

CITY OF TOLEDO
ENHANCEMENT PROGRAM

Application Form

Name of Organization: _____

Contact Person: _____

Address: _____

Phone Number: _____

Amount of Request: _____ Date: _____

Describe how funds will be used

In making its recommendation to the City Council, the Contribution Review Committee shall consider the following criteria:

1. Record of service to the citizens of Toledo.
 2. Financial and management capability of the requesting organization to provide services.
 3. Positive impact the contribution may have on supplementing an activity or direct service provided by the City to Toledo citizens
 4. Number of citizens receiving direct services from the organization requesting funds.
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Please address how your organization meets these criteria. (Attach additional information if necessary.)



*City of Toledo
Enhancement Program*

Please return the completed form to:
Craig Martin, City Manager
City of Toledo
P.O. Box 220
Toledo, OR 97391
541-336-2247 ext. 2020