



CITY OF CAÑON CITY

Finance Department

P.O. Box 1460 • 128 Main Street
Cañon City, CO 81215-1460
(719) 269-9011 • Fax: (719) 269-9017

COMMUNITY AGENCY FUNDING REQUEST FORM FUNDING YEAR 2022

Please select the category that best fits your request.

Community Service

Youth Education

Quality of Life

Organization Name				
Mailing address				
City		State		Zip
Phone		Fax		
Email				
Contact Person:				
Authorized Signature:				

(The signature authority certifies that the information provided in this application is complete and accurate, and that if awarded funds, understand the City of Canon 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?	
Is the organization a 501c3?	
Please provide the mission statement of the organization and give a brief description of the primary program or services provided:	

Section 2A: PROGRAM QUESTIONS

Amount requested	\$
Program/Activity Name	
Description of Program/Activity (include who/what/where/when/why)	

Projected # of Canon City residents to be served:	
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If funding is denied, what do you proposed will be the impact to your program and to Canon City residents?

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?

Have you requested funds from other sources? If so, from who, and what is the status of your request (amount awarded/application pending)?		
Organization	Amount Requested	Status

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?

Section 3A: GOALS, OBJECTIVES AND EVALUATION (Please state the goals and/or objectives, and methods of evaluation.)

Program/Activity Name
Goal (what you hope to achieve long term)

Objective (specific actions to achieve the goal)

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Evaluation (how you will measure success)

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Section 2B: PROGRAM QUESTIONS

Amount requested	\$
Program/Activity Name	
Description of Program/Activity (include who/what/where/when/why)	

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Projected # of Canon City residents to be served:	
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If funding is denied, what do you proposed will be the impact to your program and to Canon City residents?

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?

Have you requested funds from other sources? If so, from who, and what is the status of your request (amount awarded/application pending)?		
Organization	Amount Requested	Status

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?

Section 3B: GOALS, OBJECTIVES AND EVALUATION (Please state the goals and/or objectives, and methods of evaluation.)

Program/Activity Name

Goal (what you hope to achieve long term)

Objective (specific actions to achieve the goal)

Evaluation (how you will measure success)

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Section 2C: PROGRAM QUESTIONS

Amount requested	\$
Program/Activity Name	
Description of Program/Activity (include who/what/where/when/why)	

Projected # of Canon City residents to be served:	
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If funding is denied, what do you proposed will be the impact to your program and to Canon City residents?

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?

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Have you requested funds from other sources? If so, from who, and what is the status of your request (amount awarded/application pending)?

Organization	Amount Requested	Status

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?

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Section 3C: GOALS, OBJECTIVES AND EVALUATION (Please state the goals and/or objectives, and methods of evaluation.)

Program/Activity Name
Goal (what you hope to achieve long term)

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Objective (specific actions to achieve the goal)

Evaluation (how you will measure success)

Section 2D: PROGRAM QUESTIONS

Amount requested	\$
Program/Activity Name	
Description of Program/Activity (include who/what/where/when/why)	

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Projected # of Canon City residents to be served:	
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If funding is denied, what do you proposed will be the impact to your program and to Canon City residents?

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?

Have you requested funds from other sources? If so, from who, and what is the status of your request (amount awarded/application pending)?		
Organization	Amount Requested	Status

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?

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Section 3D: GOALS, OBJECTIVES AND EVALUATION (Please state the goals and/or objectives, and methods of evaluation.)

Program/Activity Name	
Goal (what you hope to achieve long term)	

Objective (specific actions to achieve the goal)

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Evaluation (how you will measure success)

If you have received funding in the past from the City, answer the following questions:

What year did the City award you funds?	_____
How much did the City award you?	_____
What program was funded?	_____
How many Canon City residents were served?	_____

What documentation did you provide to the City to show you achieved the goal as written in the grant application?

Have you:

- Competed a funding request for each Program/Activity that funding is being requested
- Included your financial statements for the last two fiscal years (revenue, expense, budget and audit when available)
- Signed your request