

Application for Funding from Churchill County to Support a Community Event or Program



All applications must be completed and submitted to the Churchill County Manager's Office at 155 N. Taylor Street, Suite 153, Fallon, NV 89406. Applications will be reviewed and evaluated by a committee, and subsequently reviewed for final determination during a public meeting by the Board of Churchill County Commissioners. If you have any questions regarding this application or process, please contact the County Manager's Office at (775) 423-5136.

Churchill County has limited funds available to support community projects/programs during any one fiscal year. Projects are approved by the Board of County Commissioners and are subject to annual approval.



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Churchill County to Support a Community Event or Program***

ORGANIZATION INFORMATION

Name of Organization (or Company): _____

Chief Executive Officer: _____

Mailing & Web Address: _____

City: _____ State: _____ Zip: _____ Tel & E-mail: _____

How long organized (or in business): _____ Tax I.D. #: _____

Purpose of Organization: _____

Total Annual Budget: _____

Is the organization a Non-Profit Business (501c3 Designation)? _____

PROJECT / EVENT DETAILS

Project/Event Title: _____

Date of Event: _____ Is this an annual/reoccurring event: _____

Project Director: _____ Tel & E-mail: _____

Mailing Address: _____

Location of Project/Event or Target Markets: _____

Estimated # of participants: _____

Does the event allow for public access by County residents? _____

What cost (if any) for admission? _____

Summarize the objectives of this project/event? (attach additional sheet if necessary) _____

What are the long term goals of this project? _____

Total estimated cost of project: _____

Funds requested from Churchill County: _____

List the amount of funding assistance from the *County or CC Communications* over the past five years: _____

Total funds collected (or estimated) from other sources: _____

How long do you anticipate funding will be needed to support this program/event and will it be self-supporting? _____

EXPENSES: Please itemize all expenses including, items on which community support funds will be expended. List amounts paid to administrators/coordinator/consultants.

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REVENUE: Please itemize all revenue including requested community support monies.

Specifically list revenues raised by the organization.

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COMMUNITY BENEFITS:

Please describe the benefits of this program/event to the residents of this community. Include any additional information you feel is important for the Commissioners to consider

Signature of Project Director: _____ Date: _____