



COLORADO ACCESS  
**FOUNDATION**

**GRANT GUIDELINES**

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## OVERVIEW

### Who We Are

In Fall 2021, [Colorado Access](#) established the [Colorado Access Foundation](#) to advance health equity using a long-term, focused, and strategic approach. As the official Foundation of Colorado Access, we are committed to our vision for Colorado to be a place where all can achieve their fullest potential for health.

We leverage the extensive experience of Colorado Access as a nonprofit health care company to transform the state's health landscape through strategic investments.

**Vision:** Colorado is a place where all can achieve their fullest potential for health.

**Mission:** To promote innovative health care, health-supporting services, and community partnerships to advance health equity for Coloradans.

We have three key values:

1. **Local:** We champion community-focused initiatives led by Coloradans, for Coloradans.
2. **Transformative:** We commit to long-term investments that seed change and promote better health outcomes for Coloradans.
3. **Inclusive:** We center the experiences, insights, and hopes of community members when making funding decisions.

## Advancing Health Equity

Our work focuses on communities experiencing the greatest inequities due to income, race, ethnicity, age, and geography, including those eligible for or enrolled in Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+). We invest in work that advances health equity for Coloradans of color, individuals with disabilities, LGBTQIA+ communities, immigrants, and refugees.

We provide funding for initiatives that address the root causes of health disparities at a systemic level while also meeting specific communities' unique and immediate needs. Our funding priorities are in two areas: building a more diverse health care workforce and improving key conditions that affect health.

## Our Funding Priorities

### Building a More Diverse Health Care Workforce

In 2023, a [Colorado Health Access Survey](#) revealed that people of color were more likely than white Coloradans to report disrespectful treatment when getting care (7.7% versus 4.4%, respectively). Research consistently indicates that patients tend to have greater trust in health care providers who share similar racial or ethnic backgrounds. However, the current composition of the health care workforce does not adequately reflect the diverse demographics of the U.S. population.

Our commitment to establishing a racially and ethnically diverse health care workforce is deeply rooted in compelling research findings. Studies consistently highlight the profound impact a diverse health care delivery team can have on patient outcomes, access to care, and overall satisfaction levels. This effect is particularly significant for patients from racial and ethnic groups that have been economically and socially marginalized.

For example, research reveals that Black patients often experience better health care outcomes when treated by [Black health care providers](#). These patients tend to exhibit higher levels of satisfaction with the care received, adhere more closely to preventive care guidelines, and are more likely to follow through with recommended treatments. Moreover, studies have illustrated concrete enhancements in access to care, service quality, and health outcomes when patients are treated by health care teams that mirror their racial and ethnic identities. This alignment fosters relationships built on [mutual understanding, respect, empathy, and trust](#).

The advantages of diverse health care teams extend beyond patient care to benefit the clinicians themselves. Working within a diverse team exposes health care professionals to various perspectives and practices, offering enriched learning experiences and ultimately leading to enhanced outcomes. Additionally, there is a notable trend where

physicians from underrepresented communities are more inclined to serve in medically underserved areas, playing a crucial role in addressing health care disparities.

[Projections suggest that by the year 2045](#), individuals from diverse racial and ethnic backgrounds will constitute the majority of the U.S. population, marking a significant demographic shift. This demographic transformation underscores the increasing importance of nurturing a diverse and culturally responsive health care workforce to meet our society's evolving needs.

## **Improving Key Conditions That Affect Health**

Research by the World Health Organization consistently indicates that while clinical care directly contributes to approximately 20% of health outcomes, the influence of [social determinants of health \(SDoH\)](#) is substantial. Estimates suggest that SDoH, which includes factors such as housing stability, access to nutritious food, reliable transportation, education, and environmental conditions, account for 30% to 55% of health outcomes, significantly impacting individual and community well-being.

Additionally, research targeting particular groups, especially those covered by Medicaid and Medicare, highlights that social, behavioral, and economic factors can contribute significantly—accounting for as much as 80% to 91%—to health outcomes, as reported by the Kaiser Family Foundation and the role of social determinants in health and health equity.

