

Test Organization

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R-12902-23 | Funding Source: | -  
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Status

Draft

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**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.

### Part 2 - Proposal Information and Narrative

Part 2 of the grant application provides CFC with additional information about your organization and the proposed work. Please complete the following:

1. Review the organization information and contacts provided in Part 1 - submit any changes if necessary.
2. Complete the Part 2 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. Attach all required documents.
4. Click Submit when you're done.

You will receive an email confirming Part 2 submission 24-48 hours after submission.

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 [CFC website](#) for additional details about the review process and timeline.

Please contact our team at [grants@caringforcolorado.org](mailto:grants@caringforcolorado.org) if you have any questions or issues.

## Has the organization previously applied for CFC funding?

### ▼ ORGANIZATION PROFILE

#### ORGANIZATION

Does any organization information below need to be updated?

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

### ▼ 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?

<b>Executive Director:</b>	Test Test
<b>Title</b>	Official Test
<b>Address 1:</b>	1635 W. 13th Ave, Suite 303
<b>Address 2:</b>	
<b>City, State Zip:</b>	Denver, Colorado 80204
<b>E-Mail</b>	<a href="mailto:test@test.org">test@test.org</a>

Office Phone: 720-524-0770

Direct Phone: 720-524-0770

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### Proposal Primary Contact Information

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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.

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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:

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### PART 2 PROPOSAL INFORMATION AND NARRATIVE

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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

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*Please select the CFC Strategy that corresponds with the Focus Area selected in Part 1*

*For more information on CFC's focus areas and strategies, click [here](#).*

**Focus Area:**

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**Geographical Area Served:**  
**County or Counties Served by Project:**  
**Age Group (check all that apply):**  
**Proposal Title (75 Character Max):**  
**Proposal Summary (500 Character Max):**

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**Total Project/Program Budget:** \$0.00  
**Amount Requested:** \$0.00  
**Proposal Start Date:**  
**Proposal Term in Months:**  
**Proposal End Date:**  
**Anticipated Number Reached:**  
**Describe how Anticipated Number Reached is calculated:**

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### FINANCIAL INFORMATION (From Part 1)

**Date of Financial Statement:**  
**Current Assets:** \$0.00  
**Current Liabilities:** \$0.00  
**Cash/Cash Equivalents:** \$0.00

### PROPOSAL OUTCOMES

**Please include at least three (3) and up to five (5) 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).

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**Outcome One:**

**Do you have another outcome?**

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### 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](mailto: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.)?**

## PART 2 - PROPOSAL NARRATIVE

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### **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. **Describe how your program or project was shaped by the people and community you will serve.**
2. **Please describe how you will know that your program or project has led to the overall results you want to see? How will you assess the proposed activities/work? If specific measurement tools will be used, please describe.**
3. **Describe how the organization supports the well-being and development of staff.**
4. **Identify any financial opportunities and challenges for the organization and/or proposed work.**

## ▼ PART 1 - PROPOSAL OVERVIEW (Submitted previously)

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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 one or more Caring for Colorado Focus Areas.**
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).**

## DOCUMENTATION

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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](mailto: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.

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C\_Proposal Budget

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E\_Board of Directors

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G\_Major Contributors

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H\_Year End/Audited Financial Statements

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I\_YTD Financial Statements

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J\_Operating Budget

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K\_Optional Attachment

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GRANTEE REQUEST DOCUMENTS

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