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AURORA, MO 65605



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AURORA-CITYHALL.ORG

Community Partnerships Funding Application

Fiscal Year 2026

Total Funding Available: \$5,000
Application Deadline: March 31, 2026

1. Organization Information

Organization Name: _____

Mailing Address: _____

Primary Contact Name & Title: _____

Phone: _____

Email: _____

Federal Tax ID (EIN): _____

Nonprofit Status:

- 501(c)(3)
- Other nonprofit
- Community-based organization

Attach proof of status if applicable.

2. Funding Request

Amount Requested: \$ _____

Total Program/Project Budget: \$ _____

Other Funding Sources:

3. Program/Project Description (Community Benefit – 30 Points)

Describe the program, project or service to be funded.

Include:

- What will be done
- Where it will occur
- Who will be served

Response:

4. Measurable Community Impact (30 Points)

Describe expected outcomes.

Include:

- Number of City residents served
- How success will be measured
- Results expected

Response:

5. Community Need (25 Points)

Explain the community need this program/project addresses.

Response:

6. Vulnerable or Underserved Populations (15 Points)

If applicable, describe populations served and barriers addressed.

Response:

7. Use of Funds & Budget Detail (15 Points)

List how City funds will be spent.

Explain why City funding is needed:

8. Organizational Capacity

Describe your organization's experience and ability to complete this program/project.

Include:

- Years in operation
- Staff or volunteer capacity

Response:

Attach:

Board list (if applicable)

9. Certification & Reporting Agreement

If awarded funding, the organization agrees to:

- Use funds only for approved purposes
- Maintain receipts and financial records
- Submit a final report including:
 - Program outcomes
 - Number of City residents served
 - Itemized expenditures
 - Copies of receipts or proof of payment

Reporting Deadline:

Within 90 days of program/project completion

OR

By end of City fiscal year (whichever occurs first)

Failure to report may result in future funding ineligibility or repayment of funds.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____