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If other, the following appears:
Other - please provide details

If yes, the following appears:

**Fiscal Organization Type**
- [ ] Yes
- [ ] No

**Fiscal Organization**
- [ ] 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

**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 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.
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Grant Information

Proposal Title

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

Yes
No

If yes, the following appears:

Previous Funding details
Please tell us what was accomplished with previous funding

Proposal Description

Characters left for field: 500

Program
Help Colorado Now

Amount Requested cannot be greater than $25,000.00

Total Amount Requested

Total Project 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.

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

- Colorado (Statewide)
- Adams
- Alamosa
- Arapahoe
- Archuleta
- Baca
- Bent
- Boulder
- Broomfield
- Chaffee
- Cheyenne
- Clear Creek
- Conejos
- Costilla
- Crowley
- Custer

- Delta
- Denver
- Dolores
- Douglas
- Eagle
- Elbert
- El Paso
- Fremont
- Garfield
- Gilpin
- Grand
- Gunnison
- Hinsdale
- Huerfano
- Jackson
- Jefferson
- Kiowa
- Kit Carson
- Lake
- La Plata
- Lander
- Larimer
- Las Animas
- Lincoln
- Logan
- Mesa
- Mineral
- Moffat
- Montezuma
- Montrose
- Morgan
- Otero
- 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**

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 who are immunocompromised or medically fragile
- 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
- 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*

**Charactors left for field: 2006**

**Desired outputs**

*What are your desired outputs?*

*Charactors left for field: 2006*
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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?

Characters left for field: 2000

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

Characters left for field: 2000

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

Characters left for field: 2000

▼ 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: The Applicant Patriot Act and Required Payment Information form must be completed in full and uploaded to your application. 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. Once complete please upload the document using the + sign below with the green label “Applicant Patriot Act and Required Payment Information”.

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. Once complete please upload the document using the + sign below with the green label “W9”. If the W9 is not completed in full and uploaded, your application will be rejected upon review.

W9

Request Documents

You must Save your record before you can submit your application

#DoingMyPartCO
STOPPING THE SPREAD OF COVID-19 IN COLORADO