

CU-COMMUNITY PARTNERSHIP REQUEST

To access an electronic version of this form, please visit. www.cityutilities.community/partnershiprequest.pdf

This form is required for all funding requests from the CU-Community Partnership Program. Funds **must be** used for specific programs/projects. It **will not** be used for general operating support, including salaries and other administrative costs. Requests that are incomplete or unsigned will be returned. Include all required support materials noted in Section D. Funds will be approved for use exclusively within the service territory of City Utilities. **Restrictions Apply.**

INSTRUCTIONS: Please print clearly or type the information. Please be brief and concise as possible with your responses. If you require more space, you may attach additional pages.

Name of Project/Program	Amount Requested
Project Timetable From: _____ To: _____	Date Funds Are Needed
What is the nature of the project/program for which funding is being requested? <i>(Describe the program, including whether it is a new, one-time, multi-year, or ongoing initiative. Please refer to the Areas of Focus in the program guidelines.)</i>	
How did you determine the amount to request? Why is this a reasonable amount to expect? What other funding sources and amounts will be used for this project? <i>(Please explain how the amount compares to the total amount needed for this project/program.)</i>	

A. ORGANIZATION

Organization Name	Web Address	Federal Tax ID Number	
Address	City	State	Zip
Contact Name	Phone	Email Address	
Type of Organization <input type="checkbox"/> Section 501(c)(3) Non-Profit Charity <input type="checkbox"/> Fully-Accredited Public or Private School/University <input type="checkbox"/> Other <i>(please specify)</i> _____			
Please check the primary service category of your organization <i>(check only one)</i> : <div style="text-align: center;"> <input type="checkbox"/> Education <input type="checkbox"/> Environment <input type="checkbox"/> Health and Safety </div>			

B. PROJECT / PROGRAM / INITIATIVE

What are the goals of this effort? <i>(please be brief)</i>
How does this effort address a focus of the community partnership program? <i>(describe the community and clients that will benefit)</i>

B. PROJECT / PROGRAM / INITIATIVE (CONT.)

Explain how you have measured or will measure the success of the program/project: *(please be brief)*

What is the demographic population targeted by this project/program? *(check all that apply)*

Age: Youths Adults Seniors

Gender: Male Female

How many will be impacted or served? _____

C. RELATIONSHIP TO CITY UTILITIES

Has your organization received support from City Utilities in the last three years? If yes, list the dates and amounts.

List any employees or retirees of City Utilities who have provided assistance with this application, project/program, or organization, including their roles (e.g. Board member, volunteer, etc.). *(please be brief)*

D. AUTHORIZATION

Has the organization's authorized officer approved this request?

The organization's executive director or chief staff officer or an officer of its governing body (e.g. Board Chair) must sign this form.

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this CU-Community Partnership Request is true and correct, that the Federal tax exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

Authorized Officer Signature

Print Name

Title

Date

Phone

E. OTHER MATERIALS REQUIRED

Requesters are required to submit these documents, if applicable, when returning this completed form:

A copy of the organization's 501(c)(3) letter from the Internal Revenue Service, proof of accreditation as a school or university.

Any brochures, materials, advertisements, etc. used to validate the project/program.

If necessary, staff may request additional information about the organization, its proposal, or general objectives of the project. Documents submitted with this CU-Community Partnership Request will not be returned.

Return this completed form and required documentation directly to:

Pat Dierking
CU-Community Partnership Program
City Utilities
301 East Central
Springfield, MO 65802

Questions concerning this form, call 831.8630.

For Office Use Only

Date Received

Date Reviewed

Approved

Total Awarded