



The Colorado
Health Foundation™

Standard Application

August 2023

NOTE: This document is only for reference in preparing an application.

To be considered for funding, please submit an application [here](#). If barriers prevent you from submitting an application online, please contact us for alternate arrangements at 303-953-3600 or grants@coloradohealth.org.

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

Funding Type: [Select from the [Available Funding Opportunities](#) listed in a drop-down field]

The purpose of The Colorado Health Foundation's grant application is to better understand your organization and proposed program or project. We consider the information included in this application as a "first look" into your program or project, and do not expect it to be an extensive description of your organization and program or project. As needed, Foundation staff will reach out to you with further questions after reviewing this initial information. Please note that your proposal will not be evaluated based on grammar, sentence structure, writing style or how "well-written" it is. This application can be used for all types of funding requests, including general operating support.

We encourage you to refer to this [glossary](#) when completing your responses to some of the narrative questions below, in an effort to ensure a clear understanding of how the Foundation defines key terms used below.

How We Are Working to Achieve Health Equity

We believe keeping equity at the heart of our work will lead Coloradans to better health. While there are countless drivers of health, we know that racial injustice - fueled by systemic racism - is the leading driver of health inequity for communities of color living on low income. That's why we prioritize Coloradans of color and address the deepest, most historically entrenched inequities that affect health based on a person's socioeconomic status, disability, gender identity, sexual orientation, country of origin and religion.

Racial justice - dismantling and/or shifting conditions that are intentionally and unintentionally racist - is the key pathway in our work to achieve health equity. It is essential that every step we take creates fair opportunities for people whose health is furthest from reach. This is why our work, and that which we expect in the work of our partners, is rooted in three cornerstones:

- Serve Coloradans who have less power, privilege and income, and prioritize Coloradans of color;
- Do everything with the intention of creating health equity; and
- Be informed by the community and those we exist to serve.

Our grant application reflects these three cornerstones, and includes key prompts that help us better understand how your organization is strategically advancing health equity and racial justice.

Organization Information

Current Mission Statement

If previously submitted or on file with the Foundation, your organization's current mission statement will be displayed in the system as a read-only field. To edit, follow the instructions listed within the Fluxx application.

Provide a brief summary of the programs and services your organization offers in order to bring this mission to life. 1,000-character limit for response

Total Organization Budget: \$

If using a fiscal sponsor, enter the total organization budget for the sponsored organization/project (not the fiscal sponsor).

What is your organization's awareness of and commitment to Racial Justice, Equity, Diversity, and Inclusion (JEDI)? How do these values show up in your overall work? Please include what, if any, JEDI work your organization is doing internally with your staff, leadership, Board of Directors, and in your operations. 2,500-character limit for response

As part of the Foundation's commitment to learning and evolving, we strive to understand how we and our partners are working to advance equity within our own institutions and the communities we exist to serve. One way of doing this is by requesting key demographic data from grant applicant organizations and the communities you 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 Sara Guillaume at (303) 953-3600.

We understand that you may not have the requested demographic data for some or all of the sections in this form; 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.

Organization Demographic Information

Number of Board Members: [insert number]

Number of Executive Leadership: [insert number]

Number of All Other Staff: [insert number]

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 | | | |
| <i>Please describe</i> | | | |
| White, non-Hispanic | | | |
| Prefer not to say | | | |
| Do not track | | | |

Gender

| | Board (#) | Executive Leadership (#) | All Other Staff (#) |
|---------------------------|-----------|--------------------------|---------------------|
| Man | | | |
| Woman | | | |
| Nonbinary / Nonconforming | | | |
| Another Gender Identity | | | |
| <i>Please describe</i> | | | |
| 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

Project Information

Project Title:

Proposal Summary

A one- to two-sentence description of your proposal. 500-character limit for response

Type of Support:

Select one: Capacity Building, Capital, General Operating, Project Support

Total Project Budget: \$

For *General Operating* requests, enter your total organizational budget for total project budget

