



### Instructions for Starting an Application

- Click on the **Apply** button to start a new application.
- If you have already started an application, click on the **My Grant Applications and LOIs** tab across the top to find your in-progress application.

**Questions?** Contact Megan Maes, Grants Manager, at info@anschutzfamily.org or 303-293-2338

**Apply**

Apply Leadership Contact Details

Please provide the details for your organization's CEO or Executive Director. This information is **Required** in order to submit a grant application.

- Click the '**New**' button below.
- On the new Funding Request Role screen: Type the name of your CEO or Executive Director in the contact field search box. If they do not exist, please click the **+ New Contact** button to create a new contact.
- Please complete all fields. Once the new contact is created, set the role to '**CEO/Executive Director**' and status to '**Current**' and click '**Save**'.
- If you are a CEO/Executive Director applying, add yourself as the contact.
- Once your CEO/Executive Director contact has been added, click the **Apply** tab to continue with your grant application.

 Funding Request Roles (0) New

## Eligibility Quiz

### Apply

\* Have you reviewed our guidelines for applying for a grant?

--None--

\* Please select the classification that best describes your organization:

--None--

\* For organizations serving the Metro Denver area, is this funding request for healthcare, primary or secondary education, or a capital project?

--None--

\* Is this funding request for a special event, promotion, or conference?

--None--

\* Is your organization's annual operating budget \$10 million or more?

--None--

\* Is this funding request for an arts and culture program or organization?

--None--

\* Which best describes your organization's current leadership:

--None--

\* Is this grant for programming, general operating support or services provided in Colorado?

--None--

\* Have you received funding from the Foundation in BOTH 2021 AND 2022 calendar years?

--None--

\* Have you submitted a final report for the last grant received from the Foundation?

--None--

Next

## Sections

## Organization Details

Proposal Summary

Financial Information

Proposal Narrative

Attachments

Review and Submit

## Organization Information

## Organizational Details

EIN:

\* Legal Name of Organization as noted on IRS Determination Letter

\* DBA. If no DBA (doing business as), re-enter Legal Name. For organizations with a fiscal sponsor, enter your project name

\* Tax Exemption Status

## Organization Mailing Address

\* Mailing Street

\* Mailing City

\* Mailing State

\* Mailing Zip Code

 Physical Address is the Same as Mailing Address

## Organization Physical Address

\* Physical Street

\* Physical City

\* Physical State

\* Physical Zip Code

### Organizational Details

\* County Where Organization is Headquartered

\* Organization Phone

\* Organization Email

Organization Website

\* Year Founded (example "2002")

\* Mission Statement

### Application Contact

If you need to update the first or last name fields, please contact Megan Maes, Grants Manager, at info@anschutzfamily.org or 303-293-2338

\* Prefix

Name

\* Title

\* Email Address

\* Phone

Save

Sections

Organization Details

**Proposal Summary**

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Proposal Summary

\* Type of Grant

Program Specific --None--  
Program Specific  
General Operating

\* Program Area - Select the program area that best matches the purpose of this proposal

-- none selected -- -- none selected --  
Civic, Community, and Capacity Building  
Crisis Intervention

\* Name of Program

Food/Shelter/Homeless  
Humane Animal Services  
Low-Income Housing  
People with Disabilities

\* Amount Requested ⓘ

Self-Sufficiency  
Senior Programs  
Youth Development  
Not Sure

\* In one or two sentences, describe what the grant will be used for

\* Number of Unduplicated Individuals Served Directly by the Organization Last Year

\* Number of Full-Time Employees

\* Number of Part-Time Employees

\* Estimated Number of Volunteers Last Year

\* To what extent are veterans and/or their families a primary focus of your organization?

--None--

\* Counties Served Specific to this Proposal - hold down 'CTRL' to select more than one option

Colorado Statewide  
Outside of Colorado  
Adams  
Alamosa  
Arapahoe

Save

Sections

Organization Details

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**Financial Information**

Proposal Narrative

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Financial Information

\* Organization's Current Fiscal Year End Date ⓘ

Complete this field.

