

## Clark County Fiscal Court Fund

### TO THE APPLICANT:

In addition to the information required on the Application Form, please include:

1. A cover letter, which briefly describes the proposed project, the time frame, and the amount of funding being sought from the Fiscal Court Fund. The chief executive officer and/or the chair/person of the board of directors of the organization must sign the letter.
2. A copy of the letter of determination from the Internal Revenue Service advising that your organization is exempt from taxes and that the organization is not a private foundation as defined in Section 509(a) and provide your organization's mission statement. For those not a 501(c)3, only the mission statement is required.
3. A list of members of the organization's **Board of Directors** and their affiliations.
4. A List of the organization's principal administrative staff, including their titles and main functions and the combined total of their annual salaries. Be sure to indicate staff responsible for the project for which funds are being sought.
5. A one-page year-end financial statement showing actual income and expenses for the past two complete years. A sample appears on page 4 of the Application form; you may use the sample or include one of your own.
6. A detailed budget of the project for which the funds are being sought. A sample appears on page 4 of the Application Form; you may use the sