



# THE ARC OF WELD COUNTY COMMUNITY PARTNERSHIP FUND APPLICATION

### MISSION:

The Arc of Weld County promotes and protects the human rights of people in the community with intellectual and developmental disabilities through advocacy and support services

## INTRODUCTION:

The Arc of Weld County (The AWC), as a collaborative partner in Weld & Northeastern Colorado, is pleased to provide funding considerations for community organizations or groups committed to providing inclusive opportunities for individuals with intellectual and developmental disabilities. Interested parties should apply to The Arc of Weld County Board of Directors. Applications will be reviewed quarterly and in the order in which they are received. Requesting organization’s may be invited to a Board meeting to present their application, as requested by the Board on a case-by-case basis. Incomplete applications will not be considered. **Applications are due by 5:00pm of the first Friday of each quarter. Those dates are as follows: January 7th 2022, April 1st 2022, July 1st 2022 and October 7th 2022.** Applications must be submitted via email to: Tiffany Ochoa, Office Manager [tiffany@arcweldcounty.org](mailto:tiffany@arcweldcounty.org). Applicants will be notified of the results following the board meeting which occurs on the 3<sup>rd</sup> Wednesday of each month.

## 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.

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

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Signature of Reviewing Board member or Staff Date