SAMPLE APPLICATION - DO NOT COMPLETE THIS FORM (application must be completed through online portal) ... this version is:

NPI Grant Application - version 1 for NONPROFIT ORGANIZATIONS

A APPLICANT CONTACT INFORMATION

*1. Name of Organization:

*2. Do you have a Unique Entity Identifier (UEI)?
(number issued by sam.gov)

Select

* UEI - Yes: enter here:

* UEI - Pending: upload supporting document: | Browse...

* UEI - No: explain:

> you'll only complete 1 of these 3 options, depending on your answer to question #2

*3. CEO/Executive Director/Signing Authority name:

* Title:

* Mailing Address:

* City:

* State: CO

* Zip Code:

* Phone Number:

* Email Address:

4. Responsible Administrator ☐ Check Here if Responsible Administrator is the same as above

* Responsible Administrator name *(will receive all communications for the application):*

* Title:

* Mailing Address:

* City:

* State:

* Zip Code:

* Phone Number:

* Email Address:

*5. What counties does your organization serve? *(check all that apply)*

☐ Adams ☐ Alamosa ☐ Arapahoe
☐ Archuleta ☐ Baca ☐ Bent
☐ Boulder ☐ Broomfield ☐ Chaffee
☐ Cheyenne ☐ Clear Creek ☐ Conejos
☐ Costilla ☐ Crowley ☐ Custer
☐ Delta ☐ Denver ☐ Dolores
☐ Douglas ☐ Eagle ☐ El Paso
☐ Elbert ☐ Fremont ☐ Garfield
☐ Gilpin ☐ Grand ☐ Gunnison
☐ Hinsdale ☐ Huerfano ☐ Jackson
☐ Jefferson ☐ Kiowa ☐ Kit Carson
☐ La Plata ☐ Lake ☐ 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

*6. Insurance Requirement Acknowledgement: ○ Yes ○ No

I understand that if awarded, the following levels and certificates of insurance must be obtained to receive grant funds.

Automobile Liability:
Each occurrence $500,000

Cyber/Network Security and Privacy Liability:
Each occurrence - $500,000
General Aggregate - $1,000,000

General Liability:
Each occurrence - $500,000
General Aggregate - $500,000
Products and completed operations aggregate - $500,000
Fire - $50,000

Crime Insurance:
Each occurrence - $500,000
General Aggregate - $500,000

B ORGANIZATION ELIGIBILITY

Document uploads:

- Must be in PDF format. Access a free online PDF **converting** tool here: https://www.adobe.com/acrobat/online/convert-pdf.html
- If providing multiple documents for one question, you must combine into a single PDF. Access a free online PDF **merging** tool here: https://www.adobe.com/acrobat/online/merge-pdf.html
- Watch for errors or lost data! Please proof all your documents before uploading.
- **File size too large?** The system has a 10MB limit. If you encounter that limit, access a free online PDF **compressing** tool here: https://www.adobe.com/acrobat/online/compress-pdf.html If that doesn't get it below 10MB, please email greg@yvcf.org with:
  a) [preferred] a link where we can download the file from the cloud, such as Dropbox, Google Drive, or others (please make sure permissions allow us to download the file).
  b) the file attached (some large files may not email easily).

*1. What is your operating budget for the current fiscal year: [   ] ⓘ

*a) Upload your operating budget for the current fiscal year: [   ] [Browse...] ⓘ

*2. Where is the main office of your organization located (city)?   [   ]

*(county) *If outside listed counties, please visit the DOLA Website to determine which Regional Access Partner (RAP) you should apply through.*   ○ Eagle ○ Garfield ○ Moffat ○ Rio Blanco ○ Routt   ⓘ

*3. Is your organization in good standing with the Colorado Secretary of State?   ○ Yes ○ No

*a) Upload Proof of your good standing status   [   ] [Browse...] ⓘ
Provide a Certificate of good standing with the State of Colorado, Secretary of State Office. This document can be obtained at https://www.sos.state.co.us/pubs/business/businessHome.html. Under "Services," click "Certificate of good standing."

*4. What is your organization's mission?

*5. Which of the following services does your organization provide? *(select all that apply)*

ⓘ

- [ ] Health Equity
- [ ] Workforce Development
- [ ] Community Economic Development
- [ ] Housing
- [ ] Food Justice
- [ ] Education Support
- [ ] Early Childhood Care
- [ ] Other community identified need (list below)

* *List "Other community identified need"*

ⓘ

*a) Describe how your organization provides services in the areas listed above? *(250 word limit)*

C PROGRAM INFORMATION

This funding prioritizes support for communities who have been historically underrepresented, underserved, or under-resourced in Colorado.

