

## **GUIDELINES COMMUNITY PROGRAM SUPPORT FUNDING**

Each year the Montrose City Council allocates funds for community program support. These programs provide a broad benefit to the Montrose community.

Examples of programs and projects that have been funded in the past include Center for Mental Health, Mexican American Development Association, Uncompahgre Riverway, Montrose County Senior Transportation, Retired Senior Volunteer Program, Community Options, Montrose Rotary Fireworks and Youth Appreciation Day, Montrose Resource Center, Delta-Montrose Public Lands Partnership, Montrose Events, Montrose Historical Society, Black Canyon Balloon Classics, Partners of Delta, Montrose and Ouray Counties, Valley Land Conservancy, Sharing Ministries Food Bank and the 4-H Market Stock Sale.

### **Procedure:**

1. Organizations must complete an application form (attached) requesting funds for their programs. Applications should be submitted to the Montrose City Council, c/o City Clerk no later than July 1<sup>st</sup> of the each year.
2. When all requests are submitted, the City Clerk shall copy and distribute to City Council the applications on or about July 15<sup>th</sup> of each year.
3. Applicants may be requested to attend a council meeting to provide additional information to the City Council.
4. As part of the City's budget process, the City Council will make a decision on the funding requests for Community Program Support, determine what programs will be funded and in what amount. That will be incorporated into the City of Montrose budget each year.

**Application for Community Program Support Funding  
CITY OF MONTROSE**

*(Organizations may duplicate this form on their computer or attach computer-generated pages with answers to the narrative questions).*

Name of Organization \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name of Primary Contact, Address and Job Title \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Secondary Contact, Address and Job Title \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Amount of funds requested for 2004 \_\_\_\_\_ and 2005 \_\_\_\_\_

Please explain how these funds will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list funding sources for your program \_\_\_\_\_

---

---

---

---

***Please attach current financial information or your most recent audit on your program.***

What else would you like to tell us about your organization? \_\_\_\_\_

---

---

---

---

The Montrose City Council would like to receive periodic updates on your program and how the funds are being utilized. Please contact the City Clerk to arrange a date and time.

***Please return this application to the Montrose City Council, c/o the City Clerk, P. O. Box 790, Montrose, CO 81402-0790.***