Given this evidence, it is clear that efforts to improve health outcomes must extend beyond traditional clinical care. Our focus on addressing critical social determinants, such as housing, food, and transportation, is reinforced by recent data. In 2023, 7.1% of Coloradans reported concerns about [housing stability](#), up from 5.6% in 2021, while [food insecurity](#) rates similarly increased to 11.2% in 2023. These challenges underscore the [importance of transportation](#) as a key link to essential resources, especially for communities of color, older adults, veterans, individuals with disabilities, and people with low incomes in rural, urban, and tribal regions.

Our grant initiatives are strategically designed to improve health outcomes and enhance the quality of life within diverse populations by addressing the intertwined challenges of housing instability, food insecurity, and transportation barriers.

## ELIGIBILITY CRITERIA

### Eligible Organizations

Applications from Colorado-based nonprofit organizations and institutions whose proposals strongly align with the Foundation's funding priorities and whose work benefits Coloradans will be considered.

#### Eligible organizations include:

- Organizations classified as tax-exempt under section 501(c)(3).
- New or emerging organizations without 501(c)(3) status that apply through a tax-exempt organization acting as a fiscal sponsor.

#### We are prioritizing funding for organizations based on the following criteria:

- Organizations who serve the Colorado Access Foundation's priority audiences:
  - Racially and ethnically diverse individuals
  - People with lower incomes
  - Individuals who identify as LGBTQIA+
  - Individuals with disabilities
  - Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+) enrolled individuals
  - Denver metro communities (Adams, Arapahoe, Denver, and Douglas counties and certain statewide efforts)
- Organizations whose work contributes to:
  - A more diverse health care workforce
  - Access to stable housing
  - Access to nutritious food
  - Access to reliable transportation

### What We Will Consider Funding

We are excited to learn about proposal ideas from the community that will move Colorado closer to more inclusive health care and whole-person health. Specifically, we are interested in funding proposals that respond to two key areas.

**A Diverse Health Care Workforce.** Building, expanding, and retaining a diverse health care workforce, inclusive of physicians, advanced practice providers, and allied health professionals, to provide high-quality, culturally responsive care for individuals with lower incomes or those enrolled in Health First Colorado and CHP+. To us, the workforce is inclusive of all roles that make the delivery of health care possible – not just direct care providers.

Eligible uses of funds may include, but are not limited to:

### **Health Care Workforce**

- Pathway programs that build interest in health-related professions at the middle school, high school, and community college levels.
- Education and/or training programs that offer mentoring, internships, job training, or financial assistance, focusing on underrepresented populations.
- Educational or training opportunities focused on delivering culturally responsive care.
- Programs that build opportunities for students representing communities of color.
- Programs that build opportunities for immigrants or refugees who have a certification in their home country.
- Programs that build interest in expanding funding sources for health care delivery workforce (e.g. policy and advocacy).

**Key Conditions That Affect Health.** Supporting efforts that ensure individuals with lower incomes, including those enrolled in Health First Colorado or CHP+, have access to safe and stable housing, healthy and nutritious foods, and safe and reliable transportation, all of which influence health outcomes.

Eligible uses of funds may include, but are not limited to:

### **Housing**

- Programs that expand affordable housing options, focusing on Black, Indigenous, People of Color (BIPOC) home ownership, rental assistance, and diverse housing solutions.
- Programs that enhance the availability of long-term supportive housing for disproportionately affected populations, including youth, individuals with mental health or substance use challenges, and older adults, to ensure stable and secure living environments.
- Programs that promote the integration of affordable housing units with health care clinics or nutritious food resources, fostering holistic well-being and comprehensive support for the population of focus.
- Programs that build interest in expanding funding sources for housing services (e.g., policy and advocacy).

### **Food**

- Programs that support initiatives that address inequalities in access to healthy and nutritious food options within communities.

- Programs that increase participation in available food assistance programs (school meals, Supplemental Nutrition Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)).
- Programs that build opportunities to establish partnerships between community-based organizations to facilitate access to nutritious food within housing complexes, schools, or health care settings, creating convenient and sustainable solutions (e.g., co-location or integration<sup>1</sup>).

