



City of Toledo
City Enhancement & In-Kind Services

Application Form
Deadline: Friday, May 10, 2024

Please submit the completed application to:

Attention: City Recorder Lisa Figueroa
City of Toledo
Po Box 220
Toledo, OR 97391

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).

ORGANIZATION INFORMATION

Organization Name: _____

Contact Person: _____

Physical Address: _____

City State Zip

Mailing Address: _____

City State Zip

Phone Number: _____

E-mail address: _____



AMOUNT OF REQUEST

Amount of Request: _____ Date: _____

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

PREVIOUS FUNDING

Has your organization received funding in the last three years?: YES NO NOT SURE

| | | |
|---------------------------------------|-----------|----|
| If yes, please list previous funding: | 2023-2024 | \$ |
| | 2022-2023 | \$ |
| | 2021-2022 | \$ |

OFFICE USE ONLY:

| | |
|----------------------------------------|----|
| Contribution Committee Review Date: | |
| Recommendation Amount to City Council: | \$ |
| City Council Review Date: | |
| Amount Approved: | \$ |