



Caring for Colorado Online Grant Portal

Grant Application - Part 1

Part 1 is due Thursday, February 2, 2023, by 5 pm.

Applicants must submit the complete Part 1 application by the deadline to be considered for funding.

IMPORTANT: Please do not navigate away from this page after you begin filling out the form. **You CANNOT save your work.**

Before starting Part 1:

1. Review CFC's [Guiding Principles](#) and [Focus Areas](#) to ensure your organization's proposed work aligns with our funding.
2. Review our [What We Fund \(PDF\)](#) guidance.
3. Review the [Seeking a Grant](#) page on our website and/or the [Grant Application Overview \(PDF\)](#).

Completing Part 1: *Do not leave or close this page after you begin filling out the form.*

1. Required questions are **in bold** in the form below and must be answered.
2. Download and use the [Proposal Overview template](#) to write, edit and save your responses. Use 12-point font and do not exceed three (3) pages. **Please note:** Do not use special formatting in the template – when you copy and paste the answers into the form below, you'll lose any formatting. We do not evaluate proposals based on formatting, grammar, writing style, sentence structure, etc.
3. After writing, editing and saving your responses in the Proposal Overview template, you must **copy and paste each response** into the corresponding section in the online form below.
4. Review your contact information and responses. **Please note:** Your submission cannot be modified or changed after clicking "Submit" so please review your information carefully.
5. Click "Submit Request."

Next Steps:

- The executive director/CEO listed below will receive an email acknowledging receipt of Part 1 submission within one business day.
- The primary project contact will be notified via email within four weeks about next steps.
- Part 1 applicants selected for further review will be asked to submit additional information about their organization and proposed work. Please see [Seeking a Grant](#) or the [Grant Application Overview \(PDF\)](#) for more details.
- Applicants who are not selected for ongoing review will be informed of the declination via email.

If you have any questions or concerns, please contact our team at grants@caringforcolorado.org.

Are you using a Fiscal Agent for this application?

No

Note: Applicants can select yes if they are using a fiscal sponsor. If you select yes, a link will appear for the fiscal agent application that allows you to enter the agent’s information.

Are you using a Fiscal Agent for this application?

Yes

Select the organization acting as your Fiscal Sponsor/Agent.

Other

Fiscal Agent/Sponsor Information

Please type Full Name, Address, City, State, Zip, Full Name of the Primary Contact (Signs Contracts) the Primary Contact's email.

Has the organization previously applied for CFC funding?

ORGANIZATION INFORMATION

Organization Name

Legal Name

Tax ID

Tax Class

Address 1

Address 2

City

Country

State/Province

Zipcode

County where primary office is located

Organization Phone

Website Address

CONTACT INFORMATION

Executive Director

First Name

Last Name

User Title

E-mail

Address 1

Address 2

City

State

Postal Code (Zip)

Office Phone

Direct Phone

Project Primary Contact

If the Primary Project Contact is different from the CEO/Executive Director, please provide information below:

Primary Contact Name

Primary Contact Suffix

Primary Contact Title

Primary Contact Address

Enter Address, City, State, Zip if different from Organization address

Primary Contact Email

Primary Contact Office Phone

Primary Contact Direct Phone

REQUEST INFORMATION

Focus Area

Proposal Title

Proposal Summary (500 Character Max)

Characters left for field: 500

Is this a general operating request?

Amount Requested

Note: If you are requesting project or program support, you will be asked to include the total project/program budget amount.

Is this a general operating request?

Total Project/Program Budget

Amount Requested

Proposal Start Date

Proposal Term in Months

Anticipated Number Reached

Describe how Anticipated Number Reached is calculated

Geography

Geographical Area Served

County or Counties Served by Project

- Adams
- Alamosa
- Arapahoe
- Archuleta
- Baca
- Bent

Demographics

What percentage of the population served by your organization identifies as a person of color? (Specific information on race and ethnicity is required in the Part 2 Application).

What percentage of the population served by your organization lives with incomes at or below 260% of the federal poverty level? (Common income eligibility percentages: CHP+ = 260% FPL, SNAP = 200% FPL, Reduced lunch = 185% FPL, MCD = 133% FPL, Free lunch = 130% FPL).

Is serving or representing a specific community part of your organization's mission?

Financial Information

Organization Annual Budget

Please refer to your most recent balance sheet and income statement and provide the information below (information from unaudited financials is acceptable if recent audited financials are not available). If you are a government agency, please enter "0" for all fields.

Date of Financial Statement

Current Assets

Current Liabilities

Cash/Cash Equivalents

PROPOSAL OVERVIEW: Copy and paste each answer from your Proposal Overview template into the form below.

1. Describe the work you are proposing to do. If applying for general operating support, briefly describe the organization's current priorities and/or strategic plan.

2. Describe who the organization/program aims to reach.

3. Describe how the work/organization is aligned with the Caring for Colorado Focus Area and Strategy selected above.

4. Describe how the work/organization is aligned with each of the three Caring for Colorado Grantmaking Guiding Principles.

5. Identify other community organizations/partners and describe how you will work with them to accomplish the outcomes of the proposed work.

6. Describe what you hope to achieve (e.g. increase in reach, numbers reached, changes realized, capacity built).

By submitting this LOI, the organization affirms the information provided is accurate and misrepresentation of information will disqualify the application.

Select One:

- Accept**
- Decline**

Cancel

Submit Request