CITY OF WEST WENDOVER

COMMUNITY SUPPORT & LOCAL SCHOOL GRANT PROGRAM APPLICATION PROGRAM INTRODUCTION AND GENERAL INSTRUCTIONS

Program Introduction:

The *City of West Wendover Community Support and Local School Grant Program*, referred hereafter as the **"Program"** was established under Resolution 2020-03, adopted on April 7, 2020. The Resolution created a Special Revenue/Expense Fund for the general purpose of promoting certain programs and/or activities related to the West Wendover Schools and further providing funds for other local programs and/or activities which conform to the stated goals of the City Council from time to time. The Special Fund receives proceeds which are derived from 10% of the City's Quarterly Marijuana Revenue Fees as provided for under Title 3, Chapters 9 and 10 of the West Wendover City Code. The Fund is legally restricted and can be used only for the expenditures as identified in the Program.

Process:

- 1. Applications are open July 1st of each year and close December 31st.
- 2. Program grants may be awarded to local school programs in addition to other community local programs/and or activities which meet the stated goals of the City Council. Such programs/and or activities might include: Community celebratory events, youth programs that are not associated with the West Wendover Schools, adult service programs, general city infrastructure needs and other programs.
- 3. Applications submitted will be reviewed and ranked by the committee. Applicants may be required to make a presentation to the committee for the request and will be notified of the process. Applicants chosen for a potential award will be scheduled for consideration at a City Council meeting and notified of any award.
- 4. Funds not awarded in the identified fiscal year will be added to the following years' balance for use.

General Instructions:

- 1. Applications must be fully completed for submission. Incomplete applications will be rejected.
- 2. If a section is not applicable, indicate so by inserting "Not Applicable" or "N/A" in the related field.
- 3. Please type or print clearly.
- 4. The application is available for download as a PDF at: westwendovercity.com/communitysupportgrantprogram
- 5. If you have questions regarding the application please contact Anna Bartlome, City Clerk at: 775-664-3081 or Email: abartlome@westwendovercity.com
- 6. Completed applications with signature and any backup documentation may be submitted by hard copy or by Email to:

Anna Bartlome, City Clerk City of West Wendover 1111 N. Gene L. Jones Way PO Box 2825 West Wendover, NV 89883 Email: <u>abartlome@westwendovercity.com</u>

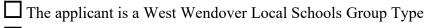
 Applications will be reviewed/rated on the following criteria: School/Community Need; Program Design; Innovation; Resource Utilization and Collaboration; Impact/Anticipated Results; Sustainability; Financial Condition of the Applicant; Compliance with Submittal Requirements; Previous Funding Requests Made; and Applicants General History.



CITY OF WEST WENDOVER

COMMUNITY SUPPORT & LOCAL SCHOOL GRANT PROGRAM APPLICATION

*Please review the included Program Introduction, Process and General Instructions before completing Check the appropriate box below:



The applicant is a Local Community Program/Activity Type

Amount of Request \$

Applicant (If Applicant is an individual enter the individuals name instead of Organization)

. Name of Scho	Name of School or Organization			Da	Date Founded	
. Mailing Addr	ess (if different from	m street)	City	Sta	ate	Zip Code
. Street Addres	S		City	Sta	ate	Zip Code
. Telephone Nu	ımber	5. $\overline{\mathbf{M}}$	obile Telephone Numl	per 6.	Websi	te Address
. Email Addres	s					
		Name (If	^not individual Applica	unt)		
	izations Contact	: Name <i>(If</i>	not individual Applica		ate	Zip Code

14.	Mailing Address	City	State	Zip Code
15.	Street Address	City	State	Zip Code
16.	Office Telephone Number	17. Mobile Telephone Number		18. Email Address
19.	(Treasurer/Secretary) Last Nar	ne First Name		
20.	Mailing Address	City	State	Zip Code
21.	Street Address	City	State	Zip Code
22.	Office Telephone Number	23. Mobile Telephone Number		24. Email Address
25.	(Project Manager) Last Name (If different than Applicant)	First Name		
26.	Mailing Address	City	State	Zip Code
27.	Street Address	City	State	Zip Code
28.	Office Telephone Number	29. Mobile Telephone Number		30. Email Address
31.	Number of Members in Applica	ant Organization		
32.	Area(s) Served by Organization	I		
33.	Mission or Purpose of the Orga	nization		

Project General Information

- 35. Number of Persons to benefit from the Project
- 36. Additional Organizations to benefit from the Project (list any applicable)
- 37. Expected Lifetime of Project, in Years
- 38. Area to be Served by Project

39. Description of Project

40. Purpose of Project

Project Funding/Budget

- Figure 1
 Check Appropriate Box

 Pending
 Awarded

 Funding Source/Donor Name
 Amount (\$)
 Image: Source (\$)

 Funding Source/Donor Name
 Image: Source (\$)
 Image: Source (\$)

 Funding Needed (\$)
 Image: Source (\$)
 Image: Source (\$)
- 41. Sources of Funding (besides this application) and Funding Status

42. List Name and Contact information for any Funding Sources listed in *Figure 1*

43. Please provide as a separate attachment, the Budgeted Expenses for the Project

44. Please attach to this application any additional pages of support documentation as needed including: Maps, Photographs, Diagrams, etc.