



Community Resilience Initiatives Grant Application

The responses to these application questions will be entered into the online forms in The Colorado Trust's online grants portal. Only applications received through the grants portal will be accepted. All potential applicants must register and create a portal profile by March 1, 2024. [Click here](#) to begin the portal registration process. If a project is fiscally sponsored, both the fiscal sponsor and the sponsored entity must register in the portal, and the application materials should be submitted in the sponsored entity's portal. Visit www.coloradotruster.org/CRI or see the specific request for proposals for each initiative for more information on the grants portal registration process.

ORGANIZATIONAL PROFILE

Organizational Information

This information will be submitted via the grants portal's Organization Profile section.

1. Organization/Entity Name: _____
2. Organization/Entity Employer Identification Number (EIN): _____
3. What is the organization/entity's mailing address?
 - a. Address: _____
 - b. County: _____
4. Who will serve as the primary contact person for this grant project?
 - a. Full Name: _____
 - b. Job Title: _____
 - c. Phone Number: _____
 - d. Email Address: _____
5. Will the grant primary contact also be the signatory (on grant documents)? YES NO
 - a. If NO, please provide contact information for the signatory:
 - i. Full Name: _____
 - ii. Job Title: _____
 - iii. Phone Number: _____
 - iv. Email Address: _____
6. In what year was the organization founded? _____
7. What is the organization's annual operating budget? \$ _____
8. How many employees does the organization have currently? _____
9. Is the organization's executive director/CEO/president a person of color? YES NO

10. How many people serve on the organization's board of directors? _____
a. What percentage of the board members identify as a person of color? _____%

11. Will this grant application have a fiscal sponsor? YES NO

If YES, please complete the following information for the fiscal sponsor organization. If NO, please proceed to question #12:

- a. Fiscal Sponsor Name: _____
- b. Fiscal Sponsor EIN: _____
- c. Fiscal Sponsor Mailing Address: _____
- d. Fiscal Sponsor County: _____
- e. Fiscal Sponsor Primary Contact Full Name: _____
- f. Fiscal Sponsor Primary Contact Job Title: _____
- g. Fiscal Sponsor Primary Contact Phone: _____
- h. Fiscal Sponsor Primary Contact Email: _____
- i. Fiscal Sponsor Signatory Name: _____
- j. Fiscal Sponsor Signatory Email: _____

Financial Documentation

For all applicants and fiscal sponsors, financial documentation (per the guidelines below) must be uploaded in the organization profile section of the grants portal.

12. Please submit the listed financial documentation as part of your application package. This information only needs to be submitted once per applying organization.

- a. Annual operating budget below \$250,000
 - Current year operating budget, with differentiation between program vs. fundraising expenses
 - Most recent Form 990
- b. Annual operating budget \$250,000-\$999,999
 - Current year operating budget, with differentiation between program vs. fundraising expenses
 - Most recent Form 990
 - List of net assets and liabilities (statement of financial position/balance sheet)
 - List of revenue and expenses with/without donor restrictions (statement of activities/income statement)
- c. Annual operating budget \$1,000,000+
 - Current year operating budget, with differentiation between program vs. fundraising expenses
 - Most recent Form 990
 - Audited financial statements with audit management letter for most recent audit
 - Organizations that must complete a single audit based on federal government regulations can confirm they have uploaded their most recent audit to the Federal Audit Clearinghouse website for The Trust to review.

Organizational Work and Impact

13. Please describe your organization/entity, including your mission, vision, nature of your work, and current primary goals.
14. Please select the [social determinant\(s\) of health](#) that mostly closely aligns with your organization's/entity's mission and vision (select all that apply).
 - Education Access and Quality
 - Economic Stability
 - Neighborhood and Built Environment
 - Social and Community Context
 - Health Care Access and Quality
15. What health disparities does your organization/entity address, and how?
16. Can you provide some examples of how your organization's work aligns with the [mission, vision and values](#) of The Colorado Trust?
17. How does the organization/entity demonstrate its commitment to diversity, equity and inclusion?

PROJECT APPLICATION

This information will be submitted via the grants portal's Project Application section.

1. For which of the Community Resilience Initiatives is this application (select one)?

Building Sustainable Food Systems
 Accessing Healthy Foods
 Diverse Approaches to Behavioral Health
 Expanding Access to Behavioral Health
 Sustaining Housing Solutions
 Capacity Building Assistance
 Policy and Advocacy
 Universal Basic Income

Abstract

2. Please provide a brief abstract of your proposed project (500 words or less).
3. Please select which issue or issue area the proposed project is seeking to address (select all that apply).