## Transportation

- Programs that expand public transportation services, including bus routes and light rail systems, to connect under-resourced communities with job opportunities, health care services, and essential amenities.
- Programs that increase awareness and facilitate enrollment in discounted transportation programs offered by providers like Denver Regional Transportation District (RTD), ensuring that eligible individuals have access to affordable and reliable transport options, thus enhancing mobility and connectivity.
- Programs that build opportunities to enhance non-emergency medical transportation (NEMT) services, including planning, implementation, evaluation, and pilot projects.
- Projects that promote walking and cycling, such as bike lanes, sidewalks, and pedestrian-friendly pathways, to encourage physical activity, reduce reliance on cars, and improve community connectivity.
- Programs that build opportunities for affordable personal vehicle maintenance and repairs for disproportionately affected populations.

## OUR GRANT PROCESS

Currently, we accept proposals for funding by invitation only. Organizations seeking funding may contact us directly through the [submission form](#) embedded on our website. In the future, we may issue an open call for grant applications in one or both strategic funding areas.

Organizations are evaluated at a high level for alignment with our vision, mission, values, and priority funding areas to promote a diverse health care workforce and increase access to stable and affordable housing, nutritious food, and safe and reliable transportation in Colorado. This high-level evaluation includes:

- Researching the organization's non-profit status, mission, staff, board, and work.

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<sup>1</sup> By co-location or integration, we mean the physical placement of services in one location or the seamless integration of services.

- Speaking with the Foundation Board, other funders and collaborators, and Colorado Access staff who have worked with this organization in the past.
- Asking the inquiring party to provide a few sentences detailing their reason for requesting funding.
- Organizations deemed potentially eligible at this stage are invited to schedule a brief introductory meeting with the Foundation. Depending on the organization's preferences, this might take place via a virtual meeting, an in-person meeting, or an in-person site tour.

After an initial conversation, we meet internally to discuss whether the organization’s mission and objectives are well-aligned with our funding areas and focuses on communities experiencing the greatest inequities, including those enrolled in Health First Colorado or CHP+. At this stage, we consider the following questions:

- Does the grant concept have the potential to meaningfully impact indicators related to the Foundation’s strategic funding priorities?
- Is the grant concept from an organization uniquely positioned to execute the work?
- Will grant funding help the organization with leveraging other funding sources?
- Does the grant scope of work potentially inform and influence systemic changes to advance health equity?

After discussing the above questions and determining that the organization is a good fit for funding, we invite the organization to submit a formal grant application.

PRE-AWARD PHASE	AWARD PHASE	POST AWARD PHASE
<input type="checkbox"/> Inquiry/exploratory meeting	<input type="checkbox"/> Present to board	<input type="checkbox"/> Award letter
<input type="checkbox"/> Due diligence part 1 initial review	<input type="checkbox"/> Approve/Deny	<input type="checkbox"/> Grant agreement
<input type="checkbox"/> Application status		<input type="checkbox"/> Grant payment(s)
<input type="checkbox"/> Due diligence part 2 recommendation		<input type="checkbox"/> Grant report(s)

## Application Process

The grant application will include the following:

- Grant application cover sheet
  - Detailing organizational information
- Narrative
  - Organizational information
  - Purpose of Grant
    - Project, program, and operating funds requests



- Problem and opportunity
    - Program/project design
    - Sustainability
  - Capital campaign requests
    - Problem and opportunity
    - Purpose and outcomes
    - Program/project design
    - Sustainability
- Evaluation
  - Outcome
  - Measurement
- Attachments
  - Proof of 501(c)(3) tax-exempt status and public charities status.
  - Fiscal Sponsor MOU/Agreement (if applicable).
  - Financial information, including budgets, profit and loss statements, balance sheets, and annual audits (if applicable).
  - Letters of support (optional), if you are collaborating with other organizations or have a need that you want to substantiate, consider including letters of support.
  - Organizational information, for example annual report or strategic business plan (if available).

