

Test Organization

R-12444-23 | Funding Source: | -
//

Status

Draft

▼ Table Of Contents

ORGANIZATION PROFILE
CONTACTS
PROPOSAL INFORMATION AND NARRATIVE
DEMOGRAPHICS
DOCUMENTATION

IMPORTANT: Please save your work! The portal logs users out after 15 minutes, so save your work as you complete the application. The save and submit buttons are at the bottom right corner of the application.

1. While you are entering information in your application, click **Save** to save and continue working on it.
2. When you are finished with the application, click **Save and Close**.
3. After clicking Save and Close, you must click the **Submit** button. You will not be able to edit your application after you click submit.

ReproCollab Application

Please complete the following:

1. Review the organization information and contacts provided in Intent to Apply - submit any changes if necessary.
2. Complete the questions and narrative information. Download and use the Proposal Narrative template. Responses cannot exceed three (3) pages using 12-point font. Copy and paste your responses from the template into the corresponding questions below and review.
3. Download and complete the Contraceptive Access Project Budget template and attach.
4. Attach all other required documents.
5. Click Submit when you're done.

You will receive an email confirming submission within 1-2 business days. If you do not receive confirmation, please contact us at grants@caringforcolorado.org.

After receiving a complete application, the philanthropy team member assigned to your proposal will be in touch via email to schedule a site visit. Please visit the [ReproCollab Seeking a Grant web page](#) for additional details about the review process and timeline.

Please contact our team at grants@caringforcolorado.org if you have any questions or issues.

Have you ever applied to CFC for funding?

▼ ORGANIZATION PROFILE

ORGANIZATION

Does any organization information below need to be updated?

Organization Name:	Test Organization
Legal Name:	Test Organization
Tax ID:	000000000
Tax Class:	501c(3)
Address 1:	1635 W. 13th Ave, Suite 303
Address 2:	
City, State Zip:	Denver, Colorado 80204
County where primary office is located:	Denver
Phone:	720-524-0770
Website Address:	www.caringforcolorado.org

▼ CONTACTS

IMPORTANT: Newly added contacts will receive logon credentials for this organization. If they replace an existing contact, the credentials for that contact will be removed.

Executive Director Contact Information

Does any of the Executive Director information need to be updated?

Executive Director:	Test Test
Title	Official Test
Address 1:	1635 W. 13th Ave, Suite 303
Address 2:	
City, State Zip:	Denver, Colorado 80204
E-Mail	test@test.org
Office Phone:	720-524-0770
Direct Phone:	720-524-0770

Proposal Primary Contact Information

The Proposal Primary Contact is the person who will receive status updates, report reminders and other grant information.

- Select "Yes" if you wish to add a Primary Proposal Contact different from the Executive Director.
- Select "Yes" if you need to update any Proposal Primary Contact information.
- Select "No" if no changes are needed.

Proposal Primary Contact:	Test Test
Title	Official Test
Address 1:	1635 W. 13th Ave, Suite 303
Address 2:	
City, State Zip:	Denver, Colorado 80204
E-Mail	test@test.org
Office Phone:	720-524-0770
Direct Phone:	

PROPOSAL INFORMATION AND NARRATIVE

Organization Annual Budget: \$0.00

Fiscal Year End Date (mm/dd):

Does the Board of Directors have term limits?

Does the organization/Board of Directors have a conflict of interest policy?

Does the organization have an approved anti-discrimination policy?

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

Select one:

If awarded funding, the organization agrees to execute the Caring for Colorado Foundation grant agreement. [Click here](#) to view a sample grant agreement.

Select One:

PROPOSAL OVERVIEW

This application is for the following Focus Area and Strategy:

Focus Area: ReproCollab

Strategy: Protect and Expand Contraceptive Access

Proposal Title (75 Character Max):

Proposal Summary (500 Character Max):

Enter Project Summary here

Amount Requested: \$0.00

Proposal Start Date:

Proposal Term in Months:

Proposal End Date:

Anticipated Number Reached:

Describe how Anticipated Number Reached is calculated:

Geographical Area Served:

County or Counties Served by Project:

Age Group (check all that apply):

PROPOSAL OUTCOMES

Please include up to three (3) outcomes. Please be specific and consider how you assess progress and results.

The purpose of the outcomes is to identify the main goals of the proposed work (for example, greater reach, changes that occurred for participants, increased capacity, progress on organizational strategy/goals, skills developed).

