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| **Your responses must be submitted in the** [**Part 1 Application online form**](https://caringforcolorado.fluxx.io/apply/LOI2024) **by 5:00 p.m. on Thursday, November 14.**  **Remember, the online form does not allow you to save your work.** | |
| **Part 1 Application Questions** | **Guidance** |
| **Select Focus Area:**  Supporting Young People  Strengthening Families  2GEN: Supporting Young People and Strengthening Families  Building Youth-Centered Communities | Before selecting a Focus Area, review the Funding Opportunity resources to ensure eligibility and alignment.  You can only select one Focus Area. |
| **Select the strategies on which your application will focus:**  **Supporting Young People:**  Create the conditions young people need to contribute in meaningful ways to others and their community.  Create the conditions young people need to explore their values, interests, and goals.  Create the conditions young people need to make good decisions and establish positive health behaviors.  Create the conditions young people need to cultivate healthy, supportive relationships and social networks with peers, near-peers, and trusted adults.  **Strengthening Families:**  Create the conditions parents and caregivers need to strengthen family bonds and cultivate healthy parent/caregiver-adolescent relationships.  Create the conditions parents and caregivers need to deepen their knowledge of adolescent development and parenting strategies that support the health and well-being of young people.  Create the conditions parents and caregivers need to develop meaningful social connections with other parents, caregivers, and advocates.  *Create the conditions parents and caregivers need to access concrete support, especially in times of need.*  **Building Youth-Centered Communities:**  Create the conditions young people need to experience coordinated systems of care—especially for those with complex needs who seek services across multiple systems—that are informed by young people and their families.  Create the conditions young people need to experience safe, inclusive spaces designed to foster social connections and promote positive health outcomes.  Create the conditions young people need to receive youth-centered physical and behavioral healthcare.  Create the conditions young people need to successfully transition into adulthood. | We encourage you to select only strategies that align with your organization's core work or that meet an emerging need in your community.  You do not need to select every strategy implemented by your organization—select only the strategies for which you plan to report on for the purposes of this application.  You need only select one strategy to apply for funding. The only caveat is in the Strengthening Families Focus Area— *“access to concrete support, especially in times of need”* must be accompanied by at least one other strategy. We see this as wrap-around support, rather than a stand-alone strategy.  As a reminder, if you select the 2GEN focus area, you have the option of selecting strategies from the Supporting Young People and Strengthening Families Focus Areas.  ***Important consideration***: for each strategy selected in the Part 1 Application, you will be asked to answer the following in the Part 2 Application:   1. Why did your organization select this strategy? 2. What is your organization’s approach to implementing the selected strategy? 3. Define at least one outcome and subsequent objective for this strategy. 4. How will your organization measure progress on the outcome(s) and objective(s) defined above? |
| **Does your organization meet the eligibility criteria for this funding opportunity? Select all that apply.**  **Eligibility for Supporting Young People and Strengthening Families:**  Yes, at least 75% of the people we serve live with low incomes.  Yes, our organization focuses explicitly on at least one of Caring for Colorado’s priority populations, with at least 90% of the total people served representing that population.  Yes, we are a capacity-building organization that serves organizations that meet at least one of the other eligibility requirements.  **Eligibility for Building Youth-Centered Communities:**  Yes, this proposal is focused on a city or county where 18% or more of young people under 18 live at or below the federal poverty level.  Yes,this proposal is focused on reducing a specific health disparity experienced by one or more of CFC’s priority populations.  **If yes,** Select the [**TOPIC**](https://health.gov/healthypeople/objectives-and-data/browse-objectives) that most closely reflects the health disparity this proposal plans to address: Choose an item.  Yes, we are a capacity-building organization that serves organizations that meet at least one of the other eligibility requirements. | Focus Area eligibility criteria are based on the *proposed work* in the application, not the total population served by an organization. For example, a school district may request funding to create a safe space for students who identify as 2SLGBTQIA+. The school district's total student population demographics do not need to meet the eligibility requirements to apply.  **What is considered low income?** Incomes at or below 260% of the federal poverty level, 80% of Area Median Income, or [TANF eligible](https://cdhs.colorado.gov/colorado-works) are considered low income. Income data can be self-reported by young people or families and does not require formal documentation.  **What does it mean to “explicitly serve” 90% of young people or families who represent one or more of Caring for Colorado’s priority populations?** This eligibility category is for organizations or programs designed explicitly for a specific population, such as those intentionally established to meet the unique needs of young people in the foster care system. |
| **Does your organization meet one or more of the eligibility criteria listed above?**  Yes  No | This question may seem redundant, however, asking this question in two ways allows Caring for Colorado to collect and report on the data in the way we need to make decisions and roll-up data into our dashboard. |