<input type="checkbox"/> Arts	<input type="checkbox"/> Immigrant & Refugee Services & Rights
<input type="checkbox"/> Athletics	<input type="checkbox"/> Incarceration & Restorative Justice
<input type="checkbox"/> Built Environment	<input type="checkbox"/> Language Justice
<input type="checkbox"/> Early Childhood Development	<input type="checkbox"/> Leadership Development
<input type="checkbox"/> Education	<input type="checkbox"/> Media
<input type="checkbox"/> Economic Stability	<input type="checkbox"/> Mental & Behavioral Health
<input type="checkbox"/> Employment	<input type="checkbox"/> Policing
<input type="checkbox"/> Environment & Climate	<input type="checkbox"/> Reproductive Health & Rights
<input type="checkbox"/> Food Access & Security	<input type="checkbox"/> Social & Community Context
<input type="checkbox"/> Health Care Access & Quality	<input type="checkbox"/> Transportation
<input type="checkbox"/> Health Promotion & Disease Prevention	<input type="checkbox"/> Violence Prevention & Safety
<input type="checkbox"/> Housing	<input type="checkbox"/> Workforce Development

4. Which counties in Colorado will this project serve (select all that apply)?

<input type="checkbox"/> ALL	<input type="checkbox"/> Delta	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Park
<input type="checkbox"/> Adams	<input type="checkbox"/> Denver	<input type="checkbox"/> Kit Carson	<input type="checkbox"/> Phillips
<input type="checkbox"/> Alamosa	<input type="checkbox"/> Dolores	<input type="checkbox"/> La Plata	<input type="checkbox"/> Pitkin
<input type="checkbox"/> Arapahoe	<input type="checkbox"/> Douglas	<input type="checkbox"/> Lake	<input type="checkbox"/> Prowers
<input type="checkbox"/> Archuleta	<input type="checkbox"/> Eagle	<input type="checkbox"/> Larimer	<input type="checkbox"/> Pueblo
<input type="checkbox"/> Baca	<input type="checkbox"/> El Paso	<input type="checkbox"/> Las Animas	<input type="checkbox"/> Rio Blanco
<input type="checkbox"/> Bent	<input type="checkbox"/> Elbert	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Rio Grande
<input type="checkbox"/> Boulder	<input type="checkbox"/> Fremont	<input type="checkbox"/> Logan	<input type="checkbox"/> Routt
<input type="checkbox"/> Broomfield	<input type="checkbox"/> Garfield	<input type="checkbox"/> Mesa	<input type="checkbox"/> Saguache
<input type="checkbox"/> Chaffee	<input type="checkbox"/> Gilpin	<input type="checkbox"/> Mineral	<input type="checkbox"/> San Juan
<input type="checkbox"/> Cheyenne	<input type="checkbox"/> Grand	<input type="checkbox"/> Moffat	<input type="checkbox"/> San Miguel
<input type="checkbox"/> Clear Creek	<input type="checkbox"/> Gunnison	<input type="checkbox"/> Montezuma	<input type="checkbox"/> Sedgwick
<input type="checkbox"/> Conejos	<input type="checkbox"/> Hinsdale	<input type="checkbox"/> Montrose	<input type="checkbox"/> Summit
<input type="checkbox"/> Costilla	<input type="checkbox"/> Huerfano	<input type="checkbox"/> Morgan	<input type="checkbox"/> Teller
<input type="checkbox"/> Crowley	<input type="checkbox"/> Jackson	<input type="checkbox"/> Otero	<input type="checkbox"/> Washington
<input type="checkbox"/> Custer	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Ouray	<input type="checkbox"/> Weld

___ Yuma

5. Please tell us which specific populations will be served by your proposed project (select all that apply).

- | | |
|---|---|
| <input type="checkbox"/> General population / all Coloradans | <input type="checkbox"/> Labor force |
| <input type="checkbox"/> Racial and/or ethnic populations
<i>(if focusing on a specific race or ethnicity, please select which one[s])</i> | <i>(if focusing on a specific segment of the labor force, please select which one[s])</i> |
| <input type="checkbox"/> African American / Black | <input type="checkbox"/> Agricultural workforce |
| <input type="checkbox"/> American Indian / Alaska Native | <input type="checkbox"/> Education workforce |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Health care providers |
| <input type="checkbox"/> Latino/a/x / Hispanic | <input type="checkbox"/> Media and journalism workforce |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Migrant workforce |
| <input type="checkbox"/> White / Caucasian | <input type="checkbox"/> Public health & health equity workforce |
| <input type="checkbox"/> More than one race / ethnicity | <input type="checkbox"/> Business community |
| <input type="checkbox"/> Age-specific populations
<i>(if focusing on a specific age group, please select which one[s])</i> | <input type="checkbox"/> Economically disadvantaged |
| <input type="checkbox"/> Infants/children | <input type="checkbox"/> Faith-based community |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Families |
| <input type="checkbox"/> Young adults | <input type="checkbox"/> Health care consumers |
| <input type="checkbox"/> Adults / middle-age adults | <input type="checkbox"/> Immigrant or refugee populations |
| <input type="checkbox"/> Aging / older adults | <input type="checkbox"/> LGBTQ+ persons |
| <input type="checkbox"/> Sex and/or gender-specific populations
<i>(if focusing on a specific sex or gender, please select which one[s])</i> | <input type="checkbox"/> Persons experiencing housing insecurity |
| <input type="checkbox"/> Females / women & girls | <input type="checkbox"/> Persons living in rural areas |
| <input type="checkbox"/> Males / men & boys | <input type="checkbox"/> Persons that are incarcerated or formerly incarcerated |
| <input type="checkbox"/> Transgender persons | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Gender Nonbinary Persons | <input type="checkbox"/> Policymakers |
| | <input type="checkbox"/> Uninsured & underinsured persons |
| | <input type="checkbox"/> Veterans & military |

Community Need

6. Please describe the needs in the community that relate to your proposed project.

Proposed Project

Please tell us about the proposed project (to complement what is submitted in the work plan table).

7. Please tell us about the proposed project and what the organization hopes to accomplish over the 30 months.

8. How is your organization positioned to be successful in this proposed project (related to previous experience with the issue, needs and/or underserved population(s); leadership and staffing expertise; community readiness, etc.)?

9. Please tell us about how your organization will engage with the underserved community members that the proposed project will serve – both in planning and implementation.

10. Please share information about your project partners/collaborators and their respective roles in this project.

11. What challenges would you anticipate encountering during the implementation of this project, and how are you planning to address them?
12. Please briefly describe what the final 12 months of the project will encompass (since the work plan table only encompasses the first 18 months).

Evaluation

13. What are the desired outcomes for this project (please include both short- and long-term outcomes)?
14. Please tell us about how your organization plans to collect evaluation data and measure progress towards those outcomes (both in the short-and long-term).
15. How will you use the information that you collect?

Budget and Budget Narrative

16. For how much in total grant funding (for the full 30 months) is the organization applying?

- | | |
|------------------------|----------|
| a. Grant Year 1 Total: | \$ _____ |
| b. Grant Year 2 Total: | \$ _____ |
| c. Grant Year 3 Total: | \$ _____ |

17. Describe the organization's plan to make costs reasonable in relation to the scope of the project and proposed outcomes.

Other Documentation

The following are to be uploaded into the Other Documentation section of the grants portal.

- Work Plan Table: required element using the provided template
- Budget & Budget Narrative: for the first 18 months of the project. Required element using the provided template
- Fiscal Sponsorship Agreement: required element if the organization is using a fiscal sponsor for this application
- Letters of Support/Commitment: Applicants can, but are not required to, submit supplemental information here that would help explain how they plan to be successful in carrying out their proposed project. Documentation such as letters of support, letters of commitment, planning documents, or evidence of based work will be accepted. Please know that since these are not required documentation, they will not be included in the application scoring process. If the organization/entity is working on tribal land and is not formally tribally affiliated or incorporated, then a letter of support from the tribe is required.

Certifications

Each applicant will be asked to check these off in the grants portal during the application process. By submitting the application, the individual applicant is certifying these to be true on behalf of the organization.

- I certify that this organization is in compliance with the Patriot Act of 2001, the provisions of Executive Order 13224 and related Treasury rules, which states that grant monies will not be used to support any terrorist activities.

- I certify that the information contained in this application is true and correct to the best of my knowledge.