



**TOWN OF PARKER**  
**Community Contributions - Application for Annual Funding**

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**Eligibility Criteria and Requirements:**

- Organizations must be located within, or offer programs designed to directly benefit the Parker community.
  - Contributions should be requested for specific programs, activities and/or events that directly enhance the Parker community.
  - The application must address an existing need, demonstrated gap in service or support a strategic goal.
  - Applicants must have no outstanding debts to the Town of Parker and be in good standing.
  - Funds may not be used for administrative salaries.
  - Application shall be submitted by the due date shown on the application letter.
  - The application is in a fillable format. To assure legibility, please no handwritten applications.
  - Attached documentation will only be accepted where indicated by checking the appropriate check box within the application.
  - Applications that are not completed in full will not be considered.
  - Fund requests may not exceed the previous year's award amount.
  - Contributions are limited to available funding.
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**Budget Cycle for Requested Funds:** Start: \_\_\_\_\_ End: \_\_\_\_\_

Official Organization Name (list any DBA **after** official name)

\_\_\_\_\_  
Mailing Address                                      City                                      Zip Code                                      Physical Address (if different from mailing address)

\_\_\_\_\_  
Organization Phone                                      Organization Web Site

\_\_\_\_\_  
Primary Contact Person/Title (*Required*)                                      Phone                                      Email

Are you an established Federal tax-exempt non-profit agency, in good standing with the Colorado Secretary of State?  
 Yes     No

Employer Identification Number (EIN): \_\_\_\_\_ Number of Employees: \_\_\_\_\_

What percentage of the agency's programs or services benefit Parker residents or Parker businesses? \_\_\_\_\_

If membership based, what percentage of the agency's membership resides or owns a businesses within the Town of Parker boundaries? \_\_\_\_\_

**TOWN OF PARKER FUNDING REQUEST SUMMARY**

If your request is for specific programs or projects, please list your organization's funding requests in priority order. If the request is for general operating support only, please list that in Row 1. Group requests into categories.

	Title of Funding Request(s)	(a) Requested Amount	(b) Budgeted Total Expense For Project or Program	(c) % of Budgeted Expense (a) ÷ (b)
1				%
2				%
3				%
	<b>Total Funding Request</b>			

**FINANCIAL SUMMARY TABLE**

Operating revenues and operating expenses should include cash amounts only (no in-kind support). Figures should be consistent with the financial information shown on the financial statements and projected budgets (on the following page).

	OPERATING REVENUES		OPERATING EXPENSES	
Totals for most recently completed fiscal year	1.		2.	
Current fiscal year budget	3.		4.	
Upcoming fiscal year budget (projected)	5.		6.	

**FINANCIAL OVERVIEW**

Please submit financial information for **operating** revenue and expenses. Complete the chart or click the box below and attach a detailed budget.

Detailed budget is attached.

**REVENUES:**

Earned Revenue	Complete Fiscal Year Actuals	Current Fiscal Year Budget	Upcoming Fiscal Year Budget
<b>Contributed Revenue</b>			
<b>TOTAL OPERATING REVENUES</b>			

**EXPENSES (Group into categories, such as Salaries, Repair/Maintenance, Utilities, etc.):**

Expenses	Complete Fiscal Year Actuals	Current Fiscal Year Budget	Upcoming Fiscal Year Budget
<b>TOTAL OPERATING EXPENSES</b>			

<b>NET REVENUE or LOSS</b> <i>Total Revenue minus Total Expenses</i>			
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**ACTIVITIES, EVENTS AND FUNDRAISING**

List ALL activities, events and fundraisers held in the last twelve (12) months. If there are more entries than lines below, click the box below and attach a document with the **remainder** using the same format as below.

Date(s)	Location	Activity	Total Attendance	Net proceeds

Additional entries are attached.

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**PROJECTED ACTIVITIES, EVENTS AND FUNDRAISING**

List activities planned for the Parker community for the year funds are requested or attach documents detailing this information. If there are more entries than lines below, click the box below and attach a document with the **remainder** using the same format as below.

