

**QUIZ**

1. Fiscal Status (drop down)
  - a) This organization is a 501( c )(3) entity eligible to receive charitable grant funding; Not an eligible 501( c )(3) organization
  - b) If "Not an eligible 501( c )(3) organization" is selected
    - o Include Fiscal Sponsor Fields in Application Information

**Note: If you enter "Not an eligible 501( c )(3) organization" you will be required to provide information on an eligible Fiscal Sponsor organization**

2. Organization Annual Budget (drop down)
  - a) Less than \$25,000;
  - b) \$25, 001 - \$50,000;
  - c) greater than \$50,000

**Note: You will encounter an 'Error' message if "Your selection does not match the amount provided in the Annual Budget field of your Organizational Profile. Please select another amount and/or update the Organizational Profile and try again."**

Note: When you have completed the Quiz questions, hit the 'Submit' button, this will generate/open the appropriate application for you to complete.

**APPLICATION INFORMATION** (TAB) (Narrative questions & word counts)

1. Organization EIN:
2. Request Title:
3. Request Description – A clear summary of what you will do, and accomplish, if this is funded. (150 words)
4. Request Amount: (currency, no decimal, whole numbers only)  
Note: The range you will be eligible to apply for is determined by the answer to Quiz Question #2 and the amount provided in the Annual Budget field of your Organizational Profile.
5. People to Benefit - Describe the people your efforts will be focused on, including any linguistic, cultural or demographic issues that affect them. (Demographic factors include things such as ethnicity, race, age, disability, gender identity, economic factors, immigration status, etc.) (100 words)
6. Beneficiary Participation - How will you involve members of the community in the efforts you are proposing to undertake related to the community rebuild and recovery efforts? (100 words)
7. Anticipated Challenges and Opportunities - Discuss any underlying challenges/barriers or opportunities related to the proposed project and how you will address or mitigate. (100 words)
8. Organizational Capacity - Describe the activities this funding will support, including outreach and community engagement activities, if any. (100 words)
9. Organizational Capacity - Describe the capacity of your organization to undertake the efforts described in this application. (100 words)

10. **Additional Resources** - Identify any additional resources (funding, personnel, infrastructure, support, etc.) you will leverage to advance your work. (100 words)
11. **Activities to be Funded** - Provide a brief list/summary of all the activities this grant will support. (50 words)
12. **Collaboration** - Describe any partnerships or collaborations that will be involved in accomplishing the proposed activities and the role key partners will undertake if proposed work is funded. (100 words)
13. **Activities Focused on Vulnerable Populations** – Describe in detail activities to be funded which will address the disproportionate impact of Covid-19 on vulnerable populations and/or the nonprofit sector in New Mexico. (100 words)
14. **Activities to Expand Health Equity** – Describe in detail activities to be funded which will expand health equity in New Mexico. (100 words)
15. **Other Community Rebuild Activities** – Describe in detail and other activities to be funded and how they will contribute to community rebuilding. (100 words)
16. **Outcomes** – Please describe the expected short term (6-12 months) and longer-term outcomes (12+ months) if the proposed project is successful. Make sure to address how the beneficiary population would be impacted. (150 words)
17. **Vaccine Rollout Funding** – If you received CAHF/WKKF Covid-19 Vaccine Rollout Phase 1 funding (June 1-Dec 31, 2021), describe how this request relates to and/or builds upon that effort? (100 words)

### **GEOGRAPHIC INFORMATION** (TAB)

1. **Geographic Focus of Activities** – Describe the geographic location(s) where funded activities and work will be done- where staff will work, where people will be involved and things will happen during the grant period. Explain why this geographic focus best serves the purposes of the funding.
2. **Geographic Range - Primary** (Range: Where Work Happens)  
*Why are there so many lookalike Geography sections? Click [here](#)  
Click [here](#) to view the map.  
Statewide' is not offered as an option because this should describe where activities are taking place.  
Few non-government nonprofit organizations in New Mexico are capable of sustaining primary activities in all 33 counties at the same time.*  
**Geographic Range – Primary** (drop down)  
Note the county or area where the most activity will take place.
3. **Geographic Range – Other** (drop down) – Identify all other counties/areas you will work in.
4. **Tribal Jurisdiction** – (drop down)  
Would funded activities take place in a location or institution that is under any kind of tribal jurisdiction? (See Tribal Jurisdictions for additional information on what constitutes Tribal Jurisdiction and how you should answer this. [here](#))

**5. Geographic Impact - Primary (Impact: Where Effects Are Felt)**

**Geographic Impact – Primary** (drop down)

Note the county or area where you feel the effect of your work may be strongest.

**6. Geographic Impact – Other** (drop down)

Where else do you expect the impact of your work to be evident? Select all relevant counties.

**7. Statewide Impact**

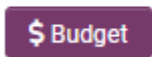
Describe the statewide impact you expect from this effort and identify what indicators will show how your effort achieves that impact.

