

**Sabbatical Application**

August 2022

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

**I am Applying For:** [Select **Sabbatical Program**]

**Sabbatical Program – Applicant Information and Questions**

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

**Sabbatical Summary (A short one-sentence description of what you would do should you be awarded this Sabbatical) 250 character limit:**

**Type of Support:** [Select **Capacity Building**]

**What is your current field of work and why are you engaged in it? (2,000 character limit):**

**What significant leadership lessons have you learned over time? (5,000 character limit):**

**Briefly describe the paid executive nonprofit leadership role(s) you’ve had in the last seven years. (2,000 character limit):**

**Briefly describe current or recent (last two to three years) examples of community leadership volunteering you engage in. (2,000 character limit):**

**Have you participated in a sabbatical and/or fellowship experience in the last five years? If yes, briefly describe. (2,000 character limit):**

**Roles (2,000 character limit)**

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

**Projected Sabbatical Dates (e.g., mm/dd/yyyy – mm/dd/yyyy):**

**Why is now the right time for you to take a sabbatical? (5,000 character limit)**

**How would you like to use your time during the sabbatical? For example, what types of activities would you like to engage in? (5,000 character limit)**

**What, if anything, do you worry about in considering the impact of you stepping away from your organization to take a sabbatical? (5,000 character limit)**

**Sabbatical Program – Executive-In-Residence**

The sabbatical program includes one month as an executive-in-residence at The Colorado Health Foundation’s headquarters in Denver. The executive-in-residence experience is developed in close partnership between awarded grantees and Foundation staff, and designed as a mutually-beneficial learning experience.

**What would you like to learn from or experience with the Foundation as an executive-in-residence? (2,000 character limit)**

**During the executive-in-residence period, what key offerings/expertise might you offer to the Foundation in your professional capacity? (2,000 character limit)**

**The executive-in-residence portion of the sabbatical would require you to reside in Denver. Would that present a personal and/or professional challenge that we should be aware of? (2,000 character limit)**

**Sabbatical Program – Cornerstone Alignment with Your Life’s Work**

Our three [cornerstones](https://www.coloradohealth.org/about-us/vision-mission) 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 - professionally and personally through lived experience - addresses each cornerstone. Note that the work you are doing currently within your role will receive the greatest weight.

***Health Equity: We do everything with the intent of creating health equity. (5,000 character limit)***

* Health inequity is deeply personal for each person. How do you describe or think about the term "health inequity"?
* What professional and/or personal experiences have you had with inequity issues that influence and shape your understanding of how inequity takes shape?
* How are you specifically addressing inequity issues at your organization you currently lead? Describe two to three specific examples of internal operational and two to three examples of external programmatic activities that address inequity.

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

* At least 50% of the population your organization serves must be living on low income to qualify for the sabbatical award. Describe the socioeconomic demographics of the population your organization serves. Note that we are seeking specific details on those who your organization serves and not necessarily community demographics from where your organization is located.
* Describe the racial make-up of the population your organization serves.
* At least 60% of the services and programming that your organization conducts must directly occur in Colorado to qualify for the sabbatical award. Describe the geographic reach of your services and programming.
* In what ways has the population that you serve been marginalized and how do you determine who is eligible for your services?

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

* There are many ways that a leader and their organization can learn about being informed by communities they serve. Please share two to three specific examples of how you and your organization approach the idea of being informed by those you serve.
* Describe two to three ways that you as an executive leader stay in touch with the individuals or groups that your organization serves.
* Using the two to three examples listed above, please describe how you and your organization have actively interpreted and applied the information (e.g., feedback, input) you have learned by those you serve. For example, share how your organization ensures that the needs and voices of the Coloradans you serve are reflected in your organizational strategies and are operationalized through your programs and services.

