

## Fiscal Sponsor Application

**Fiscal Sponsor** - a tax-exempt charitable or social welfare group operating under a 501(c)(3) that has an arrangement with small community-based groups (SCBG) that **ARE NOT** registered NPOs

### A. FISCAL SPONSOR/CONTACT INFORMATION

1. Name of Fiscal Sponsor:

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

a) Yes: Enter Here

b) Pending: upload supporting document

b) No: Explain

3. CEO/Executive Director/Signing Authority name

Title:

Mailing Address :

City:

State:

Zip Code:

Phone Number:

Email Address:

Check Here if Responsible Administrator is the same as above

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

Title:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

5. Will you perform ALL of the following functions on behalf of the small community-based groups:

a) Receive grants, contributions, and other money on behalf of each of the small community-based groups

b) Ensure that the money of each small community-based group is spent on the intended charitable purposes of the group

c) Determine how and when the money of each small community-based group is spent

d) Supervise each small community-based group's finances

e) Ensure that each small community-based group's money is used in a manner that furthers the Fiscal Sponsor's own charitable work and

f) Provide financial and project guidance to each small community-based group;

Yes  No

6. Can you perform these functions specified for an administrative fee that does not exceed ten percent (10%) of the total amount of any grant, contribution, or other money that the small community-based groups received with the assistance of the Fiscal Sponsor.

Yes  No

7. Insurance Requirement Acknowledgement:

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

Yes  No

**General Liability:**

Each occurrence - \$500,000

General Aggregate - \$500,000

Products and completed operations aggregate - \$500,000

Fire - \$50,000

**Automobile Liability:**  
Each occurrence \$500,000

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

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

If No, please explain here: \_\_\_\_\_

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

**Upload Proof of good standing status**  
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."

**9. If your organization is awarded funds, you will be required to submit backup documentation on all expenditures on a quarterly basis. Is this something your organization is able to do?**  
 Yes  No Explain: \_\_\_\_\_

---

**B. SMALL COMMUNITY BASED GROUP ELIGIBILITY**

---

*The following information must be completed and submitted for each SCBG you are representing.*

Name of the group:

1. What is the group's operating budget for the current fiscal year:

a) Upload the group's operating budget for the current fiscal year:

2. Where is the main office of the group located (city and county)?

What counties does the group serve?  
(check list)

3. What is the group's mission?

4. Which of the following services does the group provide? (select all that apply)

Health Equity       Workforce Development       Community Economic Development       Housing

Food Justice       Education Support       Early Childhood Care

Other community identified need \_\_\_\_\_

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

Is there another group to add to this application?