Total Amount Requested: \$

Funding Term (Months):

Counties Served

Select the Colorado counties that the proposed work will specifically serve, or choose “Colorado Statewide” for the list

Age Group

Select from: All Ages, Early Childhood (0-5); Children (6-12); Youth (13-20); Adults (21-54); Older Adults (55+)

Community Served Demographic Information

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

Race and Ethnicity

| | Anticipated Program Participants Served Through Grant (%) | Participants Actually Served by All Organizational Programs (if different) (%) |
|------------------------------|--|---|
| Arab / Middle Eastern | | |
| Asian / Pacific Islander | | |
| Black, non-Hispanic | | |
| Hispanic / Latinx | | |
| Indigenous / Native American | | |
| Multiracial | | |
| Another Race or Ethnicity | | |
| <i>Please describe</i> | | |

| | | |
|---------------------|--|--|
| White, non-Hispanic | | |
| Prefer not to say | | |
| Do not track | | |

Gender

| | Anticipated Program Participants Served Through Grant (%) | Participants Actually Served by All Organizational Programs (<i>if different</i>) (%) |
|---------------------------|---|---|
| Man | | |
| Woman | | |
| Nonbinary / Nonconforming | | |
| Another Gender Identity | | |
| <i>Please describe</i> | | |
| Prefer not to say | | |
| Do not track | | |

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

| | Anticipated Program Participants Served Through Grant (%) | Participants Actually Served by All Organizational Programs (<i>if different</i>) (%) |
|-------------------|---|---|
| Yes | | |
| No | | |
| Prefer not to say | | |
| Do not track | | |

People Who Identify as Living With a Disability


| | Anticipated Program Participants Served Through Grant (%) | Participants Actually Served by All Organizational Programs (<i>if different</i>) (%) |
|-------------------|---|---|
| Yes | | |
| No | | |
| Prefer not to say | | |
| Do not track | | |

Is there any other demographic information on people served by your organization and program or project 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

Cornerstones

Our [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.

- 
- **Who We Serve:** We serve Coloradans who have less power, privilege and income, and prioritize Coloradans of color.
 - **Health Equity:** We do everything with the intent of creating health equity.
 - **Community-Informed:** We are informed by the community and those we exist to serve.

Please describe the people or community that your project will serve. How will your program or project address the health inequities experienced by the individuals you are serving? *2,500-character limit for response*

Please describe how your program or project was shaped by the people and community you will serve. What type of information was used to help you understand the context, needs or perspectives of these individuals (e.g., feedback from the people and community you will serve, needs assessments, census data, community conversations, etc.)? *2,500-character limit for response*

Proposed Activities *5,000-character limit for response*

- **Please describe your proposed project or program - what you will do and how you will do it. How did you decide this was the right approach to address the needs of the people and community you will serve?**

Intermediate Milestones *2,500-character limit for response*

- **Please provide no more than five important milestones (e.g., significant achievements) you hope to achieve for each year of your program or project.**

Understanding Your Impact, *5,000-character limit for response*

- **How many unique individuals do you expect to serve or reach with your program or project? (# answer, not narrative)**
- **Please describe how you will know that your program or project has led to the overall results you want to see? How will you know that your program or project has led to greater health equity for the people or community you will serve?**

Financial Information, *2,500-character limit for response*

- **Please describe how you will use the requested funding by providing a brief budget narrative. If applying for more than one year of funding, please include the total amount requested for each year.**
- **What are the other major sources of funding, financial and non-financial, for this project?**

Requested Attachments

The following documentation is requested:

- **Most recent full 12 months financial statements, audited if available within that timeframe**

For proposals using a fiscal sponsor:

- **Fiscal sponsor agreement – template available [here](#), other formats accepted**
- **Fiscal sponsor financials (most recent full 12 months financial statements, audited if available within that timeframe)**

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](#) 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.

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