### **Additional Information About the Grant Opportunity**

- We prioritize funding for projects and programs serving Adams, Arapahoe, Denver, and Douglas counties and support certain statewide efforts.
- Generally, applicants may request a one-year or multi-year (up to three years) grant of up to \$200,000 annually. This may vary depending on the project.
- Grantees awarded funding will be asked to participate in Colorado Access Foundation evaluation activities, including grant reporting, focus group participation, or other methodologies to capture feedback and learnings.
- Multiple factors will inform the final grant award amounts, including the requested amount relative to the proposed activities, the alignment of the proposed program with the Foundation's priorities, the duration of the grant, and the amount of funding available relative to the number of grants approved.
- For institutions with fundraising bodies, such as hospitals and universities, please contact our team if you are requesting funding for more than one focus area under this grant opportunity.
- Suggested documents to review thoroughly (see appendices):
  - Grant criteria and guidelines
  - Our impact strategy
  - Our application

- FAQ

## What We Will Not Fund Under the Grant Opportunity

- Building endowments or reserve funds
- For-profit entities
- Fundraising campaigns or events
- Grants for medical, scientific, or academic research
- Grants to individuals
- Legal services
- Lobbying activities, including supporting political candidates, or voter registration drives
- Membership or annual fund campaigns
- Operating deficits or retirement of debt
- Projects that exclusively serve religious purposes or include proselytization
- Scholarships
- Sponsorships
  - Please contact the Colorado Access Community Giving Program at [cgp@coaccess.com](mailto:cgp@coaccess.com) for sponsorship requests.

## HOW TO CONTACT US

If you have questions about this grant opportunity, eligibility, or scope of work, please contact us by [completing this form](#).

If you would like to receive emails about future funding opportunities and our most recent updates, [complete this form to sign up for our newsletter](#).

Follow us on [LinkedIn](#) and [Facebook](#).

## APPENDICES

### *Application Resources*

- Colorado Access Foundation impact strategy ([English version](#), [Spanish version](#))
- Colorado Access Foundation sample [application form](#)
- Colorado Access Foundation [budget template](#)
- FAQ (*in development*)
- [Glossary of Financial Terms for Nonprofits](#)

*Additional resources or references to data and additional relevant resources for grant partners*

**Health First Colorado (Colorado's Medicaid program):** public health insurance for Coloradans who qualify. Medicaid is funded jointly by the federal and Colorado state

governments and administered by the Department of Health Care Policy & Financing. For more information, visit [Health First Colorado](#).

**Child Health Plan Plus (CHP+):** public low-cost health insurance for certain children and pregnant individuals. It is for people who earn too much to qualify for Health First Colorado but not enough to pay for private health insurance. For more information, visit [Child Health Plan Plus](#).

**Colorado Access Foundation:** a 501c3 private foundation fully funded by Colorado Access. Colorado Access formed the Foundation in 2021 to advance health equity using a long-term, focused, and strategic approach. The Foundation promotes innovative health care, health-supporting services, and community partnerships.

**Colorado Access:** a managed care organization providing health care services to Medicaid and other underserved populations in Colorado. Colorado Access is the largest and most experienced public sector health plan in Colorado.

- Health First Colorado regional organizations [frequently asked questions](#)
- [Acronym Glossary / Glosario de Acrónimos](#), created by Colorado Blueprint to End Hunger and its network of partners.
- Colorado Department of Public Health and Environment, [Health Equity in Colorado Report: Health Disparities And The Impact Of The Social Determinants Of Health](#)
- Colorado Health Institute, Colorado Health Access Survey 2023: A Moment of Truth: Well-Being in the Wake of the Pandemic, [Regional Fact Sheets](#)
  - Region 3: [Douglas – Douglas County](#)
  - Region 5: [Central Plains: Lincoln, Elbert, Kit Carson, Cheyenne counties](#)
  - Region 14: [Adams – Adams County](#)
  - Region 15: [Arapahoe – Arapahoe County](#)
  - Region 20: [Denver – Denver County](#)
- The [Equity Data Navigator](#) within the Colorado Equity Compass is a free resource available to all that may be useful to applicants in accessing local data on health and public health issues.