



City of Loveland Community Request for Assistance Application

500 East 3rd Street
Loveland, CO 80537
Phone: (970) 962-2303
Fax: (970) 962-2900

**Applications received after June 1st require a separate process. Please contact city staff if applicable.*

Application Information				
Request/Project Name:				
Dollar Amount Requested:				
Organizational Information				
Name:				
Address:	Phone: Fax:			
	Email:			
	Name and Title of Chief Elected Official, Executive Director, or President:			
Financial Data: Please attach the following to your application and send to lvd@cityofloveland.org (check boxes for your completion process)				
<input type="checkbox"/> IRS - Form 990 (if applicable) <input type="checkbox"/> Latest Audited Financial Reports <input type="checkbox"/> Current Year Operating Budget				
Designated Contact Information for Applicant				
Name:	Title:			
Phone:	Fax: Email:			
Organizational Summary				
<input type="checkbox"/> Private Entity	<input type="checkbox"/> Public Entity	<input type="checkbox"/> Quasi-Public	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Other
Please provide an overview of organization applying for assistance or *attach materials:				
Please discuss history, mission, services offered or *attach materials:				
Please discuss current activities, recent accomplishments, and future plans or *attach materials:				
Project Address (if applicable):				

Assistance Request
Identify Target Population (examples include city of loveland residents, downtown business owners, Thompson School District students, etc.):
Problem or need your project will address:
Describe the desired outcome by receiving the requested assistance:
Justification
Describe the specific benefit provided to the City of Loveland by providing this level of assistance:
Describe the specific “return on investment” the community can reasonably expect by providing this level of assistance:
Alternatives
In lieu of direct funding, what other services or resources could the City connect you with: <i>(note that your funding request will compete with all other City of Loveland funding requests for public infrastructure, staffing, contractual obligations, established programs & services, etc. It is important to identify all other avenues the City can help meet your needs aside from direct funding).</i>
Service Impacts
What are the impacts of not receiving the level of assistance requested to the organization and community: To the organization: To the community:
Timeframe
Timeframe and plan for implementation:
Other Funding Sources and Partnerships
Are any other entities contributing (financially or otherwise) in furthering this assistance request: If yes, please describe:
Have you requested support (financial or otherwise) from other entities to further this assistance request: If yes, please describe:
If direct funding is requested, please provide a high-level breakdown of how funding will be spent and *attach materials: <i>(see attached example)</i>
Reporting Criteria
Is there an applicable performance measure you can affiliate with your funding request in which to evaluate its success:
How do you propose to report back to the Loveland City Council on effectiveness and whether the desired outcome of the funding request was met:
At what increments do you propose to report (time frame, milestones, etc.):

*If emailing application / supporting materials, send to lvd@cityofloveland.org. Please be sure to specify the organization you are associated with and include contact information.