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| **Your responses must be submitted in the** [**Part 1 Application online form**](https://caringforcolorado.fluxx.io/apply/ReproCollab) **by 5:00 p.m. on Thursday, March 20.** **Remember, the online form does not allow you to save your work.** |
| **Part 1 Application Questions** | **Guidance** |
| **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): Postal Code (Zip):County where primary office is located (drop-down selection):Organization Phone:Website Address: |  |
| **Executive Director Information:**First Name:Last Name:Title if different from Executive Director: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 CEO/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. |
| **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. |
| **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.
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| **Proposal Summary:** Click or tap here to enter text. | If awarded funding, the “Proposal Summary” might 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, person-centered contraceptive care, clinic improvements, etc.
* We respect your choice to ensure that this summary does not contain language that may be used against your organization.
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| **Is this a general operating request?**Choose an item. | This funding opportunity only allows Project/Program requests. **Please select “no”.**Of note, you will be asked to provide a separate budget in the Part 2 Application. |
| **Total Project/Program Budget:**$ | This is the total expenses for the project. |
| **Amount Requested:**$ | All awards will be up to $125,000.  |
| **Proposal Start Date:****7/1/2025** | All proposal start dates should be July 1, 2025. |
| **Proposal Term in Months:**Click or tap here to enter text. | This field only accepts number values in months. **Please input 18.** **Grants will be awarded for 18 months.**  |
| **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. |
| **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 patients of reproductive age at our ABC clinic location and 150 patients of reproductive age at our XYZ clinic location.  |
| **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.* |  |
| **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. |
| Caring for Colorado collects demographic information on grant applications to ensure that we are directing resources to our priority populations and taking a statewide approach to our work. Your application data is secure and confidential. Data from applicants or grantees is shared only in an aggregated form across all applicants or grantees. |
| **What percentage of the population served by your organization identifies 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 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. |
| **What percentage of the population served by your organization lives with incomes at or below 260% of the federal poverty level?**Choose an item. | This question 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. |

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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. Please describe your organization’s mission, patient population, and contraceptive care services. Please also include the following: 1) the barriers and challenges people experience in accessing contraceptive care in your community; 2) the barriers and challenges in providing contraceptive care within your organization; 3) how or if your organization currently addresses those gaps; and 4) how your organization serves any of the following populations: Black, Latinx, or Indigenous individuals; people who identify as 2SLGBTQIA+; those living in rural and frontier areas; people who are undocumented, asylees, and refugees; and people with low incomes who struggle with financial obstacles to accessing care.  |

Click or tap here to enter text.

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| 1. **Provide a summary of the type of work your organization anticipates prioritizing within your Contraceptive Access Action Plan and the population(s) that will be served by your organization’s efforts:**

*Guidance:* There are no character or word limits in this section, but we ask that you keep your response to 500 words or less. Please describe the type of work your organization aims to pursue with the support and technical assistance of CO+RE. You can refer to the examples of activities provided in the Funding Opportunity. Additionally, please include a description of collaboration with community members or organizations that you feel would be essential for the success of this work.  |

Click or tap here to enter text.