

**Grant Request Form**

*Current as of February 2024*

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. New users must register for an account prior to the date specified on the current [Call for Proposals](https://caring4denver.org/grants/resources#cfp). (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. Allow plenty of time to transfer this information to the Grants Portal prior to the due date for the current [Call for Proposals](https://caring4denver.org/grants/resources#cfp).

We update our application from time to time as we receive feedback, so 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, 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 do not use any formatting (e.g., bold, italics, underline, bulleted lists) or change the font size.
* We attempted 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 and/or the user who submitted the grant request in the Grants Portal.

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, 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**

**Organization:** Click or tap here to enter text.

Provide your organization’s name here. 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.

**Organization’s Grant Contacts –** Provide your organization’s contact persons for this grant. We prefer these to be four unique individuals. If that is not possible, ensure that there are at least two unique individuals. All contacts will be added to the Caring for Denver’s e-newsletter list.

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

The Primary Contact is the individual responsible for developing the proposed program/project, its implementation, and day-to-day direct supervision of the project. This person will receive emails with questions about the grant request/application from Caring for Denver staff, all system emails regarding the grant request, and—if the grant is approved—emails regarding reports and amendments.

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

The Primary Signatory is often the CEO or Executive Director of the organization and can sign grant agreements/contracts. This person will receive system emails regarding the grant request and—if the grant is approved—the award letter, the grant agreement for signature, and grant closure emails. For organizations/projects with a fiscal sponsor, the Primary Signatory is the person who has signing authority at the fiscal sponsor organization.

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

The Project Manager is often the person who oversees all grant projects. This person will receive all system emails regarding the grant request and—if the grant is approved—emails regarding reports and amendments.

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

The Additional Contact is someone Caring for Denver will reach out to if the above contacts are unreachable.

**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** **–** We are required to list your board members and officers in our annual report. 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, contact information, annual giving, demographics, 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 have a fiscal sponsor but your own organization has a 501(c)(3) designation, we require that you have a board. List both your board (as described above) and the fiscal sponsor’s board.

If you are a City and County of Denver or other government entity/department, enter “Government Entity - N/A.” If you are a public school that does not have a 501(c)(3) designation, enter “Public School - 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 financial statements, 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. If you have a fiscal sponsor but your own organization has a 501(c)(3) designation, we require that you have your own board. The fiscal sponsor must be eligible to receive grants from Caring for Denver Foundation and is subject to approval.

**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, 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?** Round to the nearest dollar (do not include cents).

Caring for Denver generally prefers that our grant funds not exceed 1/3 of an organization’s budget as it can create issues with the IRS and threaten an organization’s nonprofit status via the public charity support test (sometimes referred to as “tipping”). We encourage applicants to develop diversified funding streams comprised of individual, government and private funding sources for projects and programs.

Ensure that the amount(s) requested here match the amount(s) requested on your Line-Item Budget Form and Budget Narrative Form.

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 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 (including contracts, grants, and reimbursements) 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 needs to 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.*

**Shared Impact Goals** **–** Review the Shared Impact Goals outlined in the current [Call for Proposals document](https://caring4denver.org/grants/resources#cfp). Select the one(s) you intend to address with the project/program you are proposing in this application. If your grant is approved, we will work with you to identify how you will measure toward the goal(s) you choose.

[ ]  Reduce substance misuse (including maintaining healthy relationship with substances)

[ ]  Improve or maintain mental health (including reducing harm to self and others)

[ ]  Increase equity in mental health and substance misuse outcomes

If you are applying during our Alternatives to Jail Call for Proposals, you may also select:

[ ]  Reduce entry into the criminal legal system for those experiencing mental health and substance misuse challenges

[ ]  Reduce recidivism into the criminal legal system for those experiencing mental health and substance misuse challenges

*This field will appear in public documents.*

**Brief Need Statement** **–** In 1-2 sentences, tell us why your project/program is needed and how it will address the shared impact goal(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** **–** Describe how you plan to use Caring for Denver funds to address the mental health and/or substance misuse needs identified above. Focus 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 or an organizational summary. Be clear about how your actions or strategies will address mental health and/or substance misuse in the City and County of Denver.

