

CREATE

Colorado Resource for Emergency And Trauma Education



The CREATE program is managed by the Colorado Rural Health Center and funded by the Colorado Department of Public Health and Environment



CRHC Use Only: v1415.01

Application #:

Date Received:

Approved? ☐ Yes
☐ No

Financial Waiver Application

1.	Legal Entity Name: Doing Business As:	2.	Federal Tax ID #:
3.	Grant Contact Name: Grant Contact Title: Email:	4.	Phone – Day: Phone – Mobile: Fax:
5.	Proposed Match	Total App \$ Amount	Proposed Entity Match
	0%	\$0.00	\$0.00
6.	Describe the financial situation of your entity that indicates the need for a waiver (The applicant is responsible for justifying their need):		
7.	Describe your entity's capital expenditures proposed in your financial documents attached. Also, provide the purpose for cash and cash equivalent accounts (both restricted and unrestricted).		
a.	Answer 7a only if your entity is part of a larger organizational budget: Provide details that clarify the financial statements attached. Specify where your operating results can be found if		

		they are reported as part of a larger organization (example: department of a city government).	
	b.	Describe any austerity measures (pay cuts, furloughs, layoffs, cuts in benefits, service reductions, programs discontinued, etc.) that have been implemented to reduce costs.	
8.		Has this entity applied for other grants or conducted fundraising activities for the express purpose of providing match for this program? Describe efforts towards gaining matching funds, as well as how successful those efforts were.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized Agent		
10.	First Name:	
11.	Last Name:	
12.	Title:	
13.	Daytime Phone Number:	
14.	Phone Extension:	
15.	Date:	
16.	Signature of Authorized Agent:	

17.	Attachments	<p>The applicant is responsible justifying their need and describing their financial resources and why they are unable to undertake this project without the 50% cash match requirement.</p> <p>You will need to attach three required financial documents to your Financial Waiver Application. Please ensure that the documents are current to the year in which you are applying to CREATE.</p> <p>Please attach the following required 3 supporting documents. For examples of the required attachments click on the links below:</p> <ul style="list-style-type: none"> • Balance Sheet (Most Recent Fiscal Year) • Income Statement (Most Recent Fiscal Year) • Budget (Current Fiscal Year)
18.	If you have equivalents to the three required financial documents or a different fiscal year, please describe those attachments here:	

You are responsible for uploading and submitting a completed application prior to the Financial Waiver Application deadline dates noted on the CRHC website: <http://www.coruralhealth.org/programs/create/>. Failure to submit required documents will result in your grant application being disqualified for review and removed from the process.

___ By initialing here I agree and understand the terms of the Financial Waiver review application and procedures. I understand that an Approved Financial Waiver application does not guarantee approval and acceptance of my full CREATE application.