Part 1 Application
Lead and Advocate for Reproductive Equity

Part 1 Application Due Thursday, August 17, 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 the funding opportunity (PDF) to ensure your organization’s proposed work aligns with the ReproCollab Lead and Advocate for Reproductive Equity strategy.
2. Review our What We Fund (PDF) guidance.
3. Review the ReproCollab Seeking a Grant page for detailed information on how to apply.

Before starting Part 1:
Do not leave, refresh or close this page after you begin filling out the form. Please use Google Chrome as your browser.

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. Responses must be limited to two pages using 12-point font. Please note: 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.
• Part 1 applicants selected to move to Part 2 will be notified on August 28.
• Applicants selected to submit Part 2 must submit additional information about their organization and proposed work in the Part 2 application.
• 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?

Has the organization previously applied for CFC funding?

ORGANIZATION INFORMATION

Organization Name

Legal Name

Tax ID

Tax Class

Address 1

Address 2

City

Country

United States

State/Province

Postal Code (Zip)

County where primary office is located

Organization Phone

Website Address
**CONTACT INFORMATION**

Executive Director

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Title if different from Executive Director

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**Project Primary Contact**

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

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<th>Primary Contact First Name</th>
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Primary Contact Last 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

Proposal Title

Proposal Summary (500 Character Max)

Characters left for field: 500

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 requested 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

1. Describe your proposed project and how it will contribute to the strategies of ReproCollab’s Advocacy Funding Opportunity.

2. Describe how the proposed work is aligned with ReproCollab’s vision, mission, values, and intentions.

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

Select One:

- Accept
- Decline