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**Organization Information**

- **Organization**
- **Location**
- **Proposal Contact**
- **CEO/President/ED**

If you do not see the correct person’s name in the dropdown, please click the Add New link to the right and create a new contact. After saving, their name will appear in the dropdown.

**Tax Status/Organization Type**

- Registered 501(c)(3)
- An entity using a 501(c)(3) fiscal sponsor
- For-profit community-based organization, engaging in charitable community work as part of this proposal
- Other (Please specify)

**If other, the following appears:**

Other - please provide details

**Does this grant include a Fiscal Sponsor?**

- Yes
- No

**If yes, the following appears:**

- **Fiscal Organization Type**
- **Fiscal Organization Name**
- **Fiscal Organization Tax ID**
- **Fiscal Organization Street Address**
- **Fiscal Organization City**
- **Fiscal Organization State**
- **Fiscal Organization Zip**
- **Fiscal Organization Contact Name**
- **Fiscal Organization Phone**
- **Fiscal Organization Email**
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If yes for collaborative application, the following appears:

By selecting yes, the applying organization certifies they are the lead organization and will act as the fiscal agent for the collaborative project.

As a collaborative application, please describe the nature of the collaboration

Characters left for field: 2000
Please identify the other organizations you will be collaborating with. It must be a minimum of 2 additional organizations for a total of 3 overall and up to 8 additional organizations:

Additional Organization 1
Additional Organization 2
Additional Organization 3
Additional Organization 4
Additional Organization 5
Additional Organization 6
Additional Organization 7
Additional Organization 8

Grant Information

Proposal Title

Have you previously received funding from the Colorado COVID Relief Fund?

Yes
No
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** If a collaborative application, Amount Requested cannot be greater than $100,000
** If not a collaborative application, Amount Requested cannot be greater than $25,000
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Programmatic Expenses (annual 2019) - Direct expenses incurred in operating a program/service in furtherance of the organization’s mission. Not general/administrative expenses incurred to run the organization in general. Not applicable to organizations other than non-profits.

Administrative Expenses (annual 2019) - Direct expenses incurred in managing the overall activities of the organization (office space, certain salaries, supplies, etc). For organizations other than non-profits, this would be total annual operating expenses for the period.

 Proposal Information

Select only on Priority Area from the dropdown. Examples below are guidance only, not selections.

- **Prevention** (examples include: medical supplies, shelter staff coverage, residential facilities staff serving vulnerable populations, nursing home staff coverage for low income households, mobility services serving vulnerable populations, cleaning supplies for shelters or care facilities of all kinds, medical information and support such as messaging campaigns)
- **Impact** (examples include: economic impact of reduced and lost work due to the outbreak, early childhood education availability, technology assistance, childcare, education, volunteer services, food access or services)
- **Recovery** (examples include: medical supplies, activities to support small business focused on charitable efforts, mental and behavioral health for most vulnerable populations, volunteer services)

Priority Area

- Prevention
- Impact

Click the blue plus + sign to the right of the screen and make selection for the below fields

Location of Services

Please select all that apply

- Adams
- Alamosa
- Arapahoe
- Archuleta
- Baca
- Bent
- Boulder
- Broomfield
- Chaffee
- Cheyenne
- Clear Creek
- Conejos
- Costilla
- Crowley
- Custer
- Delta
- Kiowa
- Kit Carson
- Lake
- La Plata
- Laramie
- Las Animas
- Lincoln
- Logan
- Mesa
- Mineral
- Moffat
- Montezuma
- Montrose
- Morgan
- Ouray
- Park
- Phillips
- Pitkin
- Prowers
- Pueblo
- Rio Blanco
- Rio Grande
- Routt
- Saguache
- San Juan
- San Miguel
- Sedgwick
- Summit
- Teller
- Washington
- Weld
- Yuma
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Target Population

Please select all that apply:
- Children from families living on low income (e.g., at or below the poverty line) who are impacted by school or child care closures
- Communities of color
- Healthcare, hospitality, service industry and gig economy workers
- Immigrant and refugee communities
- Minimum or low-wage employees displaced by business closures
- Older adults living on low income (e.g., at or below the poverty line)
- People with limited English proficiency
- People with disabilities
- People without health insurance
- Victims of domestic violence or child abuse
- People living on low income (e.g., at or below the poverty line)
- People experiencing homelessness
- People who are immunocompromised or medically fragile
- Tribal governments
- Workers without access to paid sick leave

Are the activities being coordinated with local Office of Emergency Management?
- Yes
- No

Planned activities

Please describe your planned activities:

Characters left for field: 2000

Desired outputs

What are your desired outputs?

Characters left for field: 2000
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▲ Documents

PLEASE NOTE: This information will be encrypted and secured within the application system. For full details on the Fluxx privacy policy please see here.

IMPORTANT: When submitting documents, please submit the Applicant Patriot Act and Required Payment Information first in section one. Then, submit your W-9 in section two. You must submit documents in their separate sections or you will get a ‘Compliance Error’ when submitting your grant request.

IMPORTANT: The Applicant Patriot Act and Required Payment Information form must be completed in full and uploaded to your application. If using a fiscal sponsor, this document must be completed with their signature and information. If it is incomplete your application will be rejected upon review. Please download the preferred document type below:

- Word Document Version here
- PDF Fillable Version here

Please complete the form and sign.

**Click the blue + in this section and upload only the completed Application Patriot Act and Required Payment Information document**

Applicant Patriot Act and Required Payment Information

**IMPORTANT:** Please upload the completed W-9 form. If using a fiscal sponsor, please complete with information for that entity. If you need a copy of the form you can download it from here. If using a fiscal sponsor, this document must be completed with their signature and information. If the W-9 is not completed in full and uploaded, your application will be rejected upon review.

**Click the blue + in this section and upload only the completed W-9 document**

W-9

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**If yes for collaborative application, the following appears:**

**IMPORTANT:** Please upload a signed letter from each collaborative organization stating their commitment to being part of the collaborative and their ability to carry out the activities as outlined in the application. A signed letter from each participating organization must be included for the application to be considered.

You can either upload a combined PDF of all the signed letters or upload each signed letter individually. For guidance on how to submit signed letters individually, click here.

**Click the blue + in this section and upload only the signed letters**

Collaborative Signed Letters