

CITY OF ENGLEWOOD
Request for Funding
Aid to Other Agencies

Organization Name _____

Contact _____

Address _____

Phone _____

Description of services provided by your organization: _____

Please complete the following questions.

Amount of funding requested for 2017: _____

How many Englewood residents will your organization serve in 2017? (est.) _____

What is the average cost per person? _____

If awarded, how would this funding be utilized? _____

From what other sources did you receive financial assistance in 2016?

	<u>Source</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

(Please complete reverse side)

Would you be willing to receive assistance in the form of in kind or equipment donations? If so, please list equipment or supplies that would be useful to you:

Are there other organizations in the community that provide the same services as yours? If so, please list them:

If you have further information you feel might assist us with our decision, please include it on a separate sheet.

In addition to this completed application, it would be helpful for you to provide us with a copy of your most recent budget document, including revenues and expenditures. Email budget document to acarney@englewoodgov.org.

Signature

Please print name and title

Date

Return completed form by **Friday, October 14, 2016** to:

Alison Carney
City Manager's Office
City of Englewood
1000 Englewood Parkway
Englewood, Colorado 80110
acarney@englewoodgov.org

If you have any questions about the application process, please feel free to call the City Manager's Office at 303-762-2311.