



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](#)

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.
- To preview a copy of our grant application, click [here](#)

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**

Sections

Organization Details

Proposal Summary

Financial Information

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

Using a Fiscal Sponsor

Organization Mailing Address

* Mailing Street

* Mailing City

* Mailing State

Colorado

* Mailing Zip Code

Physical Address is the Same as Mailing Address

Organization Physical Address

* Physical Street

* Physical City

* Physical State

Colorado

* Physical Zip Code

[THIS SECTION FOR FISCALLY-SPONSORED PROJECTS ONLY]

Fiscal Sponsor Address

* Fiscal Sponsor Name

* Fiscal Sponsor EIN

* Fiscal Sponsor Mailing Street

* Fiscal Sponsor Mailing City

* Fiscal Sponsor Mailing State

* Fiscal Sponsor Mailing 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

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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
Food/Shelter/Homeless
Humane Animal Services
Low-Income Housing
People with Disabilities
Self-Sufficiency
Senior Programs
Youth Development
Not Sure

* Name of Program

[FOR PROJECT-SPECIFIC REQUESTS ONLY]

* Amount Requested ⓘ

* 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-- --None--
We serve veterans and/or their families, but they are not our primary focus
We focus primarily on veterans and/or their families
We do not serve veterans

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

Colorado Statewide
Outside of Colorado
Adams
Alamosa
Arapahoe

Save

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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](#)

[Proposal Summary](#)

[Financial Information](#)

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.

* Proposal Narrative

[Upload Files](#) Or drop files

[Download](#) and complete attachment

* Current Fiscal Year Organizational Budget

[Upload Files](#) Or drop files

* Program Budget **[FOR PROJECT-SPECIFIC REQUESTS ONLY]**

[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

If your organization does not have either, please upload a document letting us know

Revenue should reflect the total actual revenue received by the org as a whole for the most recently completed fiscal year

* Major Contributors List

Or drop files
[Download](#) and complete attachment

* Board of Directors List ?

Include board positions, occupation, name of employer/affiliation, city or county of residence, and term end date

Or drop files

* IRS Determination Letter

Or drop files

* Anti-Discrimination Statement ?

Dated and adopted by the Board of Directors

Or drop files

* Key Staff List ?

Include brief qualifications for each employee and the year they started with the organization

Or drop files

Annual Report - Optional

Or drop files

Evaluation Results - Optional

Or drop files

Explanation of Financial- Optional ?

If there are significant annual fluctuations, an operating deficit, and/or anything else to note.

Or drop files

* Fiscal Sponsor Agreement [FOR FISCALLY-SPONSORED PROJECTS ONLY]

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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Attachments

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