AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Grant Application; Rocky Mountain Health Foundatio

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Rocky Mountain Health Foundation grant application to support Choice Pass

Fiscal Impact: $17,000

Submitted by: Emily Mirza **Submitter's Email Address:** emirza@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
New grant possibility. Will request a budget amendment if approved. No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/29/2020

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 5/29/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 5/29/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 5/29/2020

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 6/2/2020

Revised April 2015

Status Summary

General

Application #:	None
Application Status:	Not Submitted
Cycle Requested:	Cycle22020

Grantmaker

Grantmaker Organization:	Rocky Mountain Health Foundation
Grantmaker Program:	Application

Grantmaker Program Contact

Full Name:	Kim Lewis
Title:	Program Officer
Organization Name:	Rocky Mountain Health Foundation
Address 1:	2768 Compass Drive STE 109
City:	Grand Junction
State:	CO
ZIP/Postal Code:	81506
Country:	United States
Organization Phone:	970-697-1038
Web:	www.rmhealth.org
Email:	kim@rmhealth.org

Overview

Welcome to the Rocky Mountain Health Foundation (RMHF) online grant application. Thank you for considering us as a prospective partner/funder to further your mission!

At Rocky Mountain Health Foundation, we believe healthy, strong communities are derived from the health and happiness of its citizens in all aspects of their lives—including physical, mental, and emotional health, as well as social well-being. We bring together community resources and services to provide positive programs and initiatives to create healthy communities.

Rocky Mountain Health Foundation Announces Changes to Upcoming Grant Cycle

Since the COVID-19 pandemic, the world has changed and the way we work has changed. Everything has changed. This has allowed Rocky Mountain Health Foundation the opportunity to change our grant making process. Since things are not normal, we aren't doing business as usual. We are experimenting, simplifying and narrowing our focus.

The 2020 Cycle 2 deadline is 6/5/2020 at 5 p.m. RMHF will award grants to Western Slope-based Colorado organizations who have both programmatic services and personnel residing in our service area and align with at least one funding priority:
• Basic Needs (food, housing, transportation, response to DV and child abuse, immigrant support)
• Access to & Affordability of Physical, Oral Health
• Access to and Affordability of Social-Emotional-Behavioral Health (including substance abuse services)
• COVID-19 Specific Response (testing, tracking, telehealth)

Approximately $300,000 for grants will be available to organizations that support the socially and economically disadvantaged. Past grant awards have ranged $2,500-$50,000. Average grant awards: 2018 - $20,000, 2019 - $14,500, and 2020 - $18,000.

Here's what changed for this cycle:
• We have temporarily suspended our pause year, meaning any organization is eligible to apply regardless of when you applied and/or were awarded.
• Pre-Application phone calls are a must! Organizations are REQUIRED to connect with the Foundation about ideas and fit before applying. Prospective grant applicants must inquire to either Michaelle Smith, Executive Director (michaelle@rmhealth.org), Kim Lewis, Program Officer (kim@rmhealth.org), or Stephanie Self, Grant Manager (stephanie@rmhealth.org).

Here's what stayed the same:
• We are standing strong to not only financially support Western Slope agencies, but to convene, connect, facilitate, train, serve as a voice for the region to other funders, and introduce Western Slope organizations to other funding opportunities. We are here for you!
• RMHF's focus continues to be the most vulnerable individuals in our 22-county reach.
• Funding requests should not exceed 25% of annual expense budget or 50% of program budget.

We continue to be impressed at the way Western Slope nonprofits show up for their communities, clients and patients. We are grateful for your leadership,

energy and innovative ways of delivering your mission to those that need it the most.

Stay healthy and safe!

Applicants must be a 501(c)(3), a 509(a) or a governmental, tribal, school or public entity serving in one of the 22 Western Slope counties.

Prospective grant applicants may inquire with questions to Stephanie Self, Grant Manager, at (970) 773-6600 or stephanie@rmhealth.org.

If you have any questions using the Common Grant Application platform, email info@commongrantapplication.com

To avoid confusion, please only have one account for your organization on the Common Grant Application website for all your grant requests. If you are a grant writer submitting a grant request, then it is recommended that you add a contact person from the organization for which you are applying, to the account. You can do this by going to Manage Users, under the Quick Actions on the dashboard, and clicking on the Add User button. The user then has access to the application, report and any actions needed throughout the grant process.

RMHF always recommends downloading a copy of your application! To download a copy of your application: login, go to dashboard, click on the grants tab.

