

Application

A. APPLICANT/CONTACT INFORMATION

1. Name of Organization:

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. What counties does your organization serve?

(check list)

6. Insurance Requirement Acknowledgement:

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

B. ORGANIZATION ELIGIBILITY

1. What is your operating budget for the current fiscal year:

a) Upload your operating budget for the current fiscal year:

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

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

3. Is your 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 your organization's mission?

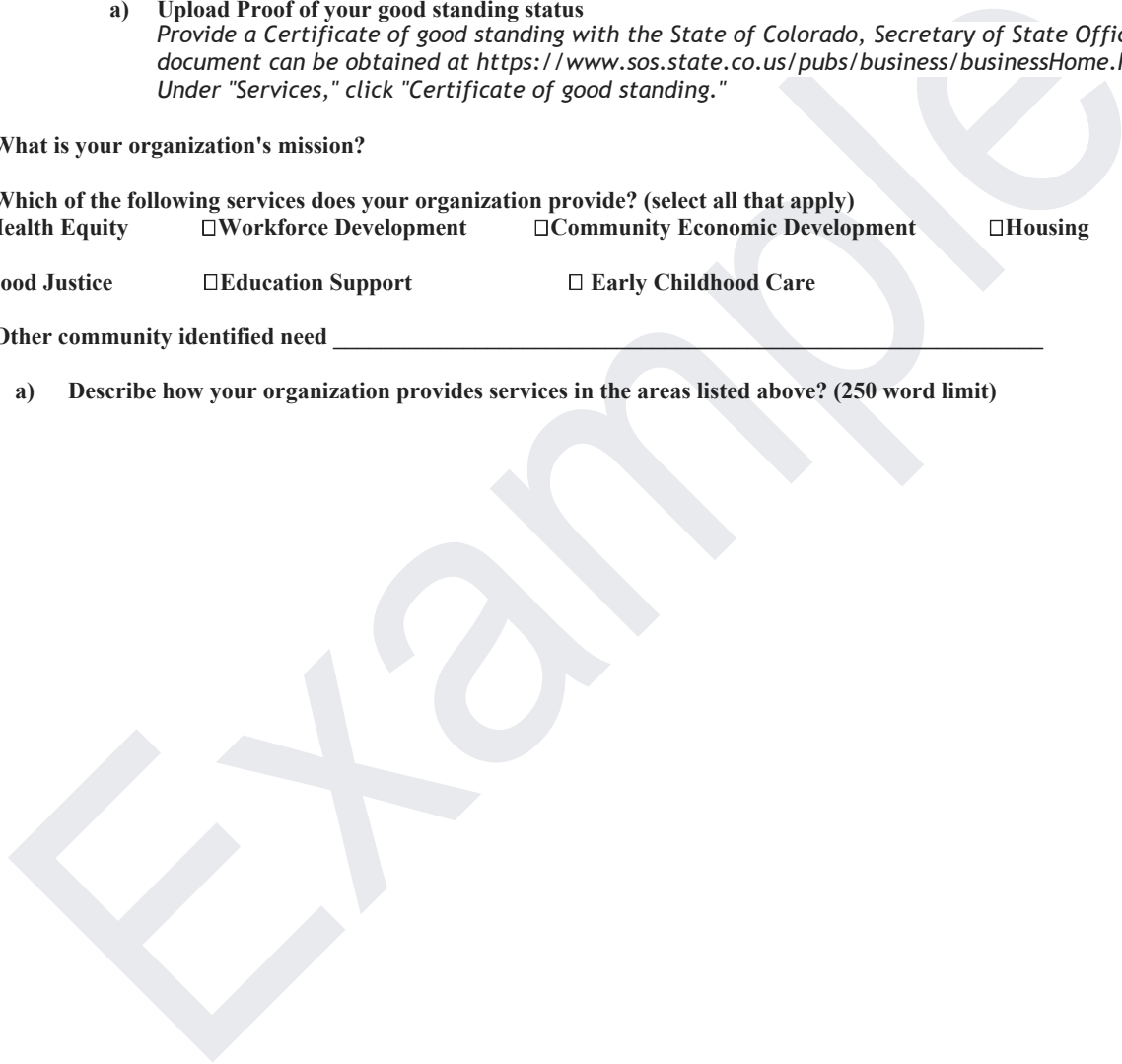
5. Which of the following services does your organization provide? (select all that apply)

Health Equity Workforce Development Community Economic Development Housing

Food Justice Education Support Early Childhood Care

Other community identified need _____

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



C. PROGRAM INFORMATION

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

Indicate all the communities your organization serves (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 your 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 your organization's work that specifically focuses on historically underrepresented, underserved, or under-resourced communities.

