

**Town of Minturn**  
 302 PINE STREET  
 P. O. BOX 309, MINTURN, CO 81645  
 (970) 827-5645 FAX (970) 827-5545



**REQUEST FOR FUNDING APPLICATION**

NAME OF ORGANIZATION: \_\_\_\_\_  
 DATE SUBMITTED: \_\_\_\_\_  
 NAME OF REPRESENTATIVE: \_\_\_\_\_  
 MAILING/STREET ADDRESS: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_

*Please indicate major funding source:* \_\_\_ tax supported  
 \_\_\_ donations (corporate, foundation, private donors)  
 \_\_\_ other government-entity grants

*Please indicate type of organization:* \_\_\_ health and human service \_\_\_ environmental  
 \_\_\_ recreation and culture \_\_\_ sports and athletics  
 \_\_\_ education \_\_\_ youth services  
 \_\_\_ marketing \_\_\_ other \_\_\_\_\_

*Quick Reference Financial Data:*  
 \_\_\_ Operating Revenue \_\_\_\_\_ Operating Expenses \_\_\_\_\_  
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Please answer the following questions on separate paper, not to exceed 3 pages. You may include an agency brochure, but please do not include any other additional materials.

- 1) WHAT IS YOUR ORGANIZATION'S MISSION?
- 2) SPECIFICALLY DESCRIBE THE PROJECT/PROGRAM THAT THE FUNDING WILL SUPPORT AND HOW THIS PROJECT/PROGRAM BENEFITS THE TOWN OF MINTURN.
- 3) HOW WILL YOU MEASURE THE SUCCESS OF THIS PROGRAM?
- 4) IS ANY OTHER AGENCY PROVIDING A SIMILAR SERVICE IN THE AREA?
- 5) HAVE PREVIOUS FUNDS BEEN AWARDED BY THE TOWN TO SUPPORT THIS ACTIVITY?
- 6) WHAT FUNDRAISING PROGRAMS DO YOU HAVE PLANNED TO ELIMINATE THE NEED FOR FUTURE TOWN FUNDING REQUESTS?
- 7) WHAT IS YOUR PROJECTED NEED FOR FUNDING FROM THE TOWN OF MINTURN FOR THE NEXT 5 YEARS?

*Please attach the following:*  
 \*Financial Statements  
 \*Budget (Including Revenue Sources)  
 \*501(C)(3) Documentation  
 \*List of Officers and/or Directors