Goal:

Outcome One:

Do you have another outcome?

DEMOGRAPHICS

Caring for Colorado collects demographic data to help us better understand our grantmaking and evaluate the effectiveness of our work in reflecting our **guiding principles** and **advancing our mission**.

The information collected serves as one data point, among many, in our efforts to understand how our partners are working to equitably build a healthier future for Colorado families and children. We recognize that requesting this information adds to the amount of time it takes to complete the application, and we appreciate your willingness to share this information with us.

We understand that you may not have the demographic data for some or all the sections in this form. If you do not collect *any* demographic data on your board, staff or communities served, you may indicate that below. If you collect some demographic data, please complete the applicable sections.

Please contact us at grants@caringforcolorado.org if you have questions or need assistance.

Do you collect demographic data for your organization and the communities you serve? Yes

Board Demographics

Enter the total number of board members:

Race and Ethnicity - Board

Do you collect race and ethnicity demographics for your board?

Please select the race/ethnicity group(s) represented on your board (reported by board members). For each selection, enter the number of individuals who selected that category.

Race / Ethnicity Categories Selected:

Verify - Number of Board Members: 0

Gender Identity - Board

Do you collect gender identity demographics for your board?

Select the gender identity group(s) represented on your board (reported by board members). For each selection, enter the number of individuals who selected that category.

Gender Identity Categories Selected:

Verify - Number of Board Members: 0

Sexual Orientation - Board

Do you collect sexual orientation demographics for your board?

Select the sexual orientation group represented on your board (reported by board members). For each selection, enter the number of individuals who selected that category.

Sexual Orientation Categories Selected:

Verify - Number of Board Members: 0

People Living With a Disability - Board

Do you collect demographics about living with a disability for your board?

Select the category for living with disability represented on your board (reported by board members). For each selection, enter the number of individuals who selected that category.

Living with Disability Categories Selected:

Verify - Number of Board Members: 0

CEO Demographics

Do you collect demographics for your CEO or executive director?

Race and Ethnicity:

Gender Identity:

Sexual Orientation:

Living with a Disability:

Senior Staff Demographics

For this section, **senior staff** is defined as people with authority over budget (typically VP, Director).

Enter the total number of senior staff and then select the categories your senior staff has reported.

Race and Ethnicity - Senior Staff

Do you collect race and ethnicity demographics for your senior staff?

Select the race/ethnicity group(s) represented on senior staff (reported by senior staff). For each selection, enter the number of individuals who selected that category.

Race and Ethnicity Categories Selected:

Verify - Number of Senior Staff: 0

Gender Identity - Senior Staff

Do you collect gender demographics for your senior staff?

Select the gender identity group(s) represented by senior staff (reported by senior staff). For each selection, enter the number of individuals who selected that category.

Gender Identity Categories Selected:

Verify - Number of Senior Staff: 0

Sexual Orientation - Senior Staff

Do you collect sexual orientation demographics for your senior staff?

Select the sexual orientation group(s) represented by senior staff (reported by senior staff). For each selection, enter the number of individuals who selected that category.

Sexual Orientation Categories Selected:

Verify - Number of Senior Staff: 0

People Living With a Disability - Senior Staff

Do you collect demographics about living with a disability for your senior staff?

Select the category for living with disability represented by your senior staff (reported by senior staff). For each selection, enter the number of individuals who selected that category..

Living with Disability Categories Selected:

Verify - Number of Senior Staff: 0

Other Staff Demographics

Enter the total number of staff and then select the categories your staff has reported.

Race and Ethnicity - Other Staff

Do you collect race and ethnicity demographics for your staff?

Select the race/ethnicity group(s) represented on your staff (reported by staff). For each selection, enter the number of individuals who selected that category.

Race and Ethnicity Categories Selected:

Verify - Number of Other Staff: 0

Gender Identity - Other Staff

Do you collect gender identity demographics for your staff?

Select the gender identity group(s) represented on your staff (reported by staff). For each selection, enter the number of individuals who selected that category.

Gender Identity Categories Selected:

Verify - Number of Other Staff: 0

Sexual Orientation - Other Staff

Do you collect sexual orientation demographics for your staff?

Select the sexual orientation group(s) represented on your staff (reported by staff). For each selection, enter the number of individuals who selected that category.