Documents

Type		Name	Size	Updated
Application Document 1		Template for RMHF Applica tion- 2020 Cycle 2.docx	68,441	5/8/2020 8:15:26 am

Notes

Eligibility Questions

Have you conducted your MANDATORY phone call with RMHF staff? *:	Have you taken into account the feedback you received? Yes
Do you align with basic needs, mental, physical or oral health, or COVID-19 response? *:	Yes
Are you a 501(c)(3), 509(a) or a governmental/public entity? Or do you have a fiscal sponsor?*:	A fiscal sponsor is a nonprofit 501(c)(3) organization that provides fiduciary oversight, financial management and other grant administrative services. From the perspective of the IRS, a fiscal sponsor is held legally responsible for management of grant funds and the attendant requirements and obligations of the grant. Acceptable Fiscal Sponsor relationships: a. An operating organization has not yet secured its own 501(c)(3) status but has a formal relationship with a 501(c)(3) entity which acts as a fiscal sponsor to manage grant oversight functions, including financial operations and grant fund management. b. An operating organization is too small to support full administrative functions and has a formal relationship with a 501(c)(3) entity which acts as a fiscal sponsor to manage grant oversight functions, including financial operations and grant fund management. c. A cluster of eligible 501(c)(3) organizations work cooperatively on a project and select one of the members to manage grant oversight functions, including financial operations and grant fund management. Yes
Do you have BOTH programmatic services and personnel residing primarily on the Western Slope? *:	Yes
No :**	Did you answer "No" to any of the above questions? No

Contact Info

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Executive Director First Name*: (Max. Characters: 20)	Kari
Executive Director Last Name*: (Max. Characters: 30)	Commerford
Legal Name of Organization *: (Max. Characters: 100)	Gunnison County
Preferred/Public Organization Name*: (Max. Characters: 100)	Gunnison County Substance Abuse Prevention Project
Mailing Address 1*: (Max. Characters: 50)	200 East Virginia Ave.
Mailing Address 2: (Max. Characters: 50)	
City*: (Max. Characters: 50)	Gunnison
State*:	Colorado
ZIP Code*: (Max. Characters: 300)	81230
	Physical Address if different
Physical Address 1: (Max. Characters: 50)	
Physical Address 2: (Max. Characters: 50)	
City: (Max. Characters: 50)	
State:	
ZIP Code: (Max. Characters: 300)	
County *:	What county is your agency headquartered? Gunnison
Executive Director Phone*: (Max. Characters: 20)	RMHF MUST be able to access organization via cell phone. 970-642-7612
Executive Director Email Address *: (Max. Characters: 300)	kcommerford@gunnisoncounty.org

Website*: **(Max. Characters: 255)**	www.choicepass.net
Name of Person Completing Application*: **(Max. Characters: 100)**	Kari Commerford
Position*: **(Max. Characters: 30)**	Juvenile Services Director
Phone*: **(Max. Characters: 20)**	970-641-7612
Email Address *: **(Max. Characters: 300)**	kcommerford@gunnisoncounty.org

Organization Information

Year Founded (YYYY)*: **(Max. Characters: 4)**	2010
Organizational History*: **(Max. Characters: 500)**	In 2006, Gunnison County was awarded a SPF SIG grant to address substance use. We ranked third among the frontier counties for Juvenile Drug-Related Arrest Rates, had significant "binge" drinking among youth, and have the highest number of liquor stores per capita of any county in the state. Within the past 10 years the GCSAPP coalition has been working as a community coalition to minimize youth use rates of alcohol, tobacco, marijuana and prescription drugs and positive social norming.
Mission Statement*: **(Max. Characters: 500)**	The mission of GCSAPP is to utilize evidence-based strategies and community mobilization to reduce substance use by youth in Gunnison County so youth can become healthy, stable and productively involved in their communities. Choice Pass (CP) is a program where 6th-12th grade youth in our community voluntarily make a pledge with a parent or caregiver to remain substance free and make healthy choices. Youth are celebrated by the community for those healthy choices. CP is housed under GCSAPP.
Mission in Action*: **(Max. Characters: 500)**	Tell us a story to illustrate your mission. "I feel so grateful that there is a program like CP in my town that cares about me and my friends and we have the chance to prove that we are responsible and still have fun." -CP 6th Grade Youth "Thank you, for helping us on this most difficult journey of rising our children. CP has impacted them more than all of our other efforts. Sometimes a little outside help is powerful than all of the conversations and consequences we as parents can do." -CP High School Parent
Organization Goals:*: **(Max. Characters: 500)**	Describe your organization's CURRENT goals. How has COVID-19 changed your goals? GCSAPP provides education, healthy activities and multi-systems implementation services to youth and their families so they can stay connected with their family and community, make healthy choices, resiliently respond to stress, and delay the use of alcohol, tobacco/nicotine and other drugs. CP is designed to engage students in making healthy choices and uses the social development strategy, providing youth opportunities, skills, recognition, bonding, and clear standards for behavior.
Select Your Organization Type*:	Governmental, tribal, school or public entity
501(c)(3)/509(a) EIN*: **(Max. Characters: 11)**	84-6000770
Governmental, tribal, school or public entity EIN: **(Max. Characters: 11)**	
Fiscal Agent/Sponsor Info: **(Max. Characters: 250)**	If you are using a fiscal agent/sponsor, please explain and include their EIN.

