



**City of Toledo
City Enhancement & In-Kind Services**

**Application Form
Deadline: February 28, 2020**

Organization Information

Organization Name: _____

Contact Person: _____

Address: _____

Phone: _____

E-mail address: _____

Request:

Amount of Request: _____ **Date:** _____

Describe how the funds will be used (use an additional page if more space is needed):

Application Criteria:

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.

Please address how your organization meets these criteria. Attach additional information (if necessary).

Please submit the completed application to:

Attention: City Manager's Office
 City of Toledo
 Po Box 220
 Toledo, OR 97391

OFFICE USE ONLY:

Contribution Committee review & recommendation: Date: _____	Council review & amount approved: Date: _____
Amount recommended to Council: _____	Council approved amount: _____