Please Note: If you have selected Statewide in the Primary or Secondary Geographic Impact option, you must answer this question.

**BUDGET (TAB)**

Open the purple ' \$ Budget ' button and complete the Project Budget template. Be sure to 'save' before closing the 'pop-up' window.

Please click on the button below to complete the budget table



**ATTACHMENTS (TAB)**

Use *upload* button to attach the organization’s Current Annual (operating) Budget:

**\* Organization Current Annual Budget**

Attach your organizational budget for the current year.



**CAHF Budget**

Round all expenses up to the nearest \$100. If you need to bundle expenses within a category into a single line item and explain your selection or provide additional itemization in the appropriate narrative field.

**Revenues**

Select the same Request Amount you used in the "Application Information" section.

Request Amount:

Can Alma Health Foundation:

Other Charitable/Grants - Include United Way and other Combined Funds.  
 Earned Income/Revenue - Include sales, memberships, fees for services, etc.  
 Internal Allocation - Dollars allocated from general operations fund endowment revenue, etc.  
 Individual Gifts/Fundraising - Include event revenue. Do not include gifts from Donor-Advised Funds managed by foundations - include them in Foundation lines.

	Revenue Projected	Secured	Percentage Secured
Can Alma Health Foundation	\$42,000	\$0	0%
Other NMI Foundation	\$10,000	\$10,000	100%
Out of State Foundation	\$0	\$0	0%
Public Sector Grants/Contracts	\$0	\$0	0%
Business/Corporate Gifts/Grants	\$0	\$0	0%
Individual Gifts/Fundraising	\$0	\$0	0%
Other Charitable/Grants	\$0	\$0	0%
Earned Income/Revenue	\$0	\$0	0%
Internal Allocation	\$0	\$0	0%
<b>Total</b>	<b>\$78,000</b>	<b>\$10,000</b>	<b>13%</b>

**Expenses**

Parttime or Temporary Staff - include contract personnel under "Contractual"

**Personnel**

	Total Expense	CAHF Share	Narrative
Staff Salaries (Full time)	\$25,000	\$20,000	
Parttime or Temporary Staff	\$0	\$0	
Benefits	\$10,000	\$8,000	
<b>Subtotal</b>	<b>\$35,000</b>	<b>\$28,000</b>	

**Professional Services**

	Total Expense	CAHF Share	Narrative
Contractual	\$0	\$0	
Evaluation Contractual	\$8,000	\$8,000	
<b>Subtotal</b>	<b>\$8,000</b>	<b>\$8,000</b>	

Printing, Copying, Postage - include FedEx/other delivery  
 Communications - include phone, internet, website, and/or social media.  
 Equipment - may not exceed \$5000 per item.

**Operational Expenses**

	Total Expense	CAHF Share	Narrative
Supplies (consumables)	\$0	\$0	
Printing, Copying, Postage	\$0	\$0	
Communications	\$10,000	\$10,000	
Equipment	\$10,000	\$10,000	
<b>Subtotal</b>	<b>\$20,000</b>	<b>\$20,000</b>	

Save Close

**AUTHORIZATION** (TAB)

**Grant Communications** – The person completing this application form is currently the ‘Primary Contact’ for this grant request. The email address of the Primary Contact will receive all communications related to the application, including whether the form needs additional information and whether review activities need to be scheduled.

**Grant Communications** – If the application is approved, the Grant Communications Contact will receive emails about requirements and reports, including due dates and deadlines. Is the Primary Contact for the application process the person who should receive these communications? (If a development staffer, volunteer/contract grant writer or other person who will not be involved in the activities funded by the grant is managing the application process, select ‘no’.)

**Additional/Alternate Grant Communications Contact** – If your request is approved and you wish an additional contact person to be cc’d on grant communications, provide their name and email here:

**Alternate Contact Title**

**Alternate Contact Email**

**Authorization** – By completing the fields below, the applicant certifies that the submission of this funding application and budget information has been authorized by the organization's Chief Executive and/or Board of Directors.

**Name of Person With Authorization Authority** – The individual with fiduciary authority to bind the organization to execute contracts or agreements.

**Title of Authorizing Person**

**RESOURCES** (TAB)

Access to Guidelines and other informational documents:

**2021 Grant Cycle Guidelines**

[WKKF Community Rebuild Grant Application Guidelines](#)

**Application Resources**

[Geographic Information](#)

[Types of Funding](#)

[Tribal Jurisdictions and Tribal Authority Endorsement](#)

**Key Concepts and Helpful Definitions**

[CAHF's focus on "Systems Change" and "Policy Change"](#)

[How CAHF defines "Direct Services" and "Systems Change"](#)

[What are "Health Equity" and "Social Determinants of Health?"](#)

[What do we mean by "Technical Assistance"?](#)

[NNMHGG Needs Assessment](#)

**Health Equity Grantmaking Roadmap 2008 Report**

[Key Findings and Recommendations](#)

[Executive Summary](#)

[Full Report](#)