Yes  No

---

### C. COVID-19 IMPACT

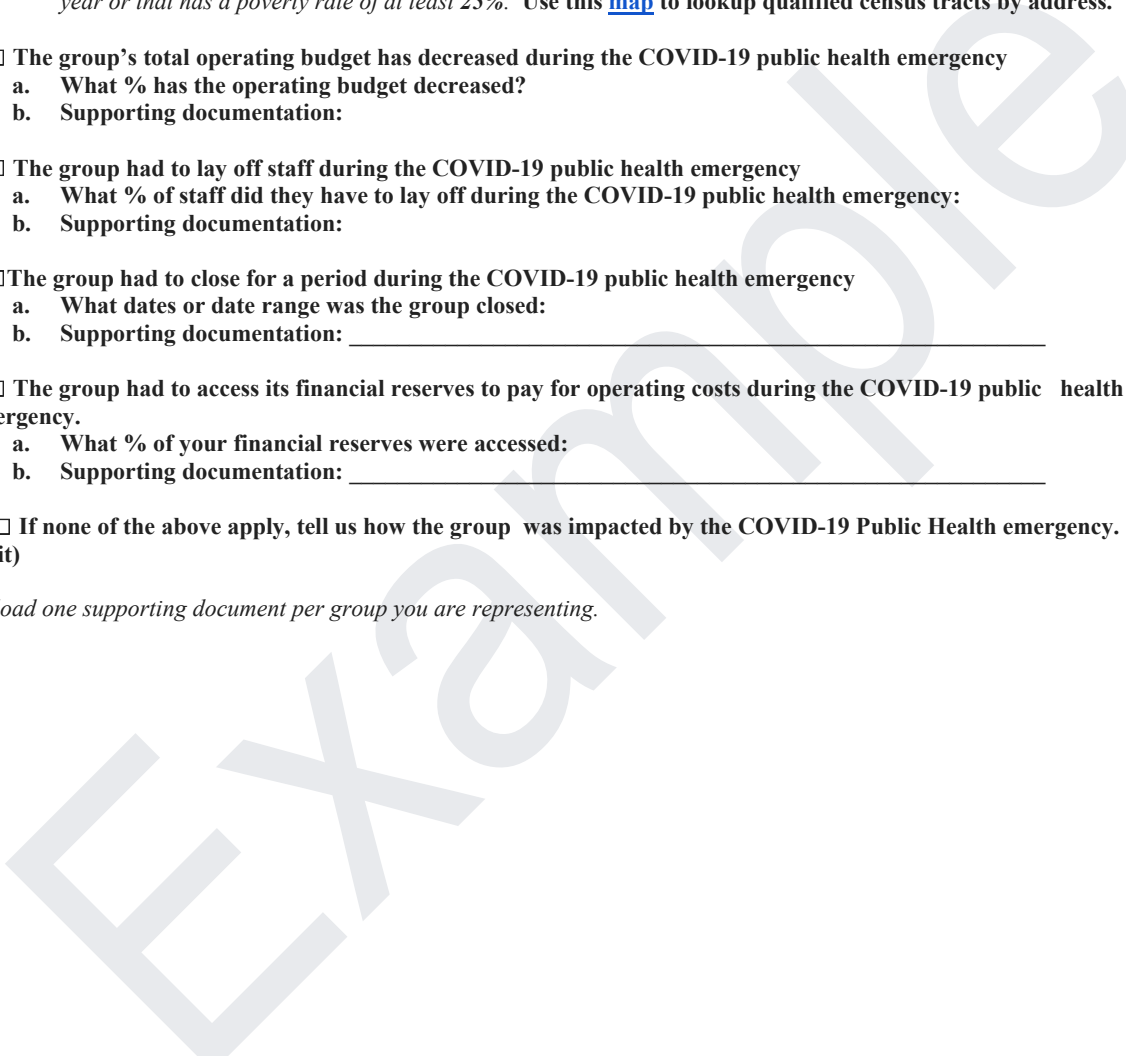
---

Select and provide supporting documentation on how EACH group 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.*

1.  The group was disproportionately impacted by the COVID-19 Public Health Emergency
  - a. **Supporting Documentation:**  
*Note: To qualify for the disproportionately impacted criteria the group 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.*
2.  The group's total operating budget has decreased during the COVID-19 public health emergency
  - a. **What % has the operating budget decreased?**
  - b. **Supporting documentation:**
3.  The group had to lay off staff during the COVID-19 public health emergency
  - a. **What % of staff did they have to lay off during the COVID-19 public health emergency:**
  - b. **Supporting documentation:**
4.  The group had to close for a period during the COVID-19 public health emergency
  - a. **What dates or date range was the group closed:**
  - b. **Supporting documentation:** \_\_\_\_\_
5.  The group had to access its financial reserves to pay for operating costs during the COVID-19 public health emergency.
  - a. **What % of your financial reserves were accessed:**
  - b. **Supporting documentation:** \_\_\_\_\_
6.  If none of the above apply, tell us how the group was impacted by the COVID-19 Public Health emergency. (500 word limit)

*Upload one supporting document per group you are representing.*



**D. PROGRAM INFORMATION**

*Please answer the questions below as the collaborative of SCBG's.*

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

**Indicate all the communities the groups serve (place an X in each applicable category):**

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

1. Indicate below the whole of the groups staffs and boards representation of historically underrepresented, underserved, or under-resourced communities:

Provide a number of staff and board that identify with the following categories:

	a) Board	b) Staff
LGBT		
BIPOC		
Women		
Gender Non-conforming		
Disability		
Low-Income		
Immigrant/Refugee		
Rural		
Total Unduplicated # represented		
Total Number in group		

- c) Indicate which of the following communities the highest paid executive staff members identify with from the communities the group serves above (place an X in each applicable category):

LGBT	BIPOC	Women	Gender non-conforming	Disability/neurodiversity	Low Income	Immigrant/Refugee	Rural	Not Applicable

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

- a) How do all of the groups ensure they're providing relevant programs? (500 word limit)
- b) How do all of the groups ensure that services are culturally responsive? (500 word limit)
- c) How do all of the groups ensure that the services they provide are effective? (500 word limit)

3. How do all of the groups take client and community feedback into consideration when deciding where to focus efforts? (500 word limit)

**4. Do all of the groups connect the communities they serve with other state or federally funded programs?**

Yes  No

Example

---

**E. PROJECT INFORMATION**

---

*Please answer the questions below as the collaborative of SCBG's.*

**1. Select the category of the project(s) (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.*

*Note: requested amount cannot exceed 30% of the collective annual operating budget, max award amount is \$100,000*

- Data Technology - data collection and/or technology infrastructure
- Professional Development - staff and board
- Communications
- Strategic planning and group's development for capacity building, fundraising, and other services
- Existing program expansion, development or evaluation
- Other \_\_\_\_\_

**2. Tell us about the project(s) and how each group will use the requested funds (500 word limit):**

**3. What is the timeline for the completion of the project(s) (500 word limit)?**

**4. If this collective is awarded funds, they will be required to submit backup documentation on all expenses on a quarterly basis. Is this something the groups are able to do?**

Yes  No Explain: \_\_\_\_\_

---

**F. BUDGET**

---

**1. Total amount of funds requested** (requested amount cannot exceed 30% of collective annual operating budget, max award amount - \$100,000, Fiscal Sponsor administrative allowance = 10% of total award):

**2. Total amount of administrative funds requested:**

**3. Budget narrative for funds requested (500 word limit):**