Sexual Orientation Categories Selected:

Verify - Number of Other Staff: 0

People Living With a Disability - Other Staff

Do you collect demographics about living with a disability for your staff?

Select the category for living with disability represented on your staff (reported by staff members). For each selection, enter the number of individuals who selected that category.

Living with Disability Categories Selected:

Verify - Number of Other Staff: 0

Is there any other demographic information on board, leadership and staff your organization collects that you'd like to share? If so, please note here.

If you selected "do not track" for any of the above information, please tell us more about why (e.g., capacity, organization priorities, documentation status, etc.).

Community Served Demographic Information

Race and Ethnicity - Community

Do you collect race and ethnicity demographics for your community?

Select the race/ethnicity group(s) represented in your community. For each selected item, enter the percentage for the category selected.

Race and Ethnicity Categories Selected:

Verify - Percentage = 100% 0

Gender Identity - Community

Do you collect gender identity demographics for your community?

Select the gender identity group(s) represented in your community. For each selected item, enter the percentage for the category selected.

Gender Identity Categories Selected:

Verify - Percentage = 100% 0

Sexual Orientation - Community

Do you collect sexual orientation demographics for your community?

Select the sexual orientation group(s) represented in your community. For each selected item, enter the percentage for the category selected.

Sexual Orientation Categories Selected:

Verify - Percentage = 100% 0

People Living With a Disability - Community

Do you collect demographics about living with a disability for your community?

Select the living with a disability group(s) represented in your community. For each selected item, enter the percentage for the category selected.

Living with Disability Categories Selected:

Verify - Percentage = 100% 0

Income Below Federal Poverty Level - Community

Do you collect income demographics for your community?

Select the group(s) represented in your community. For each selected item, enter the percentage for the category selected. Common income eligibility percentage examples: CHP+ = 260% FPL, SNAP = 200% FPL, Reduced lunch = 185% FPL, MCD = 133% FPL, Free lunch = 130% FPL).

Income Categories Selected:

Verify - Percentage = 100% 0

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.

If the target communities of this proposal are different from your current communities served, please explain.

If you selected "do not collect" for any of the above information, please tell us more about why do not collect this information (capacity, organization priorities, documentation status, etc.)?

PROPOSAL NARRATIVE

[Instructions](#)

1. Download and use the [Proposal Narrative](#) template to review and edit responses. Please ensure all responses do not exceed three (3) pages using 12-point font.
2. Answers to all questions must be submitted.
3. Copy and paste your responses from the Proposal Narrative template into the corresponding questions below and review.

1. Provide a summary of your proposed plan to improve person-centered contraceptive care.

2. Please describe your organization's payer mix (Medicaid, Medicare, Uninsured, Private Insurer, etc.).

3. Share your organization's current strengths in meeting the contraceptive care needs of the people you serve.

4. Based on your proposed plan, share the type of system changes that may be necessary to improve person-centered contraceptive care.

5. Describe your proposed Organization Team and the desired goals from participation in a learning community.

DOCUMENTATION

Please be sure to [SAVE](#) this form before uploading attachments.

Please [consolidate any optional information](#) into one PDF and attach as one file. Only one additional attachment is allowed.

Contact grants@caringforcolorado.org to request removal or deletion of any attachments uploaded in error.

List of Required Documentation

- **Proposal Budget** – Download the budget template here. Instructions on how to complete the template are included.
- **Board of Directors** – Attach a list of the organization's board of directors, with titles.
- **Major Contributors** – Attach a list of the major contributors to the organization and contribution amounts for the previous fiscal year.
- **Annual Financials** – Please provide **audited financials** for the most recently completed fiscal year end. If this is unavailable, please provide IRS Form 990/990EZ or internal year-end balance sheet and income statement.
- **YTD Financial Statements** – Attach most current year-to-date internal financial statements (Statement of Activities and Balance Sheet), including budget-to-actual data, if available.
- **Operating Budget** – Attach current-year annual operating budget.
- **Optional additional attachment (not required)** – Please consolidate any additional materials into a PDF and attach as one file. Additional attachments are NOT required.

C_Proposal Budget

E_Board of Directors

G_Major Contributors

H_Year End/Audited Financial Statements

I_YTD Financial Statements

J_Operating Budget

K_Optional Attachment

GRANTEE REQUEST DOCUMENTS
