**Application Narrative Fields: Project Support Funding**

*Project Support grants address efforts focused on systems and strategies that address the health needs of New Mexico’s diverse communities.*

**Eligibility Quiz:**

Please Select:

This organization is a 501(c)(3) entity eligible to receive charitable grant funding

Not an eligible 501(c)(3) organization

If you select "Not an eligible 501(c)(3) organization the application will generate with a "Fiscal Sponsor Details" tab which you must complete

**“Fiscal Sponsor Details” Tab**

Fiscal Sponsor Organization

Fiscal Sponsor EIN

Fiscal Sponsor Contact Name

Fiscal Sponsor Contact Title

Fiscal Sponsor Contact Email

Fiscal Sponsor Organization Address

**“Application Information” Tab**

Request Title

Request Description: A clear summary of what you will do, and accomplish, if this is funded. (Up to 150 words)

Request Amount: Select $15,000; $20,000, $25,000

CAHF Funding Priorities - Primary: Most relevant or primary of CAHF's grant making priorities this request will address. (Select from dropdown)

CAHF Funding Priorities - Other: Other CAHF grant making priorities that apply to this request. (Select check boxes)

Type of Funding Support: Select General/Core Operations; Project Support; Technical Assistance

Need for Funding/Opportunity: Why is this funding needed now? Describe the need, gap, opportunity, etc., that makes a compelling case to fund this request.(Up to 100 words)

People to Benefit: Describe the people you believe will benefit from this grant funding, specifying any relevant information about characteristics such as ethnicity, race, sexual orientation, gender identity, economic or environmental factors, immigration status, etc. (Up to 100 words)

Beneficiary Participation: Describe how people who will benefit from this funding are involved as leaders with your organization and/or in the proposed work. (Up to 100 words)

Health Equity: How will funding this grant promote health equity in New Mexico? (Up to 100 words)

Activities to be Funded: Describe the activities that this funding will support to accomplish your project. (Up to 350 words)

Organizational Capacity: Describe the qualities (resources, skills, experience, etc.) of your organization that will help you carry out the work funded by this grant. (Up to 100 words)

Collaboration: Describe any partnerships or collaboration that will be involved in accomplishing the proposed work, and the role key partners will undertake. (Up to 100 words)

Resource Leveraging: Identify any additional resources (funding, personnel, infrastructure, support, etc.) that will be leveraged by your work or in support of your activities. (Up to 100 words)

New or Continuing Project: Is funding being requested for a new project, or to continue an existing project? (Select New Project/Continuation of Existing Project)

Project Timeline: Describe the timeline of this project including starting date and when you expect it to be completed. Discuss any factors that might change the course or duration of the project. (Up to 50 words)

Project Focus: Describe the systems-level change you are addressing within the 12-month grant period. Clarify whether you are seeking to engage in administrative, regulatory, policy development, community-movement-building (advocacy), or other efforts. (Up to 100 words)

Proposed Outcomes and Their Impact: Describe up to three important changes or accomplishments you expect this funding to assist. Describe the significance or impact of each during the grant period and immediately after (short term.) (Up to 200 words)

Measuring or Reporting Outcomes: Discuss how you will know you have achieved the outcomes you identified. If they are measurable, describe the measure(s) and how you will track them. If they aren't easily measurable, describe any key indicators or results you expect. (Up to 150 words)

Long Term Impact: Identify any possible changes or evidence that would show your work having a long-term impact after the grant period. If you will continue this work after CAHF funding ends, discuss how you will do so. (Up to 100 words)

**“Geographic Information” Tab**

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. (up to 100 words)

Geographic Range - Primary (Range: Where Work Happens): (Select from dropdown)

Geographic Range - Other: (Select check boxes)

Tribal Jurisdiction (this will appear if any "Tribal" selection is made): Would funded activities take place in a location or institution that is under any kind of tribal jurisdiction? (See link "Tribal Jurisdictions" for additional information on what constitutes Tribal Jurisdiction and how you should answer this.) Options Yes/No

Geographic Impact - Primary (Impact: Where Effects Are Felt): (Select from dropdown)

Geographic Impact - Other: (Select check boxes)

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**

Click the purple "$ Budget" button to open a project budget form.

**“Attachments” Tab**

Organization Current Annual Budget: Attach (upload) the most current operating budget for the entire organization. Do not include your audited financials.

Budget Approval Date: Enter the date this budget was approved by your Board, steering committee, or other applicable authority.

Budget Start Date: First day of the period covered by the attached budget.

Budget End Date: Last day of the period covered by the attached budget.

These Fields will appear if the "Annual Budget" field in your Organizational Profile is $500,000 or larger:

Date of Most Recent Audit

Findings: Were there any Findings on your most recent audit? (Select Yes/No)

IF YES: Finding Upload: Attach a copy of the Findings ONLY (do not include an entire audit report).

IF YES: Explain any Findings from your most recent audit.

Board of Directors: Attach a list of your current Board of Directors with contact information and term dates.

This Field will appear if you selected "Yes" in the Tribal Jurisdiction field on the Geographic Information Tab:

Tribal Authority Endorsement Letter: If your project involves working with Native American tribal communities, you MUST attach a letter of endorsement from the relevant tribal authority(ies.)

**“Authorization” Tab**

Post-Award Grant Primary Contact: The person completing this application form is currently the 'Application Primary Contact' who receives all communications related to the application process. If the request is funded, a 'Grant Primary Contact' will receive all communications related to the grant, such as requirement and payment notifications. Will the Grant Primary Contact remain the same person as the current Application Primary Contact? (Select Yes/No)

IF NO: Grant Communications Contact Name

IF NO: Grant Communications Contact Title

IF NO: Grant Communications Contact Email

Additional Grant Communications Contact: Do you wish to add another person as a "CC" who will receive emails and notifications related to the grant (in addition to the Grant Primary Contact) if this application is funded? (Select Yes/No)

IF YES: Additional/Alternate Grant Communications Contact Name: If you want an additional person to receive notifications related to this grant, you may enter their information here.

IF YES: Alternate Contact Title

IF YES: Alternate Contact Email

Grant Contact/Authorization Authority: Is your Grant Primary Contact the same person as your Person with Authorization Authority (below)? (Select Yes/No)

IF YES: Alternate Organizational Contact Name: Please enter contact information for an additional/alternate contact person for this organization. This must be a different person than the Primary Contact/Person with Authorization Authority.

IF YES: Title of Alternate Organizational Contact

IF YES: Alternate Organizational Contact Email

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

Title of Authorizing Person

Email of Authorizing Person