OUTSIDE ORGANIZATION FUNDING APPLICATION

General Application Information:

The deadline to submit funding applications is 5:00 p.m. on August 20th of any given year. The information you provide on this form will inform the Board of County Commissioners (BoCC) during their annual budget discussions. Merely submitting an application does not guarantee funding will be received even if it has been received by your organization in the past. The BoCC possesses full discretion over the allocation of County funds and requests may or may not be funded or may be funded to an amount that is less than requested.

Questions regarding this application should be directed to the Finance Department at **303-951-3671**.

Completed application packets should be submitted to:

Gilpin County

Attn: Finance Department

P.O. Box 366

Central City, CO 80427

OR via email to jallaire@gilpincounty.org

OUTSIDE ORGANIZATION FUNDING APPLICATION

Organization:		Date:			
Contact Person:		Title:			
Mailing Address:					
Street Address:					
Phone Number:			Email		
Year Founded:					
Non-Profit Entity:	Yes	No	Registered in Colora	ado: Yes	No
Government Agency:	Yes	No			
Mission / Purpose of th	ne Organiz	ration:			
		FUNDING REC	QUEST SUMMARY		
Project Name:					
Amount of Request:	(\$)				
Summary of Request:					
How would the funding	g be used	if the request is p	artially funded?		

Please describe how your organization has a significant geographic interest in Gilpin County:					
Have you received funding from Gilpin County in t	he current year? Yes No				
If yes, in what amount? (\$) If yes, for what purpose?					
PROJECT/PR	OGRAM BUDGET				
List itemized expenditures by category for this fun information will be used to compile funding agree your budget as a separate document.	ding request. Please be specific as possible, this ments for approved requests. You may opt to attach				
EXPENSES					
Line-Item Description:	Cost				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
	(\$)				
Total:	(\$)				

REVENUES	
Sources of Revenue:	Amount:
	(\$)
	(\$)
	(\$)
	(\$)
	(\$)
	(\$)
	(\$)
Total:	(\$)
CERTIFIC I	hat(organization) t to Section 3 of the Gilpin County Outside reported in this application and attached is true, application on behalf of the above organization ectors, Commission, or other governing authority f any changes or additions to this information. I see a brief presentation and/or provide additional etion of the BoCC, and that a written agreement
Signature:	
Title:	
Date:	