

**Standard Application**

September 2021

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

**I am Applying For:** [Select **Standard Application**]

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

**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+)

**Organization Information (5,000 Character Limit)**

* 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**

*-- Current Mission Statement as listed under the Organization Contact Information --*

*(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 wither your updated mission statement or with a request for moderator editing rights to your organization.)*

[**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 Activities (10,000 character limit)**

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](https://www.coloradohealth.org/open-funding).

* 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?

**Method for Tracking Your Impact (5,000 character limit)**

* 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?

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

* 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?

**When submitting your application online, the following documents will need to be uploaded.**

**Required Documents for All Applications (further guidance available** [**here**](https://coloradohealth.org/sites/default/files/documents/2021-05/Application%20Attachment%20Checklist%20updated%2005.19.2021.pdf)**):**

* **Line-Item Budget Form** – required template available [here](https://coloradohealth.org/sites/default/files/documents/2020-01/TCHF%20Line-Item%20Budget%20Form.xls)
* **Budget Narrative**
* **Demographic Data Form** – required template available [here](https://coloradohealth.org/sites/default/files/documents/2021-05/05.19.2021%20-%20Demographic%20Data%20Form.xlsx)
* **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](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.**