*Indicate all the communities your organization serves *(check each applicable category):*

- [ ] LGBT
- [ ] BIPOC
- [ ] Women
- [ ] Gender non-conforming
- [ ] Disability/neurodiversity
- [ ] Low Income
- [ ] Immigrant/Refugee
- [ ] Rural

1. a) Provide a number of your BOARD that identify with the categories of historically underrepresented, underserved, or under-resourced in Colorado. *(whole numbers only; individuals may identify with multiple categories)*

* LGBT

* BIPOC

* Women

* Gender Non-conforming

* Disability/neurodiversity

* Low Income

* Immigrant/Refugee

* Rural

*Total Unduplicated # represented

ⓘ

*Total Number in organization

1. b) Provide a number of your STAFF that identify with the categories of historically underrepresented, underserved, or under-resourced in Colorado. *(whole numbers only; individuals may identify with multiple categories)*

* LGBT

* BIPOC

* Women

* Gender Non-conforming

* Disability/neurodiversity

*Low-Income
[   ]

*Immigrant/Refugee
[   ]

*Rural
[   ]

* Total Unduplicated # represented
[   ]

* Total Number in organization
[   ]

* c) Indicate which of the following communities the highest paid executive staff member identifies with from the communities your organization serves above *(check each applicable category):*

- ☐ LGBT
- ☐ BIPOC
- ☐ Women
- ☐ Gender non-conforming
- ☐ Disability/neurodiversity
- ☐ Low Income
- ☐ Immigrant/Refugee
- ☐ Rural

2. Please answer the following questions in regard to your organization's work that specifically focuses on historically underrepresented, underserved, or under-resourced communities.

*a) How do you ensure you're providing relevant programs? *(250 word limit)*
[   ]

*b) How do you ensure that your services are culturally responsive? *(250 word limit)*
[   ]

*c) How do you ensure that services you provide are effective? *(250 word limit)*
[   ]

*3. How does your organization take client and community feedback into consideration when deciding where to focus your efforts? *(250 word limit)*
[   ]

*4. Does your organization connect the communities you serve with other state or federally funded programs?
○ Yes   ○ No

D COVID19 IMPACT

Document uploads:
- Must be in PDF format. Access a free online PDF converting tool here: https://www.adobe.com/acrobat/online/convert-pdf.html
- If providing multiple documents for one question, you must combine into a single PDF. Access a free online PDF merging tool here: https://www.adobe.com/acrobat/online/merge-pdf.html
- Watch for errors or lost data! Please proof all your documents before uploading.
- ***File size too large?*** The system has a 10MB limit. If you encounter that limit, access a free online PDF compressing tool here: https://www.adobe.com/acrobat/online/compress-pdf.html If that doesn't get it below 10MB, please email greg@yvcf.org with:
  a) [preferred] a link where we can download the file from the cloud, such as Dropbox, Google Drive, or others (please make sure permissions allow us to download the file).
  b) the file attached (some large files may not email easily).

*Select and provide supporting documentation in <u>one of the following</u> categories on how your organization was impacted or disproportionately impacted by the COVID-19 Public Health Emergency *Supporting documentation can include, but is not limited to: Year over year budgets, board meeting minutes indicating discussion or vote, notes from board finance or other committee meetings, email documentation, signed letter from board chair documenting specific situation.*   ❶

○ 1. Your organization was disproportionately impacted by the COVID-19 Public Health Emergency

○ 2. Your organization's total operating budget has decreased during the COVID-19 public health emergency

○ 3. Your organization had to lay off staff during the COVID-19 public health emergency

○ 4. Your organization had to close for a period during the COVID-19 public health emergency

○ 5. Your organization had to access its financial reserves to pay for operating costs during the COVID-19 public health emergency

○ 6. None of the above

*a. Supporting Documentation: *Note: To qualify for the disproportionately impacted criteria your organization must provide services in a qualified census tract, as defined by the United States treasury as any census tract that is designated by the secretary of housing and urban development and, for the most recent year for which census data are available on household income in such tract, either in which 50% or more of the households have an income that is less than 60% of the area median gross income for such year or that has a poverty rate of at least 25%. Use this map to lookup qualified census tracts by address.*

[   ] Browse... ❶

you'll only complete 1-2 of the following options, depending on your answer to the Section D question above

*a. What % has your operating budget decreased? ⓘ

*b. Supporting documentation: [Browse...] ⓘ

*a. What % of staff did you have to lay off during the COVID-19 public health emergency: ⓘ

*b. Supporting documentation: [Browse...] ⓘ

*a. What dates or date range was your organization closed:

*b. Supporting documentation [Browse...] ⓘ

*a. What % of your financial reserves were accessed: ⓘ

*b. Supporting documentation: [Browse...] ⓘ

*If none of the above apply, tell us how your organization was impacted by the COVID-19 Public Health emergency. *(250 word limit)*

E PROJECT INFORMATION

*1. Select the category of your project (select all that apply):
These funds can be utilized for infrastructure and capacity building in the following categories. Please select all that apply to this request. Make sure to review "Using Grant Funds" (the ways that funds may or may not be used) at yvcf.org/npi

☐ Data Technology - data collection and/or technology infrastructure

☐ Professional Development - staff and board

☐ Communications

☐ Strategic planning and organizational development for capacity building, fundraising, and other services

☐ Existing program expansion, development or evaluation

☐ Other (list below)

*List other category:

*2. Tell us about the project(s) you are requesting funds for *(250 word limit):*

*3. What is the timeline for the completion of your projects? *(250 word limit):*

*4. If your organization is awarded funds, you will be required to submit backup documentation on all expenses on a quarterly basis. Is this something your organization is able to do?
○ Yes (explain below)   ○ No (explain below)

*Explain

*Explain

*a. Would technical assistance be helpful in supporting this requirement?
○ Yes   ○ No

F BUDGET

*1. Total amount of funds requested ⓘ
(requested amount cannot exceed 30% of your annual operating budget, max award amount - $100,000, administration allowance - 10%):

*2. Budget narrative for funds requested *(250 word limit):*