Synergy Fund Application

The goal of this application is to capture the core of your collaborative idea without requiring a lengthy proposal. All questions are required and need to be completed in our online portal.

Section 1: Summary

*Please confirm your eligibility by selecting all the statements below:

☐ Involves two or more organizations working together

☐ Focuses on connection, learning, coordination, or collaboration, not ongoing operations

☐ Supports behavioral health (mental health and/or substance use) organizations

☐ Project will benefit Larimer County

☐ Invoicing organization(s) must be able to meet County's insurance requirements

☐ Funds will not be used for capital, debt relief, or existing staff general operations salaries

*Program/Project Title (15 words or less)

*In a few words, tell us your idea. (75 words or less)

*Total Amount Requested (Must be $10,000 or less, rounded to the nearest dollar)

*How many organizations will participate? (Select one)

◯2 ◯3 ◯4 ◯5+ ◯Other

*How many organizations are new to working together? (Select one)

◯2 ◯3 ◯4 ◯5+ ◯Other

*What collaborative area(s) are the focus of this work? (Select all that apply)

☐ Behavioral Health Integration ☐ Community Partnerships ☐ Cross-Sector & System Alignment ☐ Education & Training

☐ Federal/State Initiatives ☐ Shared Service Models ☐ Specific Populations & Needs ☐ Research & Data Sharing

☐ Workforce Development ☐ Other

*Please provide the main contact information for your partner organization(s)

Section 2: Details
All answers must be 200 words or less.

***PARTNERSHIP OVERVIEW:** Who are you partnering with, and why are you partnering on this project now?

***COLLABORATION DESIGN:** What community need or challenge are you hoping to address together and how will your organizations work together throughout the project?

***SYNERGISTIC IMPACT:** Explain what you can accomplish together that you could not accomplish alone. How will your collaboration improve efficiency, expand reach, or deepen impact?

***LEARNING:** How will you capture lessons learned and share them with your partners or community? What signs or indicators will show progress, even if there's no tangible product?

***VISION:** If this collaboration goes well, what might it spark next?

***BUDGET:** Please list how the funds requested will be used.

Section 3: Other Considerations

*If approved, are you able to submit an invoice for these services on behalf of your organization as well as any partner organization, if applicable? Yes/No

***ATTESTATION:** I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge with the approval from my organization. I understand that submission of this application does not guarantee funding, and that any approved funds must be used solely for the approved project purposes.