



FINANCIAL SERVICES

Community Investment Application

**PRIMARY CONTACT INFORMATION**

_____			
Last Name	_____	First Name	_____
		Middle	_____
Address	_____	City	_____
		State	_____
		Zip	_____
Work Phone: _____	Cell Phone: _____	Email address: _____	_____

**ORGANIZATION'S INFORMATION**

Name of Business: _____	Years operating in El Paso County: _____	Year Founded: _____
	Federal Identification Number: _____	
Legal Form Under Which Business Operates:	(For check issuance purposes only)	
Proprietorship	Corporation	Partnership
	Nonprofit	Other
Address	_____	City
		State
		Zip
Commissioner District:	District 1:	District 2:
	District 3:	District 4:
		District 5:

**ORGANIZATION'S INFORMATION CONTINUED**

Please provide a summary outlining the organization's mission, vision, and values (up to 400 words):

## FUNDING REQUEST

Funding Request Amount: \$ \_\_\_\_\_

Has the Organization Received Community Investment Funding Before?      Yes      No

If Yes, Please Provide the Following Information:

Amount Received: \$ \_\_\_\_\_

Date the Funds Were Received \_\_\_\_\_

## PREVIOUS FUNDING

Have you previously received funding from El Paso County?    Yes      No

If yes, please provide the funding source and amount.

Year	Amount	Department	Use

Will you (do you) receive funds from other sources for this proposed funding request?    Yes      No

If yes, please provide the funding source and amount.

Source	Amount	In-Kind Value

## OVERVIEW OF FUNDING REQUEST

Please provide an overview of the funding request (up to 400 words).

**ECONOMIC IMPACT/RETURN ON INVESTMENT TO EL PASO COUNTY**

Please provide a summary outlining the economic impact/return on investment the sponsorship will bring to El Paso County (up to 400 words):

**RECOGNITION OF EL PASO COUNTY FOR ITS SPONSORSHIP**

Please provide a summary outlining how the organization will recognize El Paso County for its sponsorship and how the County logo will be used (up to 400 words):

**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.**

**Acknowledgement and Authorization**

I certify that all answers given herein are true and complete to the best of my knowledge.

I understand that false or misleading information provided in this application may result in a rejection of sponsorship.

I understand that sponsorship is not guaranteed and expressly subject to availability.

I authorize the County to conduct an analysis of all statements contained in this application for consideration of sponsorship and am aware that the County may contact the primary contact listed for additional documentation, as may be necessary to arrive to a final decision.

I understand that the County reserves the right to approve or reject any request for sponsorship at its discretion.

If approved, I will provide a year-end report as to how the funding was expended. Reports are due by December 31st.

By signing this form, I, \_\_\_\_\_, acknowledge that I fully understand the Acknowledgment and Authorization requirements as outlined within this application and acknowledge that the County reserves the right to approve or reject any request for sponsorship at its discretion and all sponsorship is not guaranteed and expressly subject to availability.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**El Paso County Approval**

Amount Approved: \_\_\_\_\_

Approved By:

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date