



## 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 about 35 minutes to complete. **Please send completed applications and attachments to [AdminPartner@trailhead.institute](mailto:AdminPartner@trailhead.institute) with “APP Application” in the subject line.**

**\*\*Please note that we regularly experience a high demand for fiscal sponsorship, upon receiving your application we may place application reviews on a waitlist. Thank you for understanding.\*\***

**ORGANIZATION OVERVIEW** – this section should take approximately 5 minutes

Organization Name:

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

Applicant’s First, Last Name, and Pronouns:

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

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

- 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 leadership within 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.**

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- Yes  
 No

*List of identified sources, amounts, and timing:*

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

- Yes  
 No

**Are you in contact with any other fiscal sponsors or fiscal agents?** *If so, list fiscal sponsor/agent.*

- Yes  
 No

*List fiscal sponsors/agents you are in contact with:*

**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)  
**\*\*The ability to offer HR support is highly dependent on the needs of our current partners and other projects across Trailhead Institute, which can be a factor in the delayed start of sponsorship.\*\***  
 Besides health insurance, are you required to carry any other Insurance providers 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?**

**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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