

**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.**