Date(s)	Location	Activity	Projected Total Attendance	Net proceeds

Additional entries are attached.

**GRANT/FUNDING REQUESTS FROM ALL AGENCIES**

List the grants/funding requests that your organization plans to submit for the upcoming year. Also list the **total** funds requested and the percentage of the total request in the appropriate columns.

Agency	Grant/Funding Request Summary	Amount Requested	Percentage
Town of Parker			
<b>TOTAL OF REQUESTS FOR ALL AGENCIES</b>			

**NARRATIVE QUESTIONS**

Answer the following questions about your organization. Please complete within the boxes provided. Do not attach additional documentation.

1. Provide your organization’s mission statement as adopted by the Board of Directors.

2. Describe your organization’s goals and the population served.

3. Discuss how your organization’s mission and goals helps to achieve the strategic goals of Town Council.

4. Describe your organization's evaluation process and how change is implemented based on those results.

5. If your organization has a funding deficit, describe how this issue is being addressed at the Board and organizational level.

6. Discuss your organization's collaborative efforts with other agencies or community organizations.

**BOARD OF DIRECTORS INFORMATION**

1. How often does the Board of Directors meet?  Monthly  Quarterly  Other \_\_\_\_\_

2. What is the average time commitment required of board members? \_\_\_\_\_

3. What training has your board participated in over the last 12 months? \_\_\_\_\_

\_\_\_\_\_

4. List your current Board Members:

Name	Phone	Email	Title or Position

**CURRENT VOLUNTEER INFORMATION**

Do you use volunteers with your organization to perform work or provide services?  Yes  No

If no, explain why volunteer activities are not appropriate. \_\_\_\_\_

Number of volunteers working with your organization: \_\_\_\_\_

Do you require background checks on volunteers?  Yes  No

Volunteer functions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSURANCES**

VERIFY THAT THE AUTHORIZING OFFICIAL HAS READ THE ASSURANCES BELOW BY INITIALING:

\_\_\_\_\_ (initial) Applicant certifies that all information in this application, including attachments and supporting materials, is true and accurate to the best of their knowledge. This application is part of public record.

\_\_\_\_\_ (initial) Applicant pledges not to discriminate against any employee, volunteer, member or program participant on the basis of race, creed, color, religion, national origin, ancestry, marital status, gender, sexual orientation, age, physical disability, veteran status, or political service or affiliation. The American with Disabilities Act became law on July 26, 1990. The Act extends civil rights protection to people with disabilities, assuring that they cannot be excluded from participation in any program or facility that is open to the public. The applicant pledges to incorporate access or planning for access for people with disabilities into its program and service delivery. The applicant pledges that they will comply with the Fair Labor Standards Act.

\_\_\_\_\_ (initial) Applicant agrees to provide the following upon submission of the application:

- Articles of Incorporation
- Bylaws
- Nondiscrimination statement
- Proof of IRS Federal tax-exempt status
- Copy of prior year IRS 990
- Copy of prior year audit or financial statements
- Copy of current budget or completed financial overview

\_\_\_\_\_ (initial) Include any supplemental materials (annual report, brochures, programs or any other promotional materials) with the Application for Annual Funding.  Supplemental materials are included.

\_\_\_\_\_ (initial) Applicant will immediately notify the Town of Parker of any significant financial, programmatic or budgetary changes from those stated in the Funding Application.

\_\_\_\_\_ (initial) Applicant agrees to attend a Town Council Study Session to showcase the impact of the Town’s funding on the organization. This presentation will be scheduled through the Town Administrator’s office.

\_\_\_\_\_ (initial) Applicant agrees to submit a final yearly summary of the organization’s accomplishments, how the Town’s contribution benefited the organization and a year-end financial report by January 31 of the following year.

Signature of Authorizing Official/Board Member	Printed Name/Title of Authorizing Official	Date
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Signature of Authorizing Staff	Printed Name/Title of Authorizing Staff	Date
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