



Broomfield Health and Human Services Department 6 Garden Center, Broomfield, CO 80020

### 2007 Application for Non Profit Funding

**Please answer the following question. Be brief and submit no more than 3 pages. Complete and return no later than October 20, 2006. to [egaccetta@Broomfield.org](mailto:egaccetta@Broomfield.org)**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Chair of Board and/or Director of Org Name: \_\_\_\_\_

**1. Please provide the following information about your organization:**

- Mission Statement
- Target Population
- Location of your service site

**2. Services provided to Broomfield in 2006**

- Did your organization receive funding from Broomfield in 2006?
- If so, what was your projected expenditure?
- What was the number of clients served?
- What services were provided?

**3. How will funds for 2007 be utilized to enhance direct service provision to low income Broomfield residents?**

- What is the number of proposed residents you will serve in 2007?
- Services proposed for 2007
- Number of Broomfield residents proposed to serve?
- Definition of low income utilized by your organization?
- Explanation of services proposed.
- Per capita expended on services.

**4. Amount of funds requested \_\_\_\_\_**

**Contact information regarding this request:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_