**Sabbatical Program – Organizational Information, Budget & Finances**

**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.

**Please share how a sabbatical would support your organizational needs at this time. (5,000 character limit)**

**Total # of staff, including full-time and/or part-time equivalents (including specifics around volunteers, if applicable) at your organization:**

**Total Annual Organization Budget:** $

**Total Grant Amount Requested (not to exceed $100,000):** $

**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 $55,000, dependent upon current salary*

* Sabbatical activities (not to exceed $20,000)
* Staff capacity building funds (not to exceed $15,000)
* Interim leadership funds (not to exceed $10,000)

**Sabbatical Program – Demographic Data**

As part of the Foundation's commitment to learning and evolving, we strive to understand how we and those with whom we work are advancing equity within our own institutions and the communities we exist to serve. Moving forward, we are requesting key demographic data from sabbatical applicants about themselves (the executive director), their organization (staff and board) and for the communities they serve. The information collected serves as one data point, among many, in our efforts to understand how our partners are approaching the work of advancing equity. If you have questions about this data collection, please reach out to the grantmaking operations team at grants@coloradohealth.org.

We understand that you may not have the requested demographic data for some of the sections; please provide what you can. You may select "do not track" and provide an explanation as needed. If applicable, when completing the Multiracial field(s) for your staff or program participants, please count an individual one time for the Multiracial field. If you have and would like to provide additional information on the identities of people referenced in the demographic data table, please include in the narrative space provided.

***Applicant Executive Director Demographic Information***

**Please enter your demographic data as the Executive Director.**

**Please share your race/ethnicity (mark all that apply):**

|  |  |
| --- | --- |
|   | **Applicant Executive Director** |
| Arab / Middle Eastern |   |
| Asian / Pacific Islander |   |
| Black, non-Hispanic |   |
| Hispanic / Latinx |   |
| Indigenous / Native American |   |
| Multiracial |   |
| Another Race or Ethnicity |   |
|  *Please describe* |   |
| White, non-Hispanic |  |
| Prefer not to say |  |

**Please share your gender identity:**

|  |  |
| --- | --- |
|  | **Applicant Executive Director** |
| Man |   |
| Woman |   |
| Nonbinary / Nonconforming |   |
| Another Gender Identity |   |
|  *Please describe* |   |
| Prefer not to say |   |

**Please share if you identify as a member of the LGBTQ (Lesbian, Gay, Bisexual, Transgender and/or Queer) community:**

|  |  |
| --- | --- |
|  | **Applicant Executive Director** |
| Yes |   |
| No |   |
| Prefer not to say |   |

**Please share if you identify as living with a disability:**

|  |  |
| --- | --- |
|  | **Applicant Executive Director** |
| Yes |   |
| No |   |
| Prefer not to say |   |

***Organization Demographic Information***

**Number of Board Members:** [insert number]

**Number of Executive Leadership (including yourself):** [insert number]

**Number of All Other Staff:** [insert number]

Please enter the demographic information for your organization (include yourself in the Executive Leadership figures). To enter, expand and complete each demographic information section by clicking on the triangle next to the corresponding section header.

*Please provide****numbers (#)****for the information requested below.*

**Race and Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Board (#)** | **Executive Leadership (#)** | **All Other Staff (#)** |
| Arab / Middle Eastern |   |   |   |
| Asian / Pacific Islander |   |   |   |
| Black, non-Hispanic |   |   |   |
| Hispanic / Latinx |   |   |   |
| Indigenous / Native American |   |   |   |
| Multiracial |   |   |   |
| Another Race or Ethnicity |   |   |   |
|  *Please describe* |   |   |   |
| White, non-Hispanic |  |  |  |
| Prefer not to say |   |   |   |
| Do not track |   |   |   |

**Gender**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board (#)** | **Executive Leadership (#)** | **All Other Staff (#)** |
| Man |   |   |   |
| Woman |   |   |   |
| Nonbinary / Nonconforming |   |   |   |
| Another Gender Identity |   |   |   |
|  *Please describe* |   |   |   |
| Prefer not to say |   |   |   |
| Do not track |   |   |   |

**People Who Identify as Lesbian, Gay, Bisexual, Transgender and/or Queer**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board (#)** | **Executive Leadership (#)** | **All Other Staff (#)** |
| Yes |   |   |   |
| No |   |   |   |
| Prefer not to say |   |   |   |
| Do not track |   |   |   |

