

**Grant Request Form**

*Current as of November 2021*

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. You do not need to re-register for each new Call for Proposals, but it is a good idea to check your username and password).

We provide a Word template so applicants can see all questions easily; it can also be used as a tool to compose your 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.
* 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).
* If there are questions for which you wanted to provide more information, there is a question at the end that you may use (“What else would you like us to know that was not addressed in the other questions?”).
* During our review process, we may contact you if any clarification, correction, or 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.

If you need assistance or have questions about our available funding or the application process, please reach out to Grants and Operations Manager, Tish Gonzales, at grants@caring4denver.org or 720.647.6375. Email is the quickest option. You may schedule a phone call or video meeting 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 in the section below.

**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.

(If the organization has one person who oversees all grant projects, include that contact here.)

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

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

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 (if you don’t have one yet, enter “TBD” here).*

**Organization’s Current Operating Budget (numerical values only):** Click or tap here to enter number.

*This field is not required if the grant funding would support a City and County of Denver or other government entity/department. Organizations that are not considered a government entity do need to complete this field.*

**Board Members** **–** If your website includes a list of board members and board officers, provide the web address/URL here. If your website does not include a list of board members and board officers, list the names of your current board members, and indicate board officers (for example, Chair, Secretary, etc.). Do not include board members’ business affiliations or other information.

If you have or will have a fiscal sponsor, also include the fiscal sponsor’s board list with officers here (if you need a fiscal sponsor but have not yet secured one, indicate that here).

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 in public documents.*

**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.

**FISCAL SPONSOR INFORMATION**

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 still submit a grant application. However, before any grant award is finalized, you will need to submit a copy of your organization’s formal agreement with a fiscal sponsor, and the fiscal sponsor organization’s board list (including board officers).

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 and the fiscal sponsor’s board list before any grant award is finalized.

 **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 in public documents* and is intended to be concise (one line).

**Brief Project Summary:**

*300 character limit (including spaces)*

Click or tap here to enter text.

*This field will appear in 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

**What amount of funding are you requesting?** Please round to the nearest dollar (do not include cents).

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

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

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

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

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

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

[ ]  Alternatives to Jail

[ ]  Community-Centered Solutions & Care Provision

[ ]  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.*

**Non-Supplanting of Funds**

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?**

[ ]  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>. This should reflect the geographic areas served, not where your office is located. Select one or more. If you serve the entire city, select Denver Citywide and no other districts. If you primarily serve specific districts, select those districts and not Denver Citywide.

[ ]  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 in public documents.*

**Priority Area(s)** **–** Please review the funding priority areas outlined in the current [Call for Proposals document](https://caring4denver.org/grants/resources#cfp). Select the one(s) that align the most with your project/program you are proposing in this application.

[ ]  Refer to current Call for Proposals for current priority area options.

[ ]  Refer to current Call for Proposals for current priority area options.

[ ]  Refer to current Call for Proposals for current priority area options.

*This field will appear in public documents.*

**Brief Need Statement** **–** In 1-2 sentences, tell us the specific issue or problem your project/program will address related to the priority area(s) you chose.

*600 character limit (including spaces)*

Click or tap here to enter text.

*This field will appear in 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? This is an opportunity to expand on the Brief Need Statement above, if you wish. [NOT REQUIRED]

*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 to help address mental health and/or substance misuse in the City and County of Denver. Your answer should be focused on describing your project/program’s intended activities and how you will use the requested funds rather than describing the need for the project/program. Please be clear about how your actions or strategies will address mental health and/or substance misuse.

*6,000 character limit (including spaces)*

Click or tap here to enter text.

**Intended Changes** **–** What are the changes you hope to see from implementing the activities above? What will be different (with respect to mental health and/or substance misuse)—and for whom—if the project/program is successful?

*3,000 character limit (including spaces)*

Click or tap here to enter text.

**Measuring Progress –** Considering the program activities you plan to implement and the intended changes described above, what will you measure to help you and the Foundation understand your program’s progress and impact? As a foundation, we encourage our grantees to think about measures that feel valuable to their organization and that will naturally happen as part of the program (like interviews, stories, photos or other artwork, surveys, data from service logs or meetings, etc.).

Ideally, grantees will measure changes in mental health and/or substance misuse. In some cases, we realize measuring other changes that occur before or in combination with changes in mental health or substance misuse may be more appropriate to measure at certain times in your grant. Once grants are awarded, we can work with you to determine and prioritize measures that will be most meaningful to include in your reporting.

