



# CITY OF CAÑON CITY

## Finance Department

P.O. Box 1460 • 128 Main Street  
Cañon City, CO 81215-1460  
(719) 269-9011 • [www.canoncity.gov](http://www.canoncity.gov)

### COMMUNITY AGENCY FUNDING APPLICATION FUNDING YEAR 2026

Select the category that best fits your request:

Community Service  Youth Education  Quality of Life

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

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

The signature authority certifies that the information provided in this application is complete and accurate and that, if awarded funds, understands that the City of Cañon 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*A presentation must be given to the Community Agency Funding Committee (date to be determined). Failure to present to the committee will automatically disqualify the organization from this year's funding. (initial for agreement) \_\_\_\_\_

#### SECTION 1: ORGANIZATIONAL QUESTIONS

When was the organization founded? \_\_\_\_\_

Is the organization a 501c3? \_\_\_\_\_

Provide the mission statement of the organization:

**Give a brief description of the primary program or services provided by your organization.**

## **SECTION 2: PROGRAM QUESTIONS**

**Amount requested \$** \_\_\_\_\_

**Program/Activity Name** \_\_\_\_\_

**Projected # of Cañon City residents to be served** \_\_\_\_\_

**Description of Program/Activity:**

**If funding is denied, what do you feel will be the impact to your program and to Cañon City residents (if any)?**

**Is this service or program related to any City service or to a service provided by another agency or non-profit? If yes, how have partnerships been formed or considered?**

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

<u>Organization</u>	<u>Amount</u>	<u>Status</u>
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**If awarded funds from the City of Cañon City, what is your plan to sustain the program if future City funding is no longer available?**

### **SECTION 3: GOALS, STEPS, AND EVALUATION**

**Goals (what you plan to achieve):**

**Steps (how you will achieve your goal):**

**Evaluation (how you will measure success):**

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

**Year(s) the City awarded you funds?** \_\_\_\_\_

**Amount(s) the City awarded you?** \_\_\_\_\_

**Which program was funded?** \_\_\_\_\_

**How many Cañon City residents were served?** \_\_\_\_\_

**Have you:**

- **Completed a separate funding request for each Program/Activity for which you are seeking funding.**
- **Included the following reports:**
  1. Income Statements or P&Ls and Balance Sheets for the previous two fiscal years
  2. Annual Budget for the current fiscal year
  3. Independent Audit for the previous fiscal year (if available)

**If #1 and #2 are not included, please explain why:**

- **Signed your request.**
- **Initialed the first page of this application acknowledging you will need to give a presentation to the Community Agency Funding Committee to be considered. Failure to do so will result in disqualification for funding.**