

**NOTE: This document is only for reference in preparing an application.  
To be considered for funding, you must submit an application at:  
<https://helpcoloradonow.fluxx.io/>**



State of  
**COLORADO**

▼ Organization Information

Organization

Location

Proposal Contact  [Add New](#)

CEO/President/ED  [Add New](#)

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 Tax ID

Fiscal Organization Name

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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Is this application being submitted on behalf of a collaborative effort between multiple organizations to carry out the proposed project?

 Yes  
 No

***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	<input type="text"/>
Additional Organization 2	<input type="text"/>
Additional Organization 3	<input type="text"/>
Additional Organization 4	<input type="text"/>
Additional Organization 5	<input type="text"/>
Additional Organization 6	<input type="text"/>
Additional Organization 7	<input type="text"/>
Additional Organization 8	<input type="text"/>

**▼ Grant Information**

Proposal Title

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

 Yes  
 No

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***If yes, the following appears:***

Previous Funding details

Please tell us what was accomplished with previous funding

**Proposal Description**

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Program

Total Amount Requested \$

**\*\* 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**

Total Organization Budget

**▼ Financial Information**

Please ensure the financial information provided in the below fields is from your last annual financial statement. Ideally 2019.

*Current assets (as of 12/31/19) Assets that can be converted to cash in one year or less*

Current Assets

*Current liabilities (as of 12/31/19) Liabilities that are due to be paid in one year or less*

Current Liabilities

*Unrestricted Cash (as of 12/31/19) – Cash that can be spent on general/administrative expenses of the organization. For organizations other than non-profits, this would be cash/cash equivalents as of this date.*

Unrestricted Cash

*Restricted Cash (as of 12/31/19) – Cash restricted by an external funder to be spent on delivery of specific programs or services conducted in furtherance of the organization's mission. Cannot be used to pay for general/administrative expenses of the organization. Not applicable to organizations other than non-profits.*

Restricted Cash

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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.*

**Programmatic Expenses**

*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.*

**Administrative Expenses**

**▼ 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**

[Unselected]

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

Colorado (Statewide)	Delta	Kiowa	Park	
Adams	Denver	Kit Carson	Phillips	
Alamosa	Dolores	Lake	Pitkin	
Arapahoe	Douglas	La Plata	Prowers	
Archuleta	Eagle	Larimer	Pueblo	
Baca	Elbert	Las Animas	Rio Blanco	
Bent	El Paso	Lincoln	Rio Grande	
Boulder	Fremont	Logan	Routt	>
Broomfield	Garfield	Mesa	Saguache	<
Chaffee	Gilpin	Mineral	San Juan	
Cheyenne	Grand	Moffat	San Miguel	
Clear Creek	Gunnison	Montezuma	Sedgwick	
Conejos	Hinsdale	Montrose	Summit	
Costilla	Huerfano	Morgan	Teller	
Crowley	Jackson	Otero	Washington	
Custer	Jefferson	Ouray	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*

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Desired outputs

*What are your desired outputs?*

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How many people do you hope to reach or serve?

How do you ensure that you are reaching the vulnerable members of your community?

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How are you coordinating your activities with other organizations and partners in the community?

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What other sources of funding are available to support your work, and how are you leveraging them?

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May we share your contact and application information with outside entities?

No

Yes



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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 W9 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 W9 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 W9 document

W9



***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



Request Documents

