

Fiscal Agent Application

Fiscal Agent - a tax-exempt charitable organization or social welfare organization operating under a 501(c)(3) that has an arrangement with a small community based NPO that may or may not have it's own tax-exempt status

A. FISCAL AGENT INFORMATION

1. Name of Fiscal Agent:

2. Do you have a Unique Entity Identifier (UEI (number issued by sam.gov):

- a) **Yes: Enter Here**
- b) **Pending: upload supporting document**
- b) **No: Explain**

3. CEO/Executive Director/Signing Authority name:

Title:
Mailing Address :
City:
State:
Zip Code:
Phone Number:
Email Address:

Check Here if Responsible Administrator is the same as above

4. Responsible Administrator name (will receive all communications for the application):

Title:
Mailing Address:
City:
State:
Zip Code:
Phone Number:
Email Address:

5. Do you perform ALL of the following functions on behalf of the organization?

- a) Receive grants, contributions, and other money on behalf of the small community-based nonprofit organization
- b) Ensure that the money of the small community-based nonprofit organization is spent on the intended charitable purposes of the organization without retaining any control over how the money is spent
- c) Supervise the small community-based nonprofit organization's finances
- d) Ensure that the small community-based nonprofit organization's money is used in a manner that furthers the Fiscal Agent's own charitable work.

Yes **No**

6. Insurance Requirement Acknowledgement:

As the Fiscal Agent I understand that if awarded, the following levels and certificates of insurance must be obtained to receive grant funds.

Yes **No**

General Liability:

Each occurrence - \$500,000
General Aggregate - \$500,000
Products and completed operations aggregate - \$500,000
Fire - \$50,000

Automobile Liability:

Each occurrence \$500,000

Cyber/Network Security and Privacy Liability:

Each occurrence - \$500,000
General Aggregate - \$1,000,000

Crime Insurance:

Each occurrence - \$500,000
General Aggregate - \$500,000

7. Is your organization in good standing with the Colorado Secretary of State?

Yes No

Upload Proof of good standing status

Provide a Certificate of good standing with the State of Colorado, Secretary of State Office. This document can be obtained at <https://www.sos.state.co.us/pubs/business/businessHome.html>. Under "Services," click "Certificate of good standing."

8. Can you perform these functions specified for an administrative fee that does not exceed ten percent (10%) of the total amount of any grant, contribution, or other money that the small NPO received with the assistance of the Fiscal Agent.

Yes No

9. If your organization is awarded funds, you will be required to submit backup documentation on all expenditures on a quarterly basis. Is this something your organization is able to do?

Yes No Explain:

10. Total amount of funds requested:

11. Total amount of administrative funds requested:

Administrative funds cannot exceed 10% of total amount requested

B. NPO ELIGIBILITY

The following information must be completed for the organization you are representing with this grant application.

Name of organization:

1. What is the organization's operating budget for the current fiscal year:

a) **Upload the organization's operating budget for the current fiscal year:**

2. Where is the main office of the organizations located (city and county)?

If outside x counties please visit the [DOLA Website](#) to determine which RAP you should apply through.

What counties does the organization serve?
(check list)

3. Is the organization in good standing with the Colorado Secretary of State?

Yes No

a) **Upload Proof of your good standing status**

Provide a Certificate of good standing with the State of Colorado, Secretary of State Office. This document can be obtained at <https://www.sos.state.co.us/pubs/business/businessHome.html>. Under "Services," click "Certificate of good standing."

4. What is the organization's mission?

5. Which of the following services does the organization provide? (select all that apply)

Health Equity Workforce Development Community Economic Development Housing

Food Justice Education Support Early Childhood Care

Other community identified need _____

a) **Describe how the organization provides services in the areas listed above? (250 word limit)**

Example

C. PROGRAM INFORMATION

The following information must be completed for the organization you are representing with this grant application.

This funding prioritizes support for communities who have been historically underrepresented, underserved, or under-resourced in Colorado.