*6,000 character limit (including spaces)*

Click or tap here to enter text.

**Intended Changes** **–** What will improve (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 –** What do you think would be important to evaluate/measure to help you and Caring for Denver understand your program’s progress and impact on mental health and/or substance misuse challenges? What support might you need?

We encourage our grantees to think about measures that feel valuable to their organization. If you are awarded a grant, we expect to work together to build a grant project framework based on this grant request that will finalize your activities and intended changes and will also determine what measures will be most meaningful for you to include as part of your reporting requirements.

*4,500 character limit (including spaces)*

Click or tap here to enter text.

**Timeline and Milestones** **–** Provide an overview of your anticipated timeline for this work. Include a brief description of key milestones for the major activities you will be implementing and when you anticipate meeting each of these milestones. Caring for Denver Foundation understands that your 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 during your grant period.

For projection purposes, the potential grant start date is the first day of the month following award notification (date can be found on the Call for Proposals document).

*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, reach out to Grants and Operations Manager, Tish Gonzales, at grants@caring4denver.org or 720.647.6375. Email is the quickest option.

**Ensure that these characters are not in the name of your file. The system will prohibit files that contain these characters in the file name/document name: &$@=;:,?+%`'"><~#| and two or more consecutive blank spaces**

**Budget Documents for Your Grant Request**

1. **Budget Narrative Form –** This document is where you detail and briefly describe the budget line items for each year you are requesting funding for your project/program. Find and download the required [Budget Narrative Form here](https://caring4denver.org/grants/resources#narrative), update with your figures and descriptions, then upload your file in the Grants Portal. Only include funds requested from Caring for Denver, rather than the entire program budget. Descriptions of allowable expenses for each line item are below and on the Budget Narrative Form. Ensure the amounts requested on this document match the amounts on your grant request/application form and your [Line-Item Budget Form](https://caring4denver.org/grants/resources/#lineitem).

**Direct Costs**

* **Personnel/Staff** **–** The Personnel/Staff line item is for your organization’s employees’ salaries, benefits, and/or other personnel costs/fringe (e.g., payroll taxes) with direct involvement in the project/program for which you are requesting funding. Personnel/staff are employees who complete a Form W2 when your organization hires them and receive a Form W4 during tax time. Do not include payments to non-employees (contractors, consultants, and/or partners) here—list them in the Other Costs section below.

For positions for which you are requesting Caring for Denver Foundation funding, include position/title (names are not necessary), a brief description of role in the program, and amounts requested from Caring for Denver Foundation for their salary, benefits, and other personnel costs/fringe. You may include existing staff to oversee and/or work on the proposed project, with justification for the percentage of their time charged to the grant. If the request includes funding for the executive director’s salary, they must provide direct services to or oversight of the program. If a staff member oversees or contributes to the grant work, but you are not requesting funding for them, include them in the Personnel/Staff section narrative but state that their work is in-kind or funded by other revenue sources. Note that non-programmatic personnel/staff costs can be partially funded through the Indirect Costs line item below (e.g., accountant, grant writer, IT, management).

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 benefits and fringe accordingly).

* **Program Supplies and Equipment** **–** The Program Supplies and Equipment line item is for tangible items needed to implement and run the program for which you are requesting funding. Describe what they are, why they are needed, and how you determined costs.
* **Other Program-Related Costs –** The Other Program-Related Costs line item is for services and other fees needed to implement and run the program for which you are requesting funding (e.g., meetings, travel, professional development). Do not include rent for the employee’s workspace (that is considered an Indirect Cost). Describe what they are, why they are needed, and how you determined 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. Contractors complete a Form W9 when they are hired and receive a Form 1099 at tax time. If some or all contractors, consultants, and/or partners have not yet been selected or confirmed, share your anticipated timeline. Expenses like staff, supplies and equipment, and other program-related costs paid by contractors, consultants, and/or partners can be listed here.
* **Indirect Costs** **–** Indirect Costs (sometimes referred to as “overhead”) can help with the general operation of your organization. This includes the costs of doing business that are not necessarily directly tied to grant-funded program/project activities but are necessary for the function of the organization that runs the program/project (e.g., rent, utilities, technology, and non-programmatic employee salaries including accounting, grant writer, IT, and management). If requested, these are limited to a maximum of 15% on Direct Costs (not on the Contractors, Consultants, and/or Partners line item) when combined with the Fiscal Sponsor’s Fee (if requested).
* **Fiscal Sponsor’s Fee (if applicable) –** If you are using a fiscal sponsor, you may include a fiscal sponsor’s fee in your budget. This amount is capped at 15% on Direct Costs (not on the Contractors, Consultant, and/or Partners line item) when combined with the Indirect Costs.

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

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 project/program revenue figures and your project/program expense figures (from your Budget Narrative Form), save, then upload your file in the Grants Portal. Ensure the amounts requested on this document match the amounts on your grant request/application form and your Budget Narrative Form.

**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, 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 (e.g., if you are applying in April, the Income and Expense Statement would be dated March 31). 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, 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 (e.g., if you are applying in April, the Balance Sheet would be dated March 31). 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, upload your own organization’s balance sheet.
4. **Year-End Financial Statements**
* We require Year-End Financial Statements for the **last *two* fiscal years** (these will often be two separate documents). Depending on your organization’s individual situation, these may be Audited Financial Statements, a Financial Review, or un-audited year-end financial statements. Please note that we do not need your Form 990. Read below to determine which applies to you and what to submit:
	+ If your organization undergoes an annual financial audit, submit your Audited Financial Statements for the last two fiscal years. The Audited Financial Statement 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, include an uploaded document with an explanation of any qualifications to the audit that the auditor identified.
	+ If your organization undergoes an annual financial review (rather than an audit), submit your Financial Reviews for the last two fiscal years. The financial review includes an examination of the organization’s financial statements and accompanying disclosures by an independent accounting firm.
	+ If your organization does not undergo an annual audit or a financial review, provide your year-end financial statements (Income and Expense Statements as well as Balance Sheets) for the last two fiscal years.
* If you have a fiscal sponsor, upload your own organization’s year-end financial statements for the last two fiscal years. We are also requesting your fiscal sponsor’s year-end financial statements (see below).

**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 Year-End Financial Statements –** We require Year-End Financial Statements for the last *two* fiscal years (these will often be two separate documents) for both your organization *and* your fiscal sponsor’s organization. Depending on your fiscal sponsor’s individual situation, these may be Audited Financial Statements, a Financial Review, or un-audited year-end financial statements. Read below to determine which applies to your fiscal sponsor and what to submit:
* If your fiscal sponsor undergoes an annual financial audit, submit their Audited Financial Statements for the last two fiscal years. The Audited Financial Statement includes an examination of the fiscal sponsor’s financial statements and accompanying disclosures by an independent auditor. If the fiscal sponsor’s audit is not rated ‘unqualified’ by their independent auditor, include an uploaded document with an explanation of any qualifications to the audit that the auditor identified.
* If your fiscal sponsor undergoes an annual financial review (rather than an audit), submit their Financial Reviews for the last two fiscal years. The financial review includes an examination of the fiscal sponsor’s financial statements and accompanying disclosures by an independent accounting firm.
* If your fiscal sponsor does not undergo an annual audit or a financial review, provide their year-end financial statements (Income and Expense Statements as well as Balance Sheets) for the last two fiscal years.
1. **Executed Fiscal Sponsorship Agreement –** If your organization has a fiscal sponsor, 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, 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.