Funding Request

Type of Grant Requested*:	Program
Amount of Request*: **(Max. Characters: 10)**	Please round up to the nearest thousand. (For example, don't ask for $21,678, instead, ask for $22,000). Do NOT use the "$" sign, commas or decimals (i.e.: 22000) $17,000 USD
What will the grant funding be used for? *: **(Max. Characters: 250)**	Be specific! Use this narrative to explain what RMHF dollars are paying for. $6,550 for youth alternative programs to reduce financial barriers $4550 for alternative therapies (massage, acupuncture, etc.) through Gunnison Valley Health for youth who violate CP $5,900 for mental health services for youth who violate CP
What other sources are currently funding your organization?*:	Grants
Indicate funding source and amount (pending or secured):*: **(Max. Characters: 200)**	Secured = $121,150 Pending = $178,899
Counties to be Served *:	Indicate all counties you will DIRECTLY impact by clicking on the radio button for each county. Gunnison,Hinsdale
Identified Issue:*: **(Max. Characters: 750)**	Why do you believe this is an issue in your community? Provide the rationale why your organization approaches this issue this way. Our community Risk Factors are community and parental norms favorable towards substance use, high availability of substance, and toxic stress. 19.9% of our youth report binge drinking and 29.4% report vaping in the past 30 days (HKCS, 2017). 2019 focus groups conducted with youth indicate the need for confidential, free, and easily accessible mental health and skill-building services to support with nicotine addiction, stress, and coping. Youth and adults perceive high availability for alcohol, marijuana, electronic vapor products and prescription drugs. There is an increasing trend in youth and adults reporting feeling depressed more days than not in the past 2 weeks and rates of suicidal ideations, attempts and completed suicide.
RMHF Funding Priority*:	Indicate what RMHF funding priority you most closely align. Access to and Affordability of Social-Emotional-Behavioral Health
Specifically, what are you seeking support for? *:	enhance coping and stress management,substance abuse intervention/prevention/treatment services
Expected Results:*: **(Max. Characters: 750)**	What results are you expecting? How will you measure your results? CP aims to reduce past 30 day use rates for alcohol, marijuana, tobacco, and prescription drugs, close the gap between youth and parents reporting conversations about the dangers of substance use in the past 12 months, increase youth reporting they can go to a parent/guardian for help, and decrease the number of youth who violate the program. Data is collected annually through the Healthy Kids Colorado Survey and youth and parent CP survey. Qualitative data is collected through focus

	groups with youth and parents. CP staff track the number of youth who violate the program and type/frequency of support services they are connected to including mental health and alternative therapies such as massage, acupuncture, and other forms of body work.
Significant Interactions*: (Max. Characters: 750)	Describe your organization's most significant collaborations and efforts with other organizations. GCSAPP has representation from all 12 sectors that are identified as key collaborators for community coalitions they include; 7th Judicial court, Gunnison Police, Crested Butte (CB) Marshals, Gunnison Valley Health, HHS /Public Health, Gunnison Valley Mentors, RE1-J School District, Western Colorado University, Center for Mental Health, City of Gunnison, City CB, City of Mt. CB, Early Childhood Council, 5 parents, 1 church pastor, 3 youth advisors and the Juvenile Services Director and staff. GCSAPP understands that youth programming needs to be informed by youth. Existing school clubs are partners in ensuring youth voice within our efforts. Another significant committee is the BOCC Gunnison County Strategic planning committee.
Volunteer Support*: (Max. Characters: 5)	How many volunteers are currently working with your organization? 30
Volunteer Hours*: (Max. Characters: 5)	Indicate how many volunteer hours are donated annually. 400
Target population #*: (Max. Characters: 7)	Estimate the number of people to be served annually by your agency. (NOTE: It is unrealistic to list the county population.) 950
Indicate the # of people to be served in each county.*:	Fill in the total number to be served for each county. Do NOT use commas or decimal points. The last line will total after you save this page. Archuleta: Delta: Dolores: Eagle: Garfield: Grand: Gunnison: 900 Hinsdale: 50 Jackson: La Plata: Lake: Mesa: Moffat: Montezuma: Montrose: Ouray: Pitkin: Rio Blanco: Routt: San Juan: San Miguel: Summit: Total: 950
Number of vulnerable clients you expect to serve: *:	The total NUMBER of target population considered marginalized or underserved. Older Adults:

	Other at-risk populations sheltering in place: Immigrants/ Migrant workers: 60 Low income individuals & families: 200 LGBTQ populations: 20 Early childhood (0-5): School-aged youth (6-11): 100 Adolescents (12-18): 500 Homebound caretakers & their families: People experiencing homelessness: Other: Total: 880
If your TOTAL does not match your target population total, please explain.: **(Max. Characters: 100)**	There is overlap in different marginalized populations with persons identifying in two categories.
How do you define low income?*: **(Max. Characters: 200)**	For example, describe percentage below poverty, Medicaid eligible, Free & Reduced lunch. We don't want finances to be a barrier for youth to access healthy activities. Medicaid eligible, free/reduced lunch, self-reported financial hardship are all taken into account to assess support.
	Demographic Directions: Totals for each section (gender, ethnicity and age) MUST equal total number to be served. The total field will automatically total when you click "Save" on the page.
Gender*:	Do NOT use commas or decimal points. Males: 443 Females: 504 Other: 3 Not Reported: Total: 950
Ethnicity*:	Do NOT use commas or decimal points. White: 890 Hispanic: 60 Asian-American: African-American: Native American: Other: Not Reported: Total: 950
Age*:	Do NOT use commas or decimal points. Less than 12: 100 Age 13-18: 500 Adults: 350 Seniors: All: Not Reported: Total: 950

Fees paid by clients*:	None
Amount paid by each client*: **(Max. Characters: 10)**	Include amount of fees paid by EACH client, not total amount of fees collected. $0 USD
If you collect fees, please explain your system. : **(Max. Characters: 150)**	Explanation (optional).

Financial Information

Previous Application & Funding*:	Have you previously applied for funding from Rocky Mountain Health Foundation? No
Were you awarded or declined? :	
Organization Budget Amount*: (Max. Characters: 15)	Indicate total organization budget for current fiscal year. (This is your agency's total expenses). Do NOT use the "$" sign, commas or decimals (i.e.: 22000) $296,899 USD
How has the COVID-19 crisis affected your revenue? *: (Max. Characters: 200)	What are you doing in response to the change? State grants will see cuts in July 2020 and federal grants expected to see cuts in 2021. Local and private funders are more important to buffer loss of revenue from public funding sources.
As of May 1, 2020, how many months of operations can be covered with available cash?*: (Max. Characters: 3)	This is the amount of cash and liquid investments that an agency has on hand that are not designated for specific purposes by the terms of government contracts, foundation grants or individual donor intent –meaning how many months could you continue to operate without any additional revenue. [(Cash + savings) ÷ (total expenses ÷ by 12)]. 3
If you have more than 12 months in reserves, tell us why. : (Max. Characters: 100)	
Does your organization conduct :**	Choose from drop down: audited, reviewed, or compiled final budget-to-actual for most recently completed fiscal year. Audit
If your organization does not conduct an audit or review, please explain. : (Max. Characters: 100)	Annual county government audit

MISC. (for statistical purposes only)

How many hours did it take you to complete this grant application? *:	Choose from drop down menu: 1-2 hours, 3-4 hours, 5-7 hours, 8-9 hours, 10+ hours. 5-7 hours
How long have you been a grant writer?:	Choose from drop down menu: less than a year, 2-5 years, 5-10 years, 10+ years. 2-5 years

Required Attachments

Upload Documents Below

IMPORTANT INFO ABOUT ATTACHMENTS 1) You cannot upload documents that have a password on them. You will need to remove the password and then upload the document. If you don't know the password, you can go to https://smallpdf.com/unlock-pdf and have it removed. 2) The maximum upload file size is 128 MB. 3) You can upload only one document at a time. 4) Allowable file image extensions are: .pdf, .jpg, .gif, .tif, .png, .bmp. Allowable file text extensions are: .doc, .docx, .pdf, .xls, .xlsx, .ppt, .pptx, .qbw, .txt. Other document extensions are not allowed.

Type		Name	Size	Updated
Most recent budget-to-actual *		2020 GCSAPP.pdf	342,433	5/28/2020 11:58:47 am
Notes Each GCSAPP grant is included and itemized.				
Most recent balance sheet *		Balance Sheet 2018.pdf	141,886	5/28/2020 11:52:12 am
Notes GCSAPP and Choice Pass are included in the general fund.				