

**Rapid Response Application**

September 2021

***Guidance questions and/or information are highlighted in gray.***

**I am Applying For:** [Select **Rapid Response Application**]

**Funding Type (Rapid Response):** [Select from the [Available Funding Opportunities](https://www.coloradohealth.org/open-funding) listed in a drop-down field]

***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:** [Select one from the drop-down list: Capacity Building, Capital, General Operating, Project Support]

**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):**

**Counties and Age Group Served**

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

* All Colorado counties in addition to Colorado Statewide are available for selection.

**Age Group Served - 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.**

* Age Groups for selection: All ages; Early Childhood (0-5); Children (6-12); Youth (13-20); Adults (21-54); Older Adults (55+)

[**Cornerstones**](https://coloradohealth.org/how-we-work/how-we-are-working-achieve-health-equity)

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. (5,000 character limit)***

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

***Who We Serve: We serve Coloradans who have less power, privilege and income, and prioritize Coloradans of color. (5,000 character limit)***

* 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, community conversations, etc.) to help you understand the context, needs or perspectives of the people and communities you plan to serve.

***Community-informed: We are informed by the community and those we exist to serve. (5,000 character limit)***

* 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?

**Proposed Advocacy Activities (10,000 character limit)**

* What is the policy issue/challenge your organization is addressing? *Please review the Foundation’s* [*priorities*](https://www.coloradohealth.org/focus-area-champion-health-equity) *and discuss how your proposed efforts addresses one of our priorities.*
* Why is the issue urgent?

**Rapid Response – Resources and Key Partners (2,500 character limit)**

* 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?

**Financial Information (5,000 character limit)**

* 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?

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

**Required Documents for Rapid Response Applications:**

* **Demographic Data Form** – required template available [here](https://coloradohealth.org/sites/default/files/documents/2021-05/05.19.2021%20-%20Demographic%20Data%20Form.xlsx)
* **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

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

* **Fiscal Sponsor’s Audited Financial Statements**
* **Fiscal Sponsor Agreement** – template available [here](https://coloradohealth.org/sites/default/files/documents/2019-05/CHF%20Fiscal%20Sponsorship%20Policy%20and%20Agreement%202019_0.pdf)

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.

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

**Number of Hours:**

**At The Colorado Health Foundation, we are committed to listening and learning from Colorado communities, which is why we invite you to provide anonymous feedback through** [**GrantAdvisor**](https://grantadvisor.org/profile.php?ein=74-2568941) **on how you’ve experienced us as a funder and partner. Your feedback is critical to helping inform decisions on how we can improve our practices.**

