

**Grant Request Form**

*Current as of April 7, 2020*

Caring for Denver Foundation’s Grants Portal can be found at <https://caring4denver.fluxx.io>. We require that applicants create an account and apply for funding in the Grants Portal.

This Word template is provided to grantees who wish to use it as a tool to compose their responses then copy and paste into the request form in the Grants Portal.

Instructions:

* Before beginning your application, please review our current Call for Proposals and read about our funding priorities, application process and tips, and deadlines at [www.caring4denver.org/grants](http://www.caring4denver.org/grants).
* All questions are required unless otherwise noted.
* Character counts include spaces. To perform character counts on blocks of text, highlight the text, then press Ctrl+Shift+G on your keyboard.
* Any rich text formatting will not convert over to the Grants Portal application so please do not use any formatting (e.g., bold, italics, underline) or change the font size.
* We have tried to provide enough space for each question so you can answer as you need to, but don’t feel like you have to use all of the available space.
* During our review process, we may contact you if edits are necessary or if additional information is needed. An email notification will be sent to the Primary Contact for the Request.
* Please refer to our [website](http://www.caring4denver.org/grants) for our current Call for Proposals and deadlines.

To be respectful of your time, we do an initial review of grant proposals. We may ask additional questions and/or request additional documents from you during the review process. Those are included at the end of this document.

If you need assistance or have questions, please reach out to Leah Spielberg, Director of Grants, at leah@caring4denver.org or 720.647.6375.

**ORGANIZATION INFORMATION**

Provide the name of your organization and organization's points of contact below. To add the name of a new person, click Add New. If you have a fiscal sponsor and the Primary Signatory should be your point person at the fiscal sponsor organization, enter their name.

Organization: Click or tap here to enter text.

Primary Contact’s Name: Click or tap here to enter text.

Primary Signatory’s Name: Click or tap here to enter text.

Project Manager’s Name: Click or tap here to enter text.

Additional Contact’s Name: Click or tap here to enter text.

Applicants with less than one year of tax returns and/or pending Section 501(c)(3) status will be required to work with a fiscal sponsor. If you have not secured a fiscal sponsor now, you may submit a grant application, but you will need to have a formal agreement in place before any grant award is final.

Will this grant need a fiscal sponsor?

[ ]  Yes

[ ]  No

If yes, does your organization already have a fiscal sponsor relationship?

[ ]  Yes

[ ]  No - Applicants with less than one year of tax returns and/or pending Section 501(c)(3) status will be required to work with a fiscal sponsor. If you have not secured a fiscal sponsor now, you may submit a grant application, but you will need to have a formal agreement in place before any grant award is final.

 If yes, please provide the following information for the *Fiscal Sponsor Organization*:

Organization Name: Click or tap here to enter text.

Employer Identification Number (EIN): Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact Title: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.

**GRANT INFORMATION**

Project Title: Click or tap here to enter text.

Is this an expansion or continuation of an existing program?

[ ]  Yes

[ ]  No

Project Summary:

*600 character limit (including spaces)*

Click or tap here to enter text.

Amount Requested: $ Click or tap here to enter text.

Start Date: Click or tap to enter a date.

End Date: Click or tap to enter a date.

Anticipated number of people to be served: Click or tap here to enter text.

Funding Request Area (must be open funding area):

[ ]  Alternatives to Jail

[ ]  Care Provision

[ ]  Community-Centered Solutions

[ ]  Youth

[ ]  Other

Funding Request Type

[ ]  Program or Project Support

[ ]  Matching Grant

Board Members – List the names of your current board members, and indicate board officers (for example, Board Chair, Secretary, etc.):

*1,200 character limit (including spaces)*

Click or tap here to enter text.

Need Statement – In 1-2 sentences, tell us what issue or problem your proposal will address.

*600 character limit (including spaces)*

Click or tap here to enter text.

Impact Statement – In 1-2 sentences, tell us about the impact you hope to have.

*600 character limit (including spaces)*

Click or tap here to enter text.

Geographic Areas Served – Use this tool to locate the Denver City Council districts you serve <https://www.denvergov.org/maps/map/councildistricts>. Select one or more:

[ ]  Denver Citywide

[ ]  City Council District 1

[ ]  City Council District 2

[ ]  City Council District 3

[ ]  City Council District 4

[ ]  City Council District 5

[ ]  City Council District 6

[ ]  City Council District 7

[ ]  City Council District 8

[ ]  City Council District 9

[ ]  City Council District 10

[ ]  City Council District 11

Project/Program Description – Explain what you intend to do and how you intend to do it.

*6,000 character limit (including spaces)*

Click or tap here to enter text.

Population Served – *Describe the people or community your proposal will serve. Include socioeconomic, demographic or any other information that you think is important. How do you gain understanding of the perspective of the people or community you plan to serve?*

*1,500 character limit (including spaces)*

Click or tap here to enter text.

Evaluation Plan – How will you know if you have been successful? You can include goals and hoped for outcomes. If awarded, Caring for Denver Foundation will work with your organization on measures or metrics.

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Challenges – What challenges will you face? Tell us about challenges or risks you expect to encounter.

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Your Organization's Story – What's your story? Tell us about your organization (and any partners you plan to work with) and why your organization is leading the proposed work. How do you know your program or project is meeting the needs of your community?

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Provide a link to a video (YouTube, Facebook, your website, etc.) about the proposed project or your organization. [not required]

Click or tap here to enter text.

Partner Organizations – If you have any partner organizations, please list them here, and indicate which, if any, would receive funding from this grant.

*1,500 character limit (including spaces)*

Click or tap here to enter text.

What else do we need to know? [not required]

*1,500 character limit (including spaces)*

Click or tap here to enter text.

**DOCUMENTS**

Electronic versions of these two requested documents must be uploaded individually to our Grants Portal. PDF format is preferred, but Word, Excel and image files are also accepted.

1. **Line-Item Budget Form** – Download the required template by clicking [here](http://caring4denver.org/wp-content/uploads/2020/03/Line-Item-Budget-Form.xlsx), update with your figures, save, then upload your file in the Grants Portal. We do an initial, general review of all applications. You may be contacted for additional information, including a more detailed budget narrative. Some tips:
* If you are not requesting any funding in a budget category, leave that line blank or put 0.00 in the budget table for that line.
* Requests for one-time costs (not ongoing programs or activities) do not have to include Personnel costs.
1. **Current Annual Operating Budget** – Revenues and expenses for your organization’s current fiscal year. Upload in the Grants Portal.

**That’s it! Now create an account or log in to our Grants Portal here:** [**https://caring4denver.fluxx.io**](https://caring4denver.fluxx.io) **and copy and paste your responses and upload your documents.**

**We may contact you with additional questions. For your information, those are below.**

**POTENTIAL ADDITIONAL QUESTIONS AND DOCUMENT REQUESTS**

**Potential Additional Questions**

Programs and Activities – Provide a brief overview of your organization's current programs or activities.

*1,000 character limit (including spaces)*

Click or tap here to enter text.

Timeline – Provide an overview of your timeline for this work. Caring for Denver Foundation understands that timelines may change; please provide the order you plan to do major activities.

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Milestones – Provide some key milestones you aim to meet.

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Supporting Data and Information – What data or support did you use to help decide that your proposed activities might be effective in addressing the issue or need you identified? If there is no data, why do you think your approach will work?

*6,000 character limit (including spaces)*

Click or tap here to enter text.

If this is an expansion or continuation of an existing program, what have your outcomes or results been so far?

*1,500 character limit (including spaces)*

Click or tap here to enter text.

Evaluation and Measurement – How might you evaluate or measure your progress towards outcomes or key milestones (such as surveys, interviews, stories, photos or other artwork, data from other sources)? What support might you need?

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Are partnerships needed for the proposed work?

[ ]  Not needed

[ ]  Already in place or underway

[ ]  Seeking partners is part of our plan

**Potential Additional Requested Documents**

Electronic versions of these requested documents must be uploaded individually to our Grants Portal. PDF format is preferred, but Word, Excel and image files are also accepted.

**Income and Expense Statement** – Include an Income and Expense Statement through the most-recently closed month of the current fiscal year. Also called a Profit and Loss Statement or Statement of Financial Performance, this document shows the organization’s income and expenses for a particular period.

1. **Balance Sheet** – Include a Balance Sheet through the most-recently closed month of the current fiscal year. Also called a Statement of Financial Position, this document shows the organization’s assets and liabilities as of a particular date.
2. **Audited Financial Statements, Financial Review or Un-Audited Year-End Financial Statements**
* If your organization has Audited Financial Statements or a Financial Review, please submit those documents for the last two fiscal years. The Audited Financial Statements or Financial Review includes an examination of the organization’s financial statements and accompanying disclosures by an independent auditor. If your audit is not rated ‘unqualified’ by your independent auditor, please include an uploaded document with an explanation of any qualifications to the audit that the auditor identified. If your organization has a fiscal sponsor, please upload theirs as well.
* If your organization does not undergo an annual financial audit or review, please provide year-end financial statements (Income and Expense Statement as well as Balance Sheet) for the last two years. If your organization has a fiscal sponsor, please upload theirs as well.
1. **Budget Narrative –** This document (3-page maximum) should include explanations of each line item you have included in your previously submitted Line-Item Budget Form. Please provide a brief justification for each line item included in your budget. You may submit a revised Line-Item Budget Form if needed.
* **Indirect Costs** – If requested, these are limited to a maximum of 10%, only on direct agency costs (not on contractor line item).
* **Personnel** – Include salary and other personnel costs (other personnel costs can include benefits, payroll taxes, etc., but do not need to list out). List key staff overseeing or contributing to this grant work. Include their title, what percent of their time will be devoted to the proposed work, and a brief description of how they will contribute to that work. May include existing staff to oversee and/or work on the proposed project, with justification for the percent of their time charged to the grant. If a staff member will oversee or contribute to the grant work, but you are not requesting funding for them, please include them in the Personnel narrative but state that their work is in-kind.
* **Indirect** – Maximum of 10% only on non-contractor costs
* **Program Supplies and Equipment** – Describe what they are, why they are needed, and how you determined costs.
* **Travel Costs** – Provide a breakdown of any included costs such as mileage, vehicle rental, accommodation cost, per diem for staff traveling, etc.
* **Meeting Costs** – Provide a breakdown of any included costs such as space rental, AV equipment and operation, food, etc.
* **Contractors and/or Consultants** – Describe the work they will be doing for your organization specific to your proposed project and include their hourly rate or fixed price they have agreed upon with your organization. If some or all contractors have not yet been selected, what is your anticipated timeline?
* **Other Program-Related Costs**
1. **Executed Fiscal Sponsorship Agreement** – If your organization has a fiscal sponsor, please provide the fiscal sponsorship agreement that defines the roles and responsibilities of both the Fiscal Sponsor and the Organization.

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