

Category requested *(Community Service/Youth Education/Quality of Life):*

Organization Name:		
Address:		
Phone:	Fax:	Email:
Contact Person:		
Signature Authority:		

(The Signature Authority certifies that the information provided in this application is complete and accurate, and that if awarded funds, understands the City Cañon City will require interim and final reports regarding funded programs/activities and retains the right to audit financial and operational records at its discretion upon reasonable notice.)

Section 1. ORGANIZATIONAL QUESTIONS

When was the organization founded?
Please provide the mission statement of the organization and give a brief description of the primary program or services provided:
Please attach detailed organization-wide financials for the last two fiscal years to this grant application (revenue/expense budgets/audited if possible.)

Section 2. PROGRAM QUESTIONS

Amount Requested per Program and/or Activity *(Please breakdown dollars requested per program and by individual activity if needed.)*

Request (\$)	Program/Activity Name	Description of Program/Activity <i>(include who/what/where/when/why)</i>	Projected # Cañon City residents to be served

City of Cañon City Community Agency Funding 2018

<p>If funding is denied, what do you propose will be the impact to your program and to Cañon City residents?</p>
<p>Is this service or program related to any City service or to a service provided by another agency or non-profit and if so, in what way and how have partnerships been formed or considered?</p>
<p>Have you requested funds from other sources? If so, from who, and what is the status of your request (amount awarded/application pending)?</p>
<p>If awarded funds from the City of Canon City, what is your plan to sustain the program and/or activities when/if future City funding is no longer available?</p>
<p>Have you received funding through the City in the past? If so, please answer the following:</p>
<p>What year did the City award you funds?</p>
<p>How much did the City award you?</p>
<p>What program was funded?</p>
<p>How many residents were served?</p>
<p>What documentation did you provide to the City to show you achieved the goal as written in the grant application?</p>

Section 3. GOALS, OBJECTIVES AND EVALUATION *(Please state goals of each program and/or separate activity if needed, objectives, and method(s) of evaluation .)*

Program/Activity <i>(Use same name as in Sec 2.)</i>	Goal <i>(what you hope to achieve long term)</i>	Objective <i>(specific actions to achieve the goal)</i>	Evaluation <i>(how you will measure success)</i>