



# THE ARC OF WELD COUNTY COMMUNITY PARTNERSHIP FUND APPLICATION

**MISSION:**  
The Arc of Weld County promotes and protects the rights of people with intellectual and developmental disabilities through empowerment, advocacy and community outreach.

## INTRODUCTION:

The AWC is pleased to provide funding considerations for community organizations or groups committed to providing inclusive opportunities for individuals with IDD and their families, as a collaborative partner in Weld County and Northeastern Colorado. All application submissions must be provided by noon on the first Thursday of each month, in which a regularly scheduled board meeting is scheduled. Regularly scheduled meetings include February, April, June, and October. Any submissions after the stated deadline will be included for consideration at the next regularly scheduled board meeting. Applications must be submitted via email to Amelia Koehmstedt, executive director, at [amelia@arcweldcounty.org](mailto:amelia@arcweldcounty.org). Applicants will be notified of the results following the board meeting.

Please note, The AWC board endeavors to review all applications timely, however, on occasion this may not be feasible and The AWC will communicate such when necessary. As a small agency committed to serving our community, funding is provided annually and when funding is exhausted the application process will be closed until the next calendar year. The AWC website will reflect this information if and when applicable.

## AGENCY PROFILE/NARRATIVE:

**Name of organization or agency:** \_\_\_\_\_

**Primary contact name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Title of Event:** \_\_\_\_\_

Please describe below the project or event that you are applying for. Explain how your project addresses inclusion for people with I/DD and how The AWC mission is being achieved. Additionally, please detail the budget for your project and how you plan to spend the granted monies. If you need additional space please attach to this form.

---

---

---

---

---

---

---

---

---

---

---

---

**ASSURANCES:**

Submitting this application signifies your agency/organizations agreement to the following requirements:

1. Identifying a contact person for your organization. If that individual should change The AWC will need to be notified in writing of the change and the information for the newly appointed individual.
2. Pictures of the event and release of information forms signed and executed. Forms available online.
3. Agreement to spend the money as indicated in your written proposal. Any expenses incurred but not approved in the proposal and/or budget will not be covered and will be required to be returned to The Arc of Weld County within 30 days of the submission of the final report. Any violation of these financial expectations will result in the exclusion of all future scholarship requests for the responsible party or parties.
4. Any un-receipted expenses are required to be reimbursed to The Arc of Weld County in full.
5. After the event for which the money was granted has occurred, the funded agency will write a summary of the event and a financial accounting will be presented to The Arc of Weld County within thirty (30) days from when the event occurred. Expenditures will need to be receipted and documented in a final accounting summary. The summary form will be available online.

Community Partner/Title	Date	The AWC Executive Director
Date		

**INFORMATION BELOW IS FOR AWC INTERNAL USE ONLY**

Review Date: \_\_\_\_\_ Reviewers: \_\_\_\_\_

Decision: Accepted  Denied  Amount approved \_\_\_\_\_

Additional information and or recommendations per the AWC Board of Directors. Communication details to requesting organization regarding decision and provision of funds if applicable.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Applicant notified in writing of the decision  yes  no by: \_\_\_\_\_

**Name of staff**

**Date**

\_\_\_\_\_  
**Signature of Reviewing Board member or Staff**

**Date**