| **Are you using a Fiscal Agent for this application?**  Yes  No  **If yes:** Select one of the prepopulated fiscal agents or select “Other”  **If “Other,” Please type the Full Name, Address, City, State, Zip, Full Name of the Primary Contact (Signs Contracts), and the Primary Contact's email.** | New or emerging organizations or for-profits are permitted to apply through a tax-exempt organization acting as a fiscal agent. The most common type of fiscal agent arrangement is between a 501(c)(3) tax-exempt charitable organization and a non-tax-exempt group. The fiscal agent has the ultimate authority and responsibility to see that the funds are used for the intended purpose; it cannot simply be a pass-through organization. |
| **Has the organization previously applied for CFC funding?**  Yes  No  **If yes,** **Did the organization receive funding?**  Yes  No | This question helps us identify if you are a first-time applicant, a returning applicant, or a previous grantee.  If you are unsure if your organization has applied or been funded in the past, please select “no.” |
| **Organizational Information:**  Organization Name:  Legal Name:  Tax ID:  Tax Class:  Address 1:  Address 2:  City:  Country (drop-down selection):  State/Province (drop-down selection):  Zip code:  County where primary office is located (drop-down selection):  Organization Phone:  Website Address: |  |
| **Executive Director Information:**  First Name:  Last Name:  User Title:  E-mail:  Address 1:  Address 2:  City:  State:  Postal Code (Zip):  Office Phone:  Direct Phone: | The executive director/CEO listed in the application will receive an email acknowledging receipt of Part 1 submission within one business day. |
| **Project Primary Contact (if different than ED):**  Primary Contact First Name:  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: | The primary project contact will be notified via email within four weeks about the next steps in the review process. |
| **Proposal Title:**  Click or tap here to enter text. | If awarded funding, the “Proposal Title” will be used in funding announcements and in the grants database on Caring for Colorado’s website.  *Considerations:*   * Format is brief and should not exceed five words. * Do not include your organization's name in the title. * Do not enter punctuation. |
| **Proposal Summary:**  Click or tap here to enter text. | If awarded funding, the “Proposal Summary” will be used in funding announcements and in the grants database on Caring for Colorado’s website.  *Considerations:*   * Format is brief and should not exceed 15 words. * To start the description, use an active verb – For example: * Implement or provide (current programs or services * Enhance or Expand (change or strengthen existing service or program) * Create, Develop, or Build (new services or programs) * Facilitate, Train, or Educate (participants/clients, staff, or volunteers) * Use keywords to add context, such as rural, urban, mental health, prevention, families, grandparents, youth/family leadership, etc. |
| **Mission Statement:**  Click or tap here to enter text. | This field is for your *organization’s* mission statement and may be used in funding announcements and in the grants database on Caring for Colorado’s website.  If your organization does not have a formal, board-approved mission statement, please type in “no formal mission statement.”  Please do not add any other information in this field, including a vision statement or values. |
| **What percentage of the people you serve self-identify as a person of color?**  Choose an item.  **If “Do not track”:**  **Select the primary reason for not tracking this information:**  Choose an item. | This question is different from the previous eligibility questions asked at the beginning of the application. It asks about the demographics of your *entire organization*, not just the proposed work in your application.  We use this data to assess who applicants and Caring for Colorado grantees are serving.  As an organization focused on creating equity in health, well-being, and opportunity, we ask demographic questions about race/ethnicity in every Part 1 Application as one way to measure our progress in centering equity in our grantmaking.  The Part 2 Application asks detailed demographic questions about the applicant’s board, staff, and community served. |
| **What percentage of the people you serve live with low income?**  Choose an item.  **If “Do not track”:**  **Select the primary reason for not tracking this information:** Choose an item. | This question is different from the previous eligibility questions asked at the beginning of the application. It asks about the demographics of your *entire organization*, not just the proposed work in your application.  We use this data to assess who applicants and Caring for Colorado grantees are serving.  As an organization focused on creating equity in health, well-being, and opportunity, we ask demographic questions about income in every Part 1 Application as one way to measure our progress in centering equity in our grantmaking.  The Part 2 Application asks detailed demographic questions about the applicant’s board, staff, and community served. |
| **Does your organization focus explicitly on one of Caring for Colorado’s priority populations with at least 90% of total people served representing that population?**  Choose an item.  **If yes, please answer the question below for each of CFC’s priority populations.**  **Do at least 90% of the people served self-identify as:**  **-a person of color?** Choose an item.  **-2SLGBTQIA+?** Choose an item.  **-living with visible or invisible disabilities in low-income families and/or under-resourced communities?** Choose an item.  **-living with newly arrived, immigrant, or refugee families?** Choose an item.  **-experiencing housing insecurity?** Choose an item.  **-experiencing interpersonal or family violence or abuse?** Choose an item.  **-experiencing the child welfare system?** Choose an item.  **-being involved in the juvenile justice system?** Choose an item.  **-experiencing family instability or separation due to parents or caregivers’ involvement in the justice system?** Choose an item.  **-being raised by grandparents or other family caregivers?** Choose an item.  **-young parents (under 26 years old)?** Choose an item. | This question is different from the previous eligibility questions asked at the beginning of the application; and it will only appear in the Part 1 Application if you select *“Yes, our organization focuses explicitly on at least one of Caring for Colorado’s priority populations, with at least 90% of the total people served representing that population”* at the beginning of your application.  To be clear, this question asks about the demographics of your *entire organization*, not just the proposed work in your application.  Explicit focus means that an organization *was established to meet the unique needs of a specific population*, which is different from an organization’s community-served demographics demonstrating 90% of a priority population.  For instance, an organization designed to serve young people or families experiencing housing insecurity should select “yes” to the main question about priority populations and should also select “yes” to the question, “Do at least 90% of the people served self-identify as experiencing housing insecurity?”  But the same organization should select “no” to “Do at least 90% of the people served self-identify as 2SLGBTQIA+?” if the services provided are not designed to explicitly meet the unique needs of this population (even if 90% of young people served identify as 2SLGBTQIA+). |
| **Age Group(s) Served by Proposed work:**  ~~0 to 5 years old~~  ~~6 to 8 years old~~  9 to 10 years old  11 to 14 years old  15 to 18 years old  19 to 21 years old  22 to 25 years old  26 years or older  Adult Parents/Caregivers | Please select only the age ranges for the *proposed work*. Do not select every age group your organization serves.  Since this application is only for work focused on 9 to 25-year-olds and their parents and caregivers, do not select ‘0 to 5’ or ‘6 to 8’, even if your organization serves that population. |
| **Geography:**  Choose an item. | If your proposed work serves multiple counties that include both rural and urban counties, select the option that best defines the intended geography. |
| **Geographical Area Served:**  Choose an item. | If your proposed work serves multiple counties that include both rural and urban counties, select the option that best defines the intended geography.  Your organization does not have to work in all 64 counties to be considered “statewide.” |
| **County or Counties Served by Project:**  *Option to add county or counties in the online form.* |  |
| **Is this a general operating request?**  Choose an item.  **If “no”**  **Is this a Project/Program Request or a Capital Request?**  Choose an item. | We want Caring for Colorado funding to be among your most flexible resources, and we encourage organizations whose core work is aligned with the focus area strategies to apply for general operating funding.  We generally recommend project/ program requests for large organizations or institutions for whom the work in this application represents a small part of their overall work or for statewide organizations that are focusing on specific counties.  Capital funding is only available for requests in the Building Youth-Centered Communities focus area.  Of note, if you select project/program or capital, you will be asked to provide a separate budget in the Part 2 Application. |
| **Anticipated Number Reached:**  Click or tap here to enter text. | This field should only include a number. The value represents the estimated number of individuals that will be served by the proposed work. |
| **Describe how the Anticipated Number Reached is calculated:**  Click or tap here to enter text. | Describe how the number listed above was calculated. For example, this project will serve an estimated 50 parents/caregivers in the Strengthening Families classes, and an estimated 150 middle school students enrolled in the after-school program. |
| **Organization Annual Budget:**  $ | This is the organization's current operating budget. For applications using a fiscal sponsor, please use the program's operating budget, not the fiscal sponsor's budget. |
| **If Project/Program or Capital Request, Total Project/ Program or Capital Budget:**  $ | This is the total expenses for the project. |
| **Funding Request Amount:**  $ | If you are requesting multi-year funding, please include the total amount. For example, if you are requesting $75,000 a year for three years, the requested amount is $225,000. |
| **Proposal Start Date:**  **7/1/2025** | All proposal start dates should be July 1, 2025. |
| **Desired Grant Term (in months):**  Click or tap here to enter text. | This field only accepts number values in months. Please input a number between 12 and 36. |
| **Number of years the organization has been in operation (if less than 1 year, type 0):**  Click or tap here to enter text. | This field should be calculated based on the date of incorporation.  Organizations that have been in operation for less than one year *are* eligible to apply. |
| **Number of Full-Time Staff:**  Click or tap here to enter text. | Number of paid full-time staff in the entire organization, not just the proposed work. |
| **Number of Part-Time Staff:**  Click or tap here to enter text. | Number of paid part-time staff in the entire organization, not just the proposed work. |

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| **Narrative Questions:** |

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| 1. **Tell us about your organization:**   *Guidance:* There are no character or word limits in this section, but we ask that you keep your response to 500 words or less. This question provides an opportunity to share your organization's overall work. You might include general history or background information, organizational priorities or goals, and/or how your work aligns with the Focus Area you selected and our [Grantmaking Guiding Principles](https://caringforcolorado.org/wp-content/uploads/2024/10/GrantmakingGuidingPrinciples_YHWB.pdf). |

Click or tap here to enter text.

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| 1. **Describe your proposed work and the population served:**   *Guidance:* There are no character or word limits in this section, but we ask that you keep your response to 500 words or less. This question provides an opportunity to describe the work you are proposing and who you intend to serve. Please tie your responses to the focus area strategies you selected above. Some guiding questions include: What will you do? How will you do it? Who will you reach? What do you hope to achieve? |

Click or tap here to enter text.