**People Who Identify as Living With a Disability**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Board (#)** | **Executive Leadership (#)** | **All Other Staff (#)** |
| Yes |   |   |   |
| No |   |   |   |
| Prefer not to say |   |   |   |
| Do not track |   |   |   |

**Is there any other demographic information on board, leadership and staff your organization tracks that you’d like to share? If so, please note here. (500 character limit for response)**

**If you selected “do not track” for any of the above information, please explain why you do not collect this information. (500 character limit for response)**

***Community Served Demographic Information***

Please enter the demographic information for the communities served by your organization. To enter, expand and complete each section by clicking on the triangle next to the corresponding section header.

*Please provide****percentages (%)****for the information requested below.*

**Race and Ethnicity**

|  |  |
| --- | --- |
|   | **Participants Served by All Organizational Programs (%)** |
| Arab / Middle Eastern |   |
| Asian / Pacific Islander |   |
| Black, non-Hispanic |   |
| Hispanic / Latinx |   |
| Indigenous / Native American |   |
| Multiracial |   |
| Another Race or Ethnicity |   |
|  *Please describe* |   |
| White, non-Hispanic |  |
| Prefer not to say |   |
| Do not track |   |

**Gender**

|  |  |
| --- | --- |
|  | **Participants Served by All Organizational Programs (%)** |
| Man |   |
| Woman |   |
| Nonbinary / Nonconforming |   |
| Another Gender Identity |   |
|  *Please describe* |   |
| Prefer not to say |   |
| Do not track |   |

**People Who Identify as Lesbian, Gay, Bisexual, Transgender and/or Queer**

|  |  |
| --- | --- |
|  | **Participants Served by All Organizational Programs (%)** |
| Yes |   |
| No |   |
| Prefer not to say |   |
| Do not track |   |

**People Who Identify as Living With a Disability**

|  |  |
| --- | --- |
|  | **Participants Served by All Organizational Programs (%)** |
| Yes |   |
| No |   |
| Prefer not to say |   |
| Do not track |   |

**Is there any other demographic information on people served by your organization that you’d like to share? If so, please note here. (500 character limit for response)**

**If you selected “do not track” for any of the above information, please explain why you do not collect this data.500 character limit for response)**

**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 seven years
2. **List of three references** with contact information
3. **Letter of support from your 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** developed using [this template](https://coloradohealth.org/sites/default/files/documents/2021-07/CHF%20Sabbatical%20Cycle%203_Interim%20Leadership%20Plan%20Template.docx) that is signed by your organization's board chair: This plan should outline how organizational management will be handled during your absence and upon your return, as well as a guarantee of maintenance of regular health or other benefits during the sabbatical period. The Foundation strongly recommends that the plan provide internal leadership opportunities for existing staff rather than rely on support from volunteers or anticipate hiring new staff or consultants. There is up to $10,000 of support available for these needs.
6. **Staff Capacity Building Plan** developed using [this template](https://coloradohealth.org/sites/default/files/documents/2022-08/CHF%20Sabbatical%20Cycle%204_Capacity%20Building%20Plan%20Template_FINAL.docxhttps%3A/coloradohealth.org/sites/default/files/documents/2022-08/CHF%20Sabbatical%20Cycle%204_Capacity%20Building%20Plan%20Template_FINAL.docx): This plan should outline how your organization plans to engage staff in determining use of the capacity building funds, and any existing ideas for use of the funds. Capacity building funds are required to be employee-directed rather than management-directed. There is up to $15,000 of support available for these activities.
7. **Sabbatical budget:** In order to better understand your proposed plans, please fill out [this template](https://coloradohealth.org/sites/default/files/documents/2022-08/Sabbatical%20Budget%20Template-revised%208.10.2022.xlsx) 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 your sabbatical plans. Note: you do not need to budget funds for the executive-in-residence portion of the sabbatical. The Foundation assumes these expenses.

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](https://coloradohealth.org/sites/default/files/documents/2019-08/How%20to%20Upload%20a%20Document.pdf).

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.

