

**REQUEST FOR FUNDING APPLICATION
TOWN OF WESTCLIFFE, COLORADO**

DEADLINE: AUGUST 31, 2011 AT 5: 00 P.M.

This application is the standard form to be used when requesting funds from:
Town of Westcliffe

(1) **THE STANDARD REQUEST FOR FUNDS APPLICATION**

You must use this standard form. **Please include a detailed budget and a profit and loss statement.**

- (2) Please specify how the funds will be budgeted by your organization, including what improvement, program and/or over all view of the anticipated project to be funded. Include all other sources of funding requests your organization has applied for or received. Include a profit and loss statement.

THE APPLICATION DEADLINE IS WEDNESDAY, AUGUST 31ST AT 5:00 P.M.

Please deliver **nine copies** of the completed donation request application to the Benson Hall, 305 Main Street during hours (Wednesday, August 31, 2011 – Friday 8 a.m. – 5 p.m.). You may also mail it to Town of Westcliffe, P.O. Box 406 Westcliffe, CO. 81252

LATE AND/OR INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR FUNDING. Your assistance in following these application guidelines and instructions is greatly appreciated. If you are mailing your application, it **MUST BE RECEIVED** no later than Wednesday, August 31 by 5:00 p.m...

QUESTIONS? QUESTIONS? QUESTIONS?

Please call:
**Town Manager: Bob Squire
783-9626
Town Clerk: Kathy Reis
783-2282**

Request for Funds Application

SUBMITTED TO: Town of Westcliffe

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

EXECUTIVE DIRECTOR / ADMINISTRATOR: _____

CONTACT PERSON: _____

DAYTIME PHONE: _____ FAX: _____

EMAIL: _____ WEB ADDRESS: _____

Request written by: _____

PURPOSE OF DONATION:

- Agency Support as a Whole
- Marketing Support
- Special Program, Project or Event
(Special activity of the organization consistent with its mission)
- Capital Expenditure
(Funds spent for additions or improvements to plant or equipment)
- Seed, Start-up or Development Costs
- Technical Assistance
- Matching Grant
- In-Kind Support
- Other: _____

TYPE OF AGENCY:

- Art & Culture
- Health & Human Service
- Education
- Environment
- Sports/Recreation

AMOUNT OF REQUEST: _____ FISCAL YEAR: _____

BRIEF DESCRIPTION OF REQUEST (REQUIRED):

Please provide a detailed budget for 2011.

2010 Actual Operating Revenue _____ 2010 Actual Operating Expenses _____

2011 Operating Revenue _____ 2011 Operating Expenses _____

2012 Projected Operating Revenue _____ 2012 Projected Operating Expenses _____

Signature, Executive Director / Administrator

Date

Signature, Board President

Date