have had in executive leadership roles (e.g., CEO, executive director, or in a volunteer capacity on a board/committee) within the nonprofit sector.
Please list the name of the organization/entity, your title and dates of employment.

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Roles
- How long do you plan to remain in your current role with your organization?
- What do you see yourself doing five years from now?

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Sabbatical Program - Applicant Questions

Projected
Sabbatical Dates
(e.g. MM/DD/YYYY - MM/DD/YYYY

Why do you want to take a sabbatical at this time?

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Why would a sabbatical support your organizational needs at this time?

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<tr>
<th>How would you like to use your time during the sabbatical?</th>
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<td><em>(Text)</em></td>
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<td>Why have you chosen this year to apply for a sabbatical?</td>
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<td>What, if anything, do you worry about in considering the impact of you stepping away from the organization to take a sabbatical?</td>
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<td><em>(Text)</em></td>
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<tr>
<td>What is your current understanding of what the executive-in-residence portion of this sabbatical program entails?</td>
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<td>As an executive-in-residence at our Foundation, what are three key offerings you could bring forward to our organization in your professional capacity?</td>
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<tr>
<td>What would you like to experience from or learn from our Foundation as an executive-in-residence?</td>
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The executive-in-residence portion of the sabbatical would require you to reside in Denver. Would that present a personal or professional challenge that we should be aware of?

Sabbatical Program - Cornerstone Alignment with Your Life's Work

Our three 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 section below, describe how the work you've engaged in throughout your life - professionally and/or personally through lived experience - addresses each cornerstone.

Health Equity: We do everything with the intent of creating health equity.
- What specific health inequities have you experienced and addressed through your professional work? What about your personal lived experience?
- How does the organization you currently serve address these inequities?

Low Income: We serve Coloradans who have low income and have historically had less power or privilege.
- Please describe how you have - through your professional and/or personal lived experience - served Coloradans who have low income and historically had less power or privilege. Feel free to include socioeconomic or demographic information that you think is important.
- Please share with us how you learn about and experience the context, needs or perspectives of the people or communities living on low income that you serve or have served.

Community-informed: We are informed by the community and those we exist to serve.
- How do you as a leader engage with the communities your organization serves through a specific mission you are committed to (e.g., as an employee, volunteer, etc.)?
- How do you use feedback and input from these communities to influence or contribute to the work you lead?
Sabbatical Program - Organizational Information, Budget & Finances

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.

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Total Annual Organization Budget

Total Grant Amount Requested (not to exceed $95k)

Of the Total Grant Amount Requested above, what are the detailed amounts for:

- Salary (for duration of sabbatical)*
- Benefit costs (for duration of sabbatical)*
- *Salary and benefit costs not to exceed $50k, dependent upon current salary
- Sabbatical activities (not to exceed $20k)
- Staff capacity building funds (not to exceed $15k)
- Interim leadership funds (not to exceed $10k)

Does your organization have an endowment? If so, what is the size of the endowment?

Does your organization have a cash reserve? If so, how much?

What is your organization's annual vacation policy?

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Does your organization currently have a sabbatical policy? If yes, please share the policy guidelines. (Note: it is not required that your organization have a sabbatical policy.)

Sabbatical Program - Application Documents

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

1. Resume that covers the portion of your career in the public sector with a minimum of 10 years
2. List of three references with contact information
3. Letter of support from the organization's board chair
4. Organization's most current financial statements (interim income statement and balance sheet through the most recently closed month-end of current year)
5. Interim leadership plan signed by the organization's board chair that includes a plan for organizational management during the candidate's absence and upon their return, as well as a guarantee of maintenance of regular health or other benefits during the sabbatical period
6. Staff capacity building ideas: Capacity building funds are required to be employee-directed rather than management-directed. Share a brief overview of how the organization plans to engage staff in determining use of the capacity building funds, and any existing ideas for use of the funds. This can include continuing education, training, workshop or conference fees (up to $15,000 of additional support is available). Include information about employees who will be engaged in determining use of funds.
7. Sabbatical budget: In order to better understand your proposed plans, please fill out this template to sketch a preliminary plan of your travel and activities, if chosen for this award. Once completed, please upload the template below. If you are selected, there will be ample opportunities to adjust this document.

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 303-863-3600, toll-free: 877-225-0839 or email: grants@coloradohealth.org.

Resume
List of Three References
Letter of Support from Board Chair
Current Financial Statements
Interim Leadership Plan
Staff Capacity Building Ideas
Sabbatical Budget

Application Documents

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

Number of Hours:  