Indicate all the communities served (place an X in each applicable category):

LGBT	BIPOC	Women	Gender non-conforming	Disability/neurodiversity	Low Income	Immigrant/Refugee	Rural

1. Provide a number of staff and board that identify with the categories of historically underrepresented, underserved, or under-resourced in Colorado.

	a) Board	b) Staff
LGBT		
BIPOC		
Women		
Gender Non-conforming		
Disability/neurodiversity		
Low-Income		
Immigrant/Refugee		
Rural		
Total Unduplicated # represented		
Total Number in organization		

c) Indicate which of the following communities the highest paid executive staff member identifies with from the communities your organization serves above (place an X in each applicable category):

LGBT	BIPOC	Women	Gender non-conforming	Disability/neurodiversity	Low Income	Immigrant/Refugee	Rural	Not Applicable

2. Please answer the following questions in regard to the organization's work that specifically focuses on historically underrepresented, underserved, or under-resourced communities.

- a) How do they ensure they're providing relevant programs? (250 word limit)
- b) How do they ensure that services are culturally responsive? (250 word limit)
- c) How do they ensure that the services they provide are effective. (250 word limit)

3. How does the organization take client and community feedback into consideration when deciding where to focus efforts? (250 word limit)

4. Does the organization connect the communities they serve with other state or federally funded programs?
 Yes No

D. COVID-19 IMPACT

The following information must be completed for the organization you are representing with this grant application.

Select and provide supporting documentation in one of the following categories on how the organization was impacted or disproportionately impacted by the COVID-19 Public Health Emergency

Supporting documentation can include, but is not limited to: Year over year budgets, board meeting minutes indicating discussion or vote, notes from board finance or other committee meetings, email documentation, signed letter from board chair documenting specific situation.

1. The organization was disproportionately impacted by the COVID-19 Public Health Emergency

a. **Supporting Documentation:**

Note: *To qualify for the disproportionately impacted criteria the organization must provide services in a qualified census tract, as defined by the United States treasury as any census tract that is designated by the secretary of housing and urban development and, for the most recent year for which census data are available on household income in such tract, either in which 50% or more of the households have an income that is less than 60% of the area median gross income for such year or that has a poverty rate of at least 25%. Use this [map](#) to lookup qualified census tracts by address.*

2. The organization's total operating budget has decreased during the COVID-19 public health emergency

a. What % has the operating budget decreased?

b. Supporting documentation:

3. The organization had to lay off staff during the COVID-19 public health emergency

a. What % of staff did they have to lay off during the COVID-19 public health emergency:

b. Supporting documentation:

4. The organization had to close for a period during the COVID-19 public health emergency

a. What dates or date range was the organization closed:

b. Supporting documentation: _____

5. The organization had to access its financial reserves to pay for operating costs during the COVID-19 public health emergency.

a. What % of your financial reserves were accessed:

b. Supporting documentation: _____

6. If none of the above apply, tell us how the organization was impacted by the COVID-19 Public Health emergency. (500 word limit)

E. PROJECT INFORMATION

The following information must be completed for the organization you are representing with this grant application.

1. Select the category of the project (select all that apply):

These funds can be utilized for infrastructure and capacity building in the following categories. Please select all that apply to this request.

Note: requested amount cannot exceed 30% of the organization's annual operating budget, max award amount is \$100,000

- Data Technology - data collection and/or technology infrastructure
- Professional Development - staff and board
- Communications
- Strategic planning and organizational development for capacity building, fundraising, and other services
- Existing program expansion, development or evaluation
- Other _____

2. Tell us about the project(s) that the requested funds are for (500 word limit):

3. What is the timeline for the completion of the project(s)?

4. If the organization is awarded funds, they will be required to submit backup documentation on all expenses on a quarterly basis. Is this something the organization is able to do?

Yes No Explain: _____

F. BUDGET

The following information must be completed for the organization you are representing with this grant application.

1. Total amount of funds requested (requested amount cannot exceed 30% of annual operating budget, max award amount - \$100,000, Fiscal Agent Administrative allowance = 10% of total award):

2. Budget narrative for funds requested: