

**Grant Request Form**

*Current as of November 2020*

Caring for Denver Foundation’s Grants Portal can be found at <https://caring4denver.fluxx.io>. We require that applicants have an account and apply for funding in the Grants Portal. (If you have submitted a grant request in the past, you have an account.)

We provide a Word template so applicants can see all of the questions easily and for those who wish to use it as a tool to compose their responses then copy and paste responses into the application questions the Grants Portal. We will update our application from time to time as we receive feedback, so please make sure to check our [website](https://caring4denver.org/grants/resources/#word) for the most recent version before you respond to any future Calls for Proposals.

Instructions:

* Before beginning your application, please review our current [Call for Proposals](https://caring4denver.org/grants/resources#cfp).
* Read about our funding priorities, application process and tips, and deadlines at [caring4denver.org/grants](https://caring4denver.org/grants)
* All questions are required unless otherwise noted.
* Character counts include spaces. To perform character counts on blocks of text in Word, 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, bulleted lists) or change the font size. If you need to create a bulleted list, type dashes instead of using the auto-bullet formatting.
* We have tried to provide enough characters for each question so you can answer as you need to, but don’t feel like you have to use all of the available characters. If characters seem especially limited for some of the questions, it’s because we really are seeking very brief responses for those (many of these will appear in public documents).
* 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 your Primary Contact.

Please note that Caring for Denver Foundation staff may edit your original responses for presentation in public documents.

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 additional questions and documents are included at the end of this document.

If you need assistance or have questions about our available funding or the application process, please reach out to Director of Grants Leah Spielberg at [leah@caring4denver.org](mailto:leah@caring4denver.org) or 720.647.6375. Email is the quickest option! You may schedule a phone call or video meeting with Leah if you’d like.

**BEFORE YOU BEGIN**

Review the current [Call for Proposals](https://caring4denver.org/grants/resources#cfp) document.

Review the [Grant FAQs](https://caring4denver.org/grants/grants-faq/) to learn:

- If your organization is [eligible](https://caring4denver.org/grants/grants-faq/#eligible) to receive funding

- What Caring for Denver will [not fund](https://caring4denver.org/grants/grants-faq#notfund)

- Caring for Denver’s definition of [Denver residency](https://caring4denver.org/grants/grants-faq#residency)

- Restrictions on [supplanting](https://caring4denver.org/grants/grants-faq#supplant) existing funds

Verify:

* That your organization has not submitted another application for the current Call for Proposals. (Caring for Denver will accept one application per organization in an open Call for Proposals.)

OR

* For City and County of Denver departments/agencies – Verify that your application has been approved by the CFD Review Committee.

**ORGANIZATION INFORMATION**

Provide the name of your organization and your organization's points of contact below. For organizations/projects with a fiscal sponsor, the Primary Signatory should be the person who has signing authority at the fiscal sponsor organization.

Organization: Click or tap here to enter text.

For organizations/projects with a fiscal sponsor, use your organization/project name here. We will collect information about your fiscal sponsor below.

Confirm Organization’s Tax ID/Employer Identification Number (EIN): Click or tap here to enter text.

Format your EIN with a dash after the first two digits (e.g., 12-3456789).

*For organizations/projects with a fiscal sponsor, use your organization’s tax ID here. If you do not have a tax ID, use your fiscal sponsor’s tax ID.*

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 501(c)(3) status will be required to work with a fiscal sponsor. If you do not have a fiscal sponsor yet, you may submit a grant application, but you will need to have a formal agreement with a fiscal sponsor and submit a copy of that agreement before any grant award is final.

A fiscal sponsor is an organization that shares a similar mission to yours and is a 501(c)(3). The fiscal sponsor can accept tax-deductible donations and grants on your behalf and is responsible for financial oversight of your project.

Will this grant need a fiscal sponsor?

Yes

No

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

Yes

No - If you do not have a fiscal sponsor yet, you may submit a grant application, but you will need to have a formal agreement with a fiscal sponsor and submit a copy of that agreement before any grant award is final.

If yes, please provide the following information:

Fiscal Sponsor Organization Name: Click or tap here to enter text.

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

Fiscal Sponsor Organization Street Address: Click or tap here to enter text.

Fiscal Sponsor Organization City: Click or tap here to enter text.

Fiscal Sponsor Organization State: Click or tap here to enter text.

Fiscal Sponsor Organization Zip Code: Click or tap here to enter text.

Fiscal Sponsor Organization Signatory Name: Click or tap here to enter text.

