

# **Henderson Community Foundation**

## **Non-Specific Grant 2015**

### **Program Instructions- Fourth Quarter 2015**

Henderson Community Foundation (HCF) is pleased to offer one, or more, non-specific program grant(s) not to exceed \$5,000 to a not for profit agency or current component fund of HCF serving the Henderson, Nevada community.

*HCF's Mission is to provide resources and support to improve the health, education, and quality of life in the Henderson community.*

#### **Organizations eligible to apply must:**

- Be based in and/or primarily serve Henderson and qualify as tax exempt under section 501 (c) (3) of the IRS tax code or be a current component fund of HCF.
- Attest to non-discrimination on the basis of race, sex, age, national origin, religion, mental handicap, veteran status or sexual orientation.
- Must not be the prior year recipient of the HCF Grant.

#### **Organizations/programs ineligible for funding:**

- Schools
- Individuals
- Political or lobbying groups or activities
- Fundraising events or projects
- Debt reduction
- Reimbursement for previously incurred expenses
- Endowments

#### **General Instructions:**

Please deliver five copies of the grant applications to:

Henderson Community Foundation  
Alternative Management  
Attn: Katrina Bruce  
1880 E Warm Springs Rd #100  
Las Vegas, NV 89119

Forms and additional information can be downloaded from our website: [www.hendersoncf.org](http://www.hendersoncf.org). If you need assistance with your application, please call 702-375-5002.

**Grant Calendar:**

- Applications Due: Monday, December 7, 2015
- Grant Reviewed/Awarded: Monday, December 14, 2015
- Grant Award Made: By December 31, 2015
- Grant Expended by: Thursday, June 30, 2016
- Final Budget Report Due: Friday, July 29, 2016

Grants will be reviewed by members of the Henderson Community Foundation Board of Directors and members of the Henderson community.

**Five copies** of the grant application must be received no later than **4:00 pm** on December 7, 2015, in the offices of Alternative Management.

Grantees will be required to sign a formal Grant Agreement and a final budget report will be required for every project funded that includes how the dollars were spent, the number of recipients assisted by the grant program and any other meaningful measures of success.

Grantees are required to display the logo of Henderson Community Foundation on all promotional materials or grant-supported products/activities throughout the duration of the project.

**Henderson Community Foundation  
Grant Proposal for Fourth Quarter 2015**

**Applicant Information:**

**Organization or HCF Component Fund Name:**

**Federal Tax ID Number:**

**Street Address:**

**City/State/Zip Code:**

**Website/Email Address:**

(If you are not a component fund of HCF, please attach a copy of your IRS 501(c)3 designation letter to your application)

**Signature of Authorizing Official:** \_\_\_\_\_  
Date

**Name/Title:** \_\_\_\_\_

**Type of Grant:** Non-Specific Grant (Please describe how the funds will be utilized by your not for profit organization or HCF component fund).  
(Maximum Assistance: \$5,000.00).

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**Project Title:**

**Project Description:**

Include a brief overview (not to exceed 500 words) describing the project, targeted audience, the need(s) to be met, the results you plan to achieve and how you will evaluate your success.

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**Budget Narrative:**

Describe how you will use the Funds requested.  
 (Paragraph not to exceed 200 words).

Budget Summary (please provide itemization and details, as appropriate):

A. Funding From All Sources

|                            |    |
|----------------------------|----|
| Cash From Own Funds:       | \$ |
| Cash From Other Sources:   | \$ |
| In-Kind Contributions:     | \$ |
| Sub Total:                 | \$ |
| Amount Requested From HCF: | \$ |
| Total:                     | \$ |

B. Expenses

|                            | Non-HCF<br>Funds | HCF<br>Funds |
|----------------------------|------------------|--------------|
| Personnel:                 | \$               | \$           |
| Administration/Operations: | \$               | \$           |
| Travel:                    | \$               | \$ XXXXXX    |
| Marketing:                 | \$               | \$           |
| Other (Listed Below):      | \$               | \$           |
| Software                   | \$               | \$           |
| Equipment                  | \$               | \$           |
| Supplies                   | \$               | \$           |
| Training Course            | \$               | \$           |
| Equipment Repair           | \$               | \$           |
| Total:                     | \$               | \$           |