

**CARSON CITY COMMUNITY SUPPORT SERVICES
 APPLICATION FOR GRANT FUNDS
 FISCAL YEAR 2009-2010
 GENERAL INFORMATION**

Name: _____ Phone: _____ Fax: _____

Mailing Address:

City: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

Address:

City: _____ Zip: _____

1. Purpose of Organization:

2. Total annual budget:

3. How long organized:

4. Tax I.D. #:

5. Please provide the following fiscal information about your organization:

	<u>Last Year</u>	<u>Present Year</u>	<u>Next Year</u>
Income:	\$	\$	\$
Expenses:	\$	\$	\$
Reserves:	\$	\$	\$

Program/ Proposal

6. Title of proposal:

7. Program Director:

8. Phone: _____ Fax: _____

9. Address:

10. City: _____ Zip: _____

11. Program/proposal objectives and brief description:
12. Primary purpose of the grant:
13. Dates of project or use of funds:
14. Total amount of funds and/or other forms of considerations requested from Carson City:
15. Total cost of project: \$
(Including Other Funding Sources): \$
16. Last year's project budget: \$
**Note: Please attach a copy of your budget from last year.*
17. This year's project budget: \$
**Note: Please attach a copy of your budget.*
18. Percentage of funds to be utilized for administrative costs (i.e.: salaries):
19. Previous City sponsored grant funding received, if any:

Year:	Amount: \$	Year:	Amount: \$
Year:	Amount: \$	Year:	Amount: \$
20. Describe in detail how funds will be used, i.e., amount, purpose:
21. Describe your efforts to obtain other sources of funding: (i.e., private sector, private non profit, and other governmental sources)
22. Is the funding intended to benefit the citizens of Carson City? How? (Please provide evidence that your program/organization is of value to the recipients of your service(s) by submitting testimonials or other expressions of support).
23. Number of residents locally requested funding will benefit:
24. What percentage of individuals served by your agency are residents of other cities/counties?
25. If your agency does serve residents from other cities/counties, what amount of funding does that city/county provide? If none, has your agency solicited funding from that city/county?

26. Do you in turn charge the public for some type of service: Yes _____ No _____
If so, how much?
27. What would you expect to collect in service fees over the fiscal year: \$
28. How does your organization anticipate benefiting from this funding?
29. Does your program/proposal enhance Carson City's ability to provide for the health, safety & general welfare of this community?
30. Does your program/proposal provide any in-kind service to Carson City?
31. Does your program/proposal have matching funds, if so, please delineate.
32. How will your program/proposal enhance the image of the community?
33. Does your program/proposal have the potential to become self-supporting and, if so, describe how?
34. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?
35. Describe in detail how the community will be made aware and in turn, benefit from the proposed program/proposal:
36. Describe how the results of the program/proposal will be measured:

Additional Pages May Be Used, with the Specific Number and Question Heading.

NOTE: THE ORIGINAL, PLUS AN ELECTRONIC COPY MUST BE SUBMITTED TO THE CITY MANAGER'S OFFICE NO LATER THAN APRIL 10, 2009.