Fiscal Sponsor Organization Signatory Title: Click or tap here to enter text.

Fiscal Sponsor Organization Signatory Email: Click or tap here to enter text.

Fiscal Sponsor Organization Signatory Phone Number: Click or tap here to enter text.

**GRANT INFORMATION**

Project Title: Click or tap here to enter text.

*This field will appear on public documents.*

Brief Project Summary:

*300 character limit (including spaces)*

Click or tap here to enter text.

*This field will appear on public documents and is intended to be concise.*

How many years of funding are you requesting?

Less than 1 year

1 year

2 years

3 years

Amount Requested Year 1 $ Click or tap here to enter text.

Amount Requested Year 2 (if applicable) $ Click or tap here to enter text.

Amount Requested Year 3 (if applicable) $ Click or tap here to enter text.

**Total Amount Requested (for all years) $** Click or tap here to enter text.

*Total Amount Requested must equal Year 1 + Year 2 + Year 3.*

Funding Request Area (must be an open funding area):

Alternatives to Jail

Care Provision

Community-Centered Solutions

Youth

Other

Funding Request Type

Program or Project Support

Matching Grant

*Please note that we are only accepting requests for program/project support (not general operating support or support for facilities) at this time.*

Caring for Denver Foundation's [founding ordinance](https://caring4denver.org/wp-content/uploads/2020/06/C4D-Ordinance-Amended-FINAL-62218.pdf) prohibits us from using our grant dollars to supplant existing funds. Grant recipients may not replace existing federal, state, city or other local agency funds with funds from Caring for Denver. However, funds may be used to supplement existing funds to replicate or expand the scope of an existing program or project.

Do you receive federal, state, City of Denver, or other local agency funds (including contracts, grants, and reimbursements) for this work? Select one or more:

Yes

No

If yes, from which government entities do you receive funds for this work? Select one or more:

City of Denver

Other local

State

Federal

If yes, explain how Caring for Denver Foundation grant funds will be used to supplement (not supplant) existing funds.

*1,200 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

*This field will appear on public documents.*

Brief Need Statement – In 1-2 sentences, tell us what issue or problem your program/project will address.

*600 character limit (including spaces)*

Click or tap here to enter text.

This field will appear on public documents and is intended to be concise.

The Problem – Why is this an important issue in which to invest in order to improve mental health and/or substance misuse in the City and County of Denver?

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Project/Program Description – With the funding you are requesting from Caring for Denver, describe the specific actions or strategies you intend to carry out that will help address mental health and/ or substance misuse in the City and County of Denver. Please refer to the current Call for Proposals available on [caring4denver.org](https://caring4denver.org/grants/resources) for more information about the current focus area. Your answer should be focused on describing your project/program and how you will use the requested funds rather than describing the need for the project/program.

*6,000 character limit (including spaces)*

Click or tap here to enter text.

Outcomes – What are the changes you hope to see from implementing the activities above? What will be different—and for whom—if the project/program is working and having impact? Please note that all projects/programs are required to address at least one of the impacts outlined in the current Call for Proposals (see below).

*3,000 character limit (including spaces)*

Click or tap here to enter text.

Impacts – Please review the impacts outlined in the current [Call for Proposals document](https://caring4denver.org/grants/resources#cfp). Which one(s) do you believe your program/project will help to address?

Refer to current Call for Proposals for current Impacts options.

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*This field will appear on public documents.*

Anticipated number of people to be served during program/project period of the requested Caring for Denver grant:

Click or tap here to enter text.

Population Served – Describe the people or community your proposal will serve. How does your organization (including your board) reflect the culture of the community you intend to serve? How does your organization ensure that the direct services and/or activities proposed are relevant to the needs of the community? In your response, include socioeconomic, demographic or any other information that you think is important.

*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, why your organization is leading the proposed work, and your vision for this work. If you are launching a new program, describe your organization’s experience with implementing new programs.

*3,000 character limit (including spaces)*

Click or tap here to enter text.

If you would like to, 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.

Board Members – List the names of your current board members, and indicate board officers (for example, Board Chair, Secretary, etc.). If you are a City and County of Denver or other government entity/department, please enter “Government Entity - N/A.”

*1,200 character limit (including spaces)*

Click or tap here to enter text.

*This field will appear on public documents.*

Are partnerships needed for the proposed work?

Yes

No

If partnerships are needed, what is the status of the partnerships?

Partnerships are already established.

Confirming partnerships is part of our plan.

Both. Some partnerships are already established and confirming some is part of our plan.

