



Pre-Administrative Partnership Application

Thank you for your interest in Trailhead Institute! This Application helps Trailhead Institute staff understand your organization, project and desired service needs. Please answer the following questions to the best of your ability. You may include attachments (such as a business plan or annual budget) that may be helpful to us in understanding your work.

The application may take you between 35-45 minutes to complete. **You can send completed applications and attachments to AdminPartner@trailhead.institute with "APP Application" in the subject line.** A staff member will reach out to you within 7 business days.

ORGANIZATION OVERVIEW – this section should take approximately 5 minutes

Organization Name*:

Organization's Website/Social Media links (if applicable):

Applicant's First and Last Name*:

Title/Position with Organization*:

Applicant's Phone Number*:

Applicant's Email*:

Organization's Mission*:

Organization's Geographic Area*:

How long has your organization been in existence*:

What group structure currently supports this organization? (choose one) *

- Incorporated as a nonprofit in a U.S. state
- LLC
- Sole proprietor
- Unincorporated, or not sure
- Other, please explain

Do you have a board of directors or advisors? * *If yes, please list member names and their affiliation below or attach list.*

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- Yes
- No

List of member names:

What is the annual or projected annual budget for your organization? *

PARTNERSHIP FIT— this section should take approximately 30 minutes

What primary social issue(s) or area(s) does your work address? *

- Arts & culture
- Community development
- Economic development
- Education & youth
- Employment/workforce development
- Environment
- Health & nutrition
- Homelessness
- Other primary issue:

What are your goals and objectives over the next 12 months? Include a description of the need in the community this project would address, how you have or will include the community in your project, and how the community will benefit from your project. *

How will this project foster health equity and justice? *

How will this project foster collaboration? *

Please provide a brief description of the leader of the organization, their background and expertise to run the project. *

Does your project have identified funding sources? * If yes, please list the identified sources, projected amount, and anticipated timing.

- Yes
- No

List of identified sources, amounts, and timing:

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Do you currently have a fiscal sponsor or fiscal agent? *

- Yes
- No

What types of support do you hope to get from Trailhead Institute? * (check all that apply)

- Bookkeeping and fiscal management
- Grant research coaching and/or grant writing
- Nonprofit consulting services (board development, planning & goal setting, and/or fundraising consultation)
- Human resources (hiring, supervision of employees, benefits management)
- Besides health insurance, are you required to carry any other Insurance riders as a condition of your funding (i.e. public liability)? Please specify:
- Other, please specify:

How long do you anticipate requiring our services? *

- One-time event
- An ongoing activity with a clear end date. Please specify your end date:
- An ongoing activity with no pre-defined end date
- Not sure

Why do you feel that working with Trailhead Institute as your administrative partner is a good fit? *

ADDITIONAL INFORMATION— this section should take approximately 5 minutes

This information allows Trailhead Institute staff to effectively engage with you as we continue to explore this partnership. The information in this section may also be used, in aggregate, for grant reporting. This section of the application is optional.

Applicant's Pronouns: What pronouns do you use to describe yourself? See this [website](#) for more detail on gender pronouns.

- He/Him
- She/Her
- They/Them
- I prefer not to list pronouns
- Other pronouns, please specify:

Applicant's Gender Identification:

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- Female
- Gender nonconforming
- Genderqueer
- Male
- Transgender
- Choose not to disclose
- Something else, please specify:

Applicant's Sexual Orientation:

- Gay
- Lesbian
- Bisexual
- Heterosexual
- Other
- Choose not to disclose
- Something else, please specify:

Do you identify as a person of color?

- Yes
- No

Applicant's Ethnicity/Race:

- African
- Asian
- Asian American
- Black or African-American Origin
- Hispanic or Latina/Latino/LatinX
- Native American or Native Indian
- Native Hawaiian or Pacific Islander
- White/European Origin
- Choose not to disclose
- Other, please specify:

Are there any accommodations that we should be aware of to ensure you are able to fully access our services (for example, language translation or hearing assistance)? Please specify below.

How did you hear about Trailhead Institute and our administrative partnership services?

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