



CITY OF FORT MORGAN APPLICATION FOR IN KIND SERVICES

To apply for in kind services an application must be filled out and accompany the event application 60 days prior to the requested event. The application needs to include to the best of the applicants knowledge all services they are seeking assistance with. This service is intended to aid in the raising of funds for non-profit entities.

In kind services provided by the City of Fort Morgan are cumulative up to \$1000.00 per calendar year. If the amount requested is larger than \$1000.00 a presentation will need to be made to City Council for approval prior to any funds or services to be guaranteed for the event.

Consideration of anticipated attendance, location, community impact, and recurrence will factor into each application prior to event approval. Park and shelter usage, availability of amenities, as well as turf rehabilitation will factor into the approval process.

All applications from entities outside of city boundaries will only be able to request in Kind assistance up to 50%(Half in kind amount). If assistance is requested through the application no group or entity will be eligible for more than 1 event per month without approval from the City of Fort Morgan.

Shelter, park and damage deposits are not eligible to be included in the in kind application. A check or a card on file must be utilized and may be returned to the applicant without being deposited upon successful completion of the event and no violations have been noted by City of Fort Morgan Officials.



CITY OF FORT MORGAN

APPLICATION FOR IN-KIND SERVICES (\$1,000 or Less of In-Kind Services for Event Sponsored by Non-Profit Organization)

Organization Name: _____
(Please attach proof of non-profit status)

Applicant Name: _____

Address: _____

Phone: _____

E-Mail: _____ Fax: _____

Today's Date: _

Date/s and Hours of Event: _____

Services Requested:

- _____ Showmobile (City Events Only)
- _____ Picnic Tables / Number Requested: _____
- _____ Shelter (see map) Shelter _____
- _____ Fieldhouse/Senior Center / Number of Hours Requested: _____
- _____ Other: _____

Please respond to the following questions (use separate sheet of paper if needed):

Will the event be open to the public?

How will this event serve the good of the entire community?

Are there other groups or organizations that provide similar services in the community?
If so, how is your event different?

How are the monies raised from the event returned to the community?

What will happen if the request for the in-kind services is not approved?

Applicant's Signature: _

DO NOT WRITE BELOW THIS LINE

_____ Approved _____ Denied

Reason for Denial: _____

Dated: _____

By: _____

City Manager

cc: Director of Community Services

Revised: 12/5/2025