

# Clark County Fiscal Court Fund

## TO THE APPLICANT:

In addition to the information required on the Application Form, please include:

1. A **cover letter**, which briefly describes the proposed project, the time frame, and the amount of funding being sought from the Fiscal Court Fund. The chief executive officer and/or the chairperson of the board of directors of the organization must sign the letter.
2. A copy of the **letter of determination from the Internal Revenue Service** advising that your organization is exempt from taxes and that the organization is not a private foundation as defined in Section 509(a), and provide your organization's mission statement. For those not a 501(c)3, only the mission statement is required.
3. A list of members of the organization's **Board of Directors** and their affiliations.
4. A list of the organization's **principal administrative staff**, including their titles or main functions and combined total of their annual salaries. Be sure to include staff responsible for the project for which funds are being sought.
5. A **one page year-end financial statement** showing actual income and expenses for the past two complete years. A sample appears on page 4 of the Application Form; you may use the sample or include one of your own.
6. A detailed **budget of the project** for which funds are being sought. A sample appears on page 4 of the Application Form; you may use the sample or include one of your own.
7. If your organization is required to file a 990: **Hard copies** of Section I and Section X (balance sheets) of your agency's 990's for the past two years. **Note: We do not need hard copies of the entire 990s.**
8. **You must turn in the Grant Report form for the current year to date (funds received in Dec. 2016) with your current application.**

If the project for which you are seeking funds is also receiving funds or in-kind from other agencies, include letters or other documentation from the collaborating agencies.

You are encouraged to limit answers to the space given on the form.

**Please send THREE COPIES of the 4-page application form and requested attachments.** Use only clips for the application – do not staple, bind, or use notebooks or folders.

**HAND DELIVER** application by 4:00 pm on August 1, 2017 to the Clark County Judge Executive's office in the Clark County Court House, Attn: Fiscal Court Fund Committee. **Applications will be disqualified if not hand delivered by the date above – no other method will be accepted: no email, no fax, no US Mail. Must sign and date sign-in sheet in Judge-Executive's office as proof of delivery.**

**CLARK COUNTY FISCAL COURT FUND GRANT APPLICATION**

Date: \_\_\_\_\_

**ORGANIZATION INFORMATION:**

Do you have a GoodGiving profile? \_\_\_\_ Yes \_\_\_\_ No

Name and Address of Applicant Organization:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year organization was incorporated: \_\_\_\_\_  
EIN \_\_\_\_\_

Is the name at the left the same as it appears on the  
IRS Letter of Determination? \_\_\_\_ Yes \_\_\_\_ No  
If not, explain:

\_\_\_\_\_  
Has the organization had an audit or financial  
review in the past 2 years? \_\_\_\_ Yes \_\_\_\_ No

Chief Executive's Name and Title:  
\_\_\_\_\_

Organization Budget Total for Current Fiscal Year:

\$ \_\_\_\_\_ Fiscal Year \_\_\_\_ to \_\_\_\_

Contact's Name and Title (if different):  
\_\_\_\_\_

Sources of Organization's Income:

Government: Federal \_\_\_\_% State \_\_\_\_%

County \_\_\_\_% City \_\_\_\_%

Telephone Number: ( ) \_\_\_\_\_

Memberships/Individual Contributions: \_\_\_\_%

Geographic Area Served by Applicant

United Way \_\_\_\_% Fundraising \_\_\_\_%

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

Corporate and/or Foundation Grants: \_\_\_\_%

Fees \_\_\_\_% Other \_\_\_\_%

**PROPOSED PROJECT INFORMATION:**

Project Name: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Type: \_\_\_\_ Capital/Construction  
\_\_\_\_ Capital/Renovation  
\_\_\_\_ Capital/Equipment  
\_\_\_\_ Program  
\_\_\_\_ General Support for Operations

Amount Requested  
from this Funder: \$ \_\_\_\_\_

% Amount Requested for  
Administration/Overhead \_\_\_\_\_

Geographic Area to be Served:

List other potential and actual sources of support  
for this project: (\* those committed and note any  
matching fund requirements):

Amount Source

Population & Number to be Served:  
\_\_\_\_\_  
\_\_\_\_\_

Grant Period: \_\_\_\_\_  
From: \_\_\_\_\_ to \_\_\_\_\_

Has the organization received Fiscal Court funds previously? \_\_\_No \_\_\_Yes Most recent year? \_\_\_\_\_

\_\_\_\_\_  
Organization name

YOU ARE ENCOURAGED TO LIMIT YOUR ANSWERS TO THE SPACE GIVEN (ONE SIDE ONLY)

BACKGROUND OF APPLICANT ORGANIZATION: Purpose, history of accomplishments, governance, qualifications for embarking on proposed project. (If this is a collaboration, describe the lead agency and its relation to others involved.)

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Organization name

YOU ARE ENCOURAGED TO LIMIT YOUR ANSWERS TO THE SPACE GIVEN (ONE SIDE ONLY)

PROJECT STATEMENT, PROJECT GOALS, & OBJECTIVES, METHODOLOGY, IMPACT, and FUTURE FUNDING:

Statement describing community need. Note any similar projects currently operating in the community and how this one is different. What will be accomplished, how and by when? Describe use of volunteers, if any. Impact on participants and how will they be determined and measured? How will the project be funded in the future if it is to continue beyond the current funding period?

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Organization Name

ORGANIZATION YEAR END FINANCIAL STATEMENTS

	Current fiscal Year (20__)	Previous fiscal Year (20__)
<b>Revenue</b>		
Contributions	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____
Fees	\$ _____	\$ _____
United Way	\$ _____	\$ _____
Grants	\$ _____	\$ _____
Other Support	\$ _____	\$ _____
TOTAL REVENUE	\$ _____	\$ _____
<b>Expenses</b>		
Salaries & Benefits	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Printing, Postage, PR	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

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PROJECT BUDGET SUMMARY

<u>Budget Category:</u>	<u>For Grant Request:</u>	<u>For Total Project Budget:</u>
1. Personnel	\$ _____	\$ _____
a. Fringe Benefits	\$ _____	\$ _____
b. Consultants	\$ _____	\$ _____
2. Equipment	\$ _____	\$ _____
3. Travel	\$ _____	\$ _____
4. Rent & Utilities	\$ _____	\$ _____
5. Postage & Phone	\$ _____	\$ _____
6. Printing	\$ _____	\$ _____
7. Supplies	\$ _____	\$ _____
8. Other Expenses (explain)	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

(If appropriate, describe in more detail the major cost items of your project budget.)

# Grant Report

Submit your completed report to the Clark County Fiscal Court Fund Committee  
on or before August 1, 2017.

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## Section A: General Information

Grantee:

Amount Awarded Dec 2016:

Amount Spent:

Telephone:

Email:

Grant Purpose:

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Authorized Personnel Name and Title (Printed)

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Authorized Personnel's Signature

Date

## Section B: Financials

Provide a detailed line item expense report to date. If any grant dollars will not be spent by December 31, 2017, provide the amount and a brief explanation. **All unspent money should be returned to the Clark County Fiscal Court Fund at the end of the grant period.**

**Note: Any changes to budget items must first be approved by the Clark County Fiscal Court.**

## Section C: Narrative Content

1. Describe the overall impact this project had on the intended audience.
2. Reflect on the anticipated outcome of this project as outlined in the original proposal. Describe similarities or variances of the actual outcome of the project.
3. Does this organization plan to continue this project or implement a similar project in the near future? If so, where are funds expected to originate?