What resources do you have available for evaluation or this grant? What support might you need?

If awarded, we ask all Caring for Denver Foundation grantees to work collaboratively with us on documenting a project framework document. This will include working with us to finalize your objectives for this grant and to clarify your intended activities, outcomes, and measures for this grant. Your program officer will connect with you within a few weeks of receiving your award letter to begin this process.

*4,500 character limit (including spaces)*

Click or tap here to enter text.

**Timeline and Milestones** – Provide an overview of your intended timeline for this work. Include a brief description of key milestones for the major activities you will be implementing and when you plan to meet each of these milestones. Caring for Denver Foundation understands that the timeline may change as you implement a grant project or program (especially when launching a new project/program). If awarded, we will work with you to adjust your timeline if needed at any point in your grant period.

For projection purposes: Caring for Denver generally makes grant decisions three months after a Call for Proposals deadline and the grant start date will be the first day of the following month. Examples: If the deadline is in February, the start date will likely be June 1. If the deadline is in December, the start date will likely be April 1.

*6,000 character limit (including spaces)*

Click or tap here to enter text.

**Is this an expansion or a continuation of an existing program, or is it a new program?**

[ ]  Expansion

[ ]  Continuation

[ ]  New Program

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

*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.

**Anticipated Number Served** **–** Projected number of unduplicated Denver residents to be served by the program/project for the requested funding. If this is a multi-year request, enter the total number of unduplicated community members served by the program/project during the entirety of the grant period. We understand this will be your best estimate at this stage in your planning or implementation. (Numerical values only.)

 Click or tap here to enter number.

**Briefly, is there anything you want us to know about the anticipated number served?** [NOT REQUIRED]

Click or tap here to enter text.

*600 character limit (including spaces)*

**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? You may 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.

**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 in public documents and is intended to be concise.*

**Challenges** **–** What challenges do you think you might face as you implement your grant? Tell us about challenges or risks you expect to encounter.

*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.

**What else would you like us to know that was not addressed in the other questions?** [NOT REQUIRED]

*4,500 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.

View our [Requested Documents](https://caring4denver.org/grants/resources/#documentsvideo) video for samples and further explanation of these documents. If you have questions about these documents, please reach out to Grants and Operations Manager, Tish Gonzales, at grants@caring4denver.org or 720.647.6375. Email is the quickest option.

**Budget Documents for Your Grant Request**

1. **Line-Item Budget Form –** Revenue 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. There is a specific line item for you to show contractor, consultant, and/or partner expenses, if any.
2. **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. Be sure to list key staff (as described below).

**Direct Costs**

* **Personnel** **–** For personnel/staff (FTE), 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.). Do not include payments to non-employees (contractors, consultants, and/or partners) here—list them in the Other Costs section below. *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 or funded by other revenue sources. 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).
* **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, Consultants, and/or Partners** **–** Describe the work these non-employees 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, consultants, and/or partners have not yet been selected or confirmed, please share your anticipated timeline. Expenses like staff and supplies paid by contractors, consultants, and/or partners 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, Consultants, and/or Partners line item). The total of the Fiscal Sponsor’s Fee (above) and Indirect Costs cannot exceed 10% of the total requested budget.

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

**Financial Documents for Your Organization**

1. **Current Annual Operating Budget** **–** Revenues and expenses for your organization’s current fiscal year. If you have a fiscal sponsor, please upload your own organization’s current annual operating budget.
2. **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. If you have a fiscal sponsor, please upload your own organization’s income and expense statement.
3. **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. If you have a fiscal sponsor, please upload your own organization’s balance sheet.
4. **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** (these will often be two separate documents). 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** (these will often be two separate documents).
* If you have a fiscal sponsor, please upload your own organization’s audited financial statements, financial review, or un-audited year-end financial statements as described above.

**Other Documents**

1. **Other Documents** **–** If there are other documents that you feel are important for us to understand your project/program, upload as an “Other Document”. Please note that we do not need annual reports or letters of support. [NOT REQUIRED]

**Financial Documents for Your Fiscal Sponsor (if applicable)**

If your organization has a fiscal sponsor, upload these documents:

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. If you need a fiscal sponsor but do not have one 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.

**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) **to copy and paste your responses and upload your documents.**

If you need assistance or have questions about our available funding or the application process, please reach out to Grants and Operations Manager Tish Gonzales at grants@caring4denver.org or 720.647.6375. Email is the quickest option. You may schedule a phone call or video meeting if you’d like.