If partnerships are needed, describe the partnerships you have established or plan to establish, and what work they are contributing.

*1,500 character limit (including spaces)*

Click or tap here to enter text.

If partnerships are needed, will any partner organizations receive funding from this grant?

Yes

No

If partner organizations will receive funding from this grant, provide a list of these organizations. Please provide a list with no narrative. Use the full names of the organizations with no abbreviations or acronyms.

*1,500 character limit (including spaces)*

Click or tap here to enter text.

*This field will appear on public documents and is intended to be concise.*

What else do we need to know? [NOT REQUIRED]

*3,000 character limit (including spaces)*

Click or tap here to enter text.

**DOCUMENTS**

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

1. **Current Annual Operating Budget** – Revenues and expenses for your organization’s current fiscal year. Upload in the Grants Portal.
2. **Line-Item Budget Form** – Revenues and expenses for the project/program for which you are requesting funding. Find and download the required [Line-Item Budget Form template here](https://caring4denver.org/grants/resources#lineitem), update with your figures, save, then upload your file in the Grants Portal. Please be clear about expenses/work planned for the organization versus expenses/work that will be passed through to a contractor or partner to implement the work.
3. **Budget Narrative –** This document (3-page maximum) should include explanations of each line item you have included in your Line-Item Budget Form. Provide a brief justification for each line item included in your budget. Refer to this [budget narrative sample](https://caring4denver.org/grants/resources#narrative) for an idea of what we are seeking.

**Direct Costs**

* **Personnel** – Include position/title (names are not necessary), salary, and other personnel costs (sometimes referred to as “fringe” costs, other personnel costs can include benefits, payroll taxes, etc.). *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. If you are requesting personnel costs for more than one year, you may include reasonable increases for cost-of-living adjustments and merit-based raises (remember to adjust the Other Personnel Costs including benefits accordingly). Personnel costs for contractors and/or consultants should not be reflected here but rather in the Other Costs section (see below).
* **Program Supplies and Equipment** – Describe what they are, why they are needed, and how you determined costs.
* **Meeting Costs** – Provide a breakdown of any included costs such as space rental, audiovisual equipment and operation, food, etc.
* **Travel Costs** – Provide a breakdown of any included costs such as mileage, airfare, vehicle rental, accommodation cost, per diem for staff traveling, etc.
* **Other Program-Related Costs**

**Other Costs**

* **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? Expenses like staff and supplies paid by the contractor or consultant can be listed here.
* **Fiscal Sponsor’s Fee (if applicable)**
* **Indirect Costs** – If requested, these are limited to a maximum of 10% (only on Direct Costs not on the Contractors and/or Consultants line item). The total of the Fiscal Sponsor’s Fee (above) and Indirect Costs cannot exceed 10%.

**There is no category for construction or similar because we are not accepting requests for facilities support at this time.**

**You’re ready to apply! 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.**

**POTENTIAL ADDITIONAL QUESTIONS AND DOCUMENT REQUESTS**

We may contact you with additional questions and/or document requests. For your information, those are provided below.

**Potential Additional Questions**

Is this an expansion or a continuation of an existing program?

Expansion

Continuation

New Program

If this is an expansion or a continuation of an existing program, describe your existing revenue sources.

*1,200 character limit (including spaces)*

Click or tap here to enter text.

If this is an expansion or a 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.

Timeline and Milestones – Provide an overview of your timeline for this work with key implementation milestones you aim to meet. Caring for Denver Foundation understands that timelines may change; please provide the order you plan to do major activities.

*6,000 character limit (including spaces)*

Click or tap here to enter text.

Measuring Progress on Outcomes – What do you plan to measure to help you understand your progress toward implementing your project/program and the outcomes for the individuals and/or communities you serve (these measures can include things like surveys, interviews, stories, photos or other artwork, data from other sources, etc.)? What resources do you have available for evaluation? What support might you need? If awarded, Caring for Denver Foundation will work with you to document your evaluation framework and measures for this grant.

*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.

**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.

1. **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.
2. **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.
3. **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 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**.

1. **Fiscal Sponsor’s Audited Financial Statements, Financial Review or Un-Audited Year-End Financial Statements – If your organization has a fiscal sponsor, upload these documents:**

* If your fiscal sponsor 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 fiscal sponsor’s financial statements and accompanying disclosures by an independent auditor. If the 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 fiscal sponsor 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**.

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.

**That’s it! If Caring for Denver Foundation asked you for this additional information, 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.**