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

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

4. Does your organization connect the communities you serve with other state or federally funded programs?

Yes No

D. COVID-19 IMPACT

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

a. **Supporting Documentation:**

Note: To qualify for the disproportionately impacted criteria your 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. Your organization's total operating budget has decreased during the COVID-19 public health emergency

a. What % has your operating budget decreased?

b. Supporting documentation:

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

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

b. Supporting documentation:

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

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

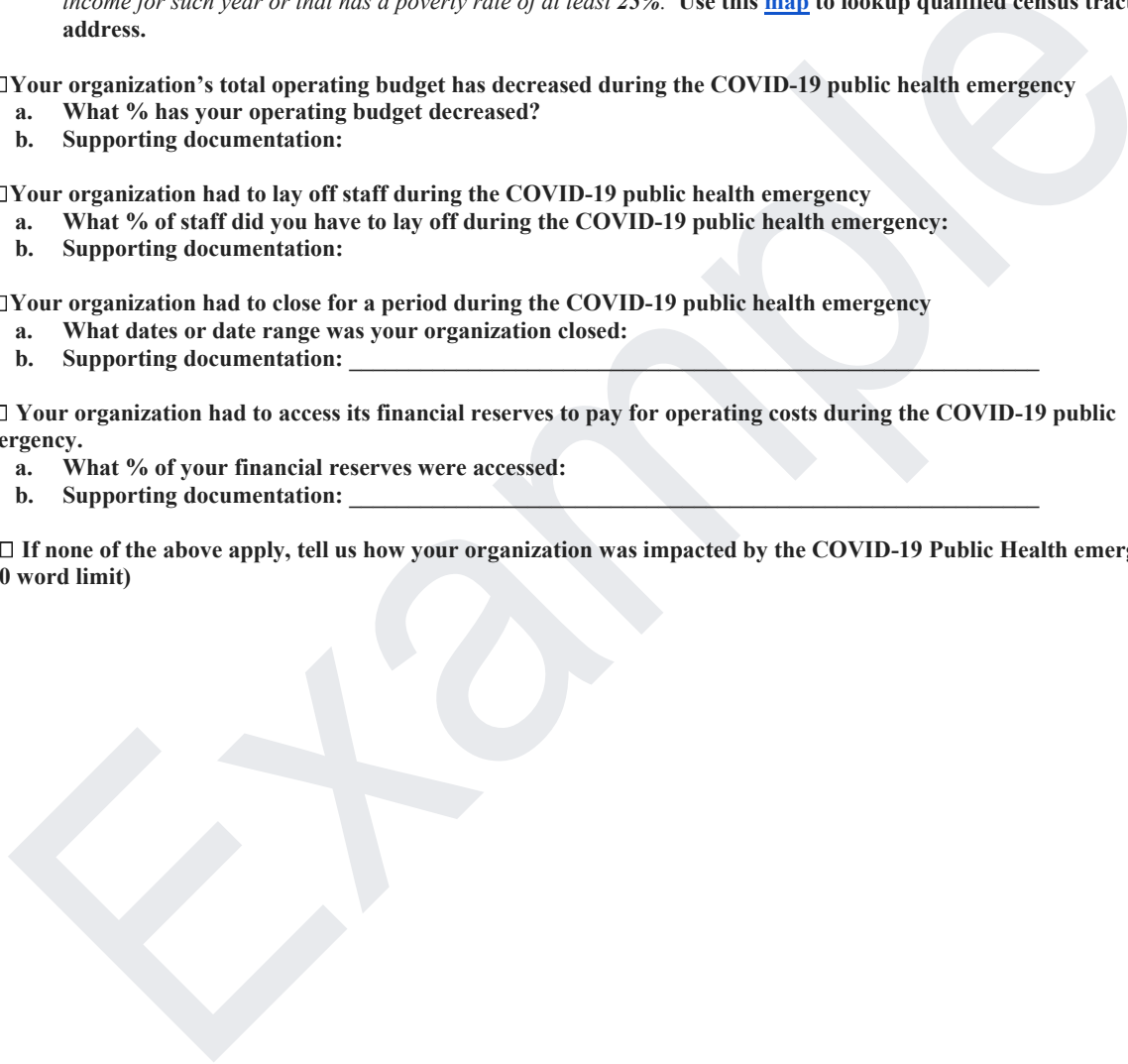
b. Supporting documentation: _____

5. Your 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 your organization was impacted by the COVID-19 Public Health emergency. (500 word limit)



E. PROJECT INFORMATION

1. Select the category of your 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 your annual operating budget, max award amount is \$100,000, administration allowance - 10%):

- 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) you are requesting funds for (500 word limit):

3. What is the timeline for the completion of your projects? (250 word limit):

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

Yes Explain: _____ No Explain: _____

a. Would technical assistance be helpful in supporting this requirement?

Yes No

F. BUDGET

1. Total amount of funds requested (requested amount cannot exceed 30% of your annual operating budget, max award amount - \$100,000, administration allowance - 10%):

2. Budget narrative for funds requested(250 word limit):