\* Organization's Budgeted Income

\* Organization's Budgeted Expenses

\* Program Budgeted Income

\* Program Budgeted Expenses

Save

Sections

Organization Details

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**Proposal Narrative**

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Review and Submit

Proposal Narrative

Organization History

\* Describe the founding and purpose of the organization and your key historical achievements.

Rich text editor for Organization History with a toolbar containing font, size, color, bold, italic, underline, link, unlink, list, and image options. A search bar at the bottom shows 0/4000 characters.

Need Statement

\* Describe the needs in the community and the population your organization serves. Include socioeconomic or demographic information if applicable

Rich text editor for Need Statement with a toolbar containing font, size, color, bold, italic, underline, link, unlink, list, and image options. A search bar at the bottom shows 0/3000 characters.

Goals

\* Describe your current organizational goals.

Rich text editor for Goals with a toolbar containing font, size, color, bold, italic, underline, link, unlink, list, and image options. A search bar at the bottom shows 0/3000 characters.

### Current Programs

\* Describe your organization's programs, including the number of individuals served per program last year.



Salesforce Sans 12  **B** *I* U      

 0/4000 

### Program Request

\* Provide a summary of the plan for the program request.

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 0/4500 

### Evaluation

\* Summarize key evaluation results that demonstrate impact.

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 0/3000 



### Collaboration

\* Summarize your key partners and how do you work with them.

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[List] [List] [List] [Link] [Image] [Text]

0/3000

### Board of Directors

\* Describe the organization's board term policy and the percentage of members that contribute financially to the organization. Share how your board members reflect the culture of the community you serve.

Salesforce Sans 12 [Color] [B] [I] [U] [Link] [List] [Table] [Table] [Table]

[List] [List] [List] [Link] [Image] [Text]

0/2500

### Planning

\* Describe the challenges and opportunities facing the organization in the next 3-5 years. This could include plans to grow/expand, capital campaigns, leadership changes, changes in funding, or other significant changes.

Salesforce Sans 12 [Color] [B] [I] [U] [Link] [List] [Table] [Table] [Table]

[List] [List] [List] [Link] [Image] [Text]

0/2500

**Sections**

- Organization Details
- Proposal Summary
- Financial Information
- Proposal Narrative
- Attachments**
- Review and Submit

**Attachments**

- Please upload your attachments as the final step of your application submission process. If you use the save and return feature, your attachments WILL NOT be saved.
- To upload an attachment, click Upload Files to select a file from your desktop or drag and drop the files from your desktop directly into the Upload Files box.

\* Current Fiscal Year Organizational Budget

Upload Files

Or drop files

\* Program Budget

Upload Files

Or drop files

\* Current Balance Sheet

Upload Files

Or drop files

\* Current (Year-to-Date) Income & Expense Statement

Upload Files

Or drop files

\* Year-End Balance Sheet

Upload Files

Or drop files

\* Year-End Income & Expense Statement

Upload Files

Or drop files

\* Most Recently Completed Audit or Financial Review ⓘ

Upload Files

Or drop files

\* Sources of Income Table ⓘ

Upload Files

Or drop files

[Download](#) and complete attachment

\* Major Contributors List

Upload Files

Or drop files

[Download](#) and complete attachment

\* Board of Directors List ⓘ

Or drop files

\* IRS Determination Letter

Or drop files

\* Anti-Discrimination Statement ⓘ

Or drop files

\* Key Staff List ⓘ

Or drop files

Annual Report - Optional

Or drop files

Evaluation Results - Optional

Or drop files

Explanation of Financial- Optional ⓘ

Or drop files

Cover Letter - Optional

Or drop files

**Approximately how many hours did it take to complete this application?**

\* example: type "4" for 4 hours.

Save

### Sections

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### Review and Submit

#### Review and Submit

Please review and certify your application. To officially submit your application, please click the **Submit Application** button.

**\* Do you certify that the information contained in this application is true and correct to the best of your knowledge and that you are authorized to submit a grant request on behalf of the organization?**

Yes

Submit Application