



Financial Services Department Community Investment Application

Applications open on September 15, 2023 and close on October 15, 2023.

Any questions regarding this application should be emailed to:

CommunityInvestment@ElPasoCo.com

The purpose of the El Paso County Community Investment Fund is to provide financial assistance to organizations that support the County's initiatives and strategic goals by providing an extension of services to our residents. These services should offer an economic benefit to the community and/or support efforts to improve the health and safety of El Paso County Residents.

The following organizational eligibility must be met to be considered for funding:

- Located within El Paso County
- Entity must hold a non-profit status
- Potential funding in subsequent years is dependent upon prior year performance and new/improved/expanded services

* Required

Primary Contact Information

1. First Name *

2. Last Name *

3. Address *

Address, City State Zip

4. Work Phone *

5. Cell Phone *

6. Email Address *

Organization's Information

7. Organization Name *

8. Organization Address *

Address, City State Zip

9. Number of years operating in El Paso County *

The value must be a number

10. Year Founded *

The value must be a number

11. Federal Identification Number *

(for check issuance purposes only)

12. Legal Form Under Which Business Operates *

Organization's Information Continued

13. After affirming your application, you will be asked to submit your most recent Form 990, 990-EZ, or Financials if exempt from filing. *

If you do not file a 990 or 990 EZ, you should mark "Exempt". All others should mark "990 Filer". Please reply to the email you will receive after submission of this application and attach your most recent 990, 990-EZ, or Financials.

☐ Exempt

☐ 990 Filer

14. Organization's Mission, Vision, and Values *

15. Program Name *

16. Amount of Request *

Enter up to \$99,999

Number must be between 1 ~ 99999

17. Type of Request *

- ☐ Economic Development (tourism, business start ups, etc)
- ☐ Community Need (mental health, veteran's services, senior services, homeless, food insecurity, etc.)

Description of request

18. Please provide an overview of the project / program for which funds are requested. *

Economic Impact/Return on Investment to El Paso County

19. How will this funding provide the greatest positive impact for El Paso County. *

Explain how our funds will be used to further a valid public purpose. This should include a description of how this program fulfills a need or service gap in services. Describe how residents will be impacted.

20. How will success be measured? *

Provide specific output and outcome measures that will show the efficacy of the program. What other key performance indicators will be used to determine the effectiveness of the program?

21. How will this funding support the goals of the El Paso County strategic plan? *

22. Please detail the intended outcomes of the project / program *

23. What output measures will you track to determine if outcomes are achieved? *

Prior Funding

24. Has this Organization received Community Investment Funding before? *

*List Year; Amount; Project Name (include last 5 years and use one line per year)
e.g. 2019; \$99,999; Project/Event*

25. If answered yes to Question 24, has your organization provided all required reports for previous years? *

If applicable, please provide a summary noting the significant activities undertaken with Community Investment funds and the progress towards identified outcomes.

26. Has this Organization received funding from other El Paso County Government sources? *

*List Year; Amount; El Paso County Agency (include last 5 years and use one line per year)
e.g. 2019; \$99,999; Human Services*

27. Are you requesting or receiving funds from other sources for this proposed funding request? *

Source; Amount Requested/Received; In-Kind Value Requested/Received

28. How will this grant fill a need that your budget cannot address otherwise? *

Recognition of El Paso County For Its Sponsorship

29. Please provide a summary outlining how the organization will recognize El Paso County for its sponsorship and how the County logo will be used.

*

Submission

30. Acknowledgement and Authorization *

By submitting this application:

- You certify that all answers given herein are true and complete.
- You understand that false or misleading information provided in this application may result in a rejection of sponsorship.
- You will attach your most recent 990, 990-EZ, or Financials and a detailed budget for the amount requested to the confirmation email you will receive after submittal of this application.
- You understand that sponsorship is not guaranteed and expressly subject to availability.
- You authorize the County to conduct an analysis of all statements contained in this application for consideration of sponsorship and are aware that the County may contact the primary contact listed for additional documentation, as may be necessary to arrive to a final decision.
- You understand that the County reserves the right to approve or reject any request for sponsorship at its discretion.
- If approved, you will provide quarterly reports and a year-end report as to how the funding was utilized. Year end reports are due by January 31st.

Please Note: Per the Colorado Constitution Article XXIX § 3(2), local government officials and government employees are prohibited from accepting or receiving any gift or other item(s) of value greater than the adjusted gift ban dollar limit in any calendar year. If you have questions concerning the provision of tickets to events, merchandise, or items that may go over the gift ban amount, please contact the Administrative Assistant to the County Administrator at (719)520-6391.

☐ I have read and agree to the terms

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