

**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 1<sup>st</sup> of each year and close December 31<sup>st</sup>.
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](http://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](mailto: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: [abartlome@westwendovercity.com](mailto:abartlome@westwendovercity.com)
7. 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 West Wendover Local Schools Group Type
- 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)**

1. \_\_\_\_\_ Date Founded \_\_\_\_\_
2. Mailing Address (if different from street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Telephone Number \_\_\_\_\_ 5. Mobile Telephone Number \_\_\_\_\_ 6. Website Address \_\_\_\_\_
7. Email Address \_\_\_\_\_
8. School/Organizations Contact Name (If not individual Applicant) \_\_\_\_\_
9. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
10. Telephone Number \_\_\_\_\_ 11. Mobile Telephone Number \_\_\_\_\_ 12. Email Address \_\_\_\_\_

**School/Organization Officers and Members (If Applicant is an individual, skip to #34)**

13. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name

---

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 Name \_\_\_\_\_ 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 \_\_\_\_\_ First Name \_\_\_\_\_  
(*If different than Applicant*)

---

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 Applicant Organization \_\_\_\_\_

---

32. Area(s) Served by Organization \_\_\_\_\_

---

33. Mission or Purpose of the Organization \_\_\_\_\_

---

34. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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**

41. Sources of Funding (*besides this application*) and Funding Status

*Figure 1*

		<b>Check Appropriate Box</b>	
		<b>Pending</b>	<b>Awarded</b>
<b>Funding Source/Donor Name</b>	<b>Amount (\$)</b>		

**Total Pending or Awarded Project Funding (\$)**

**Total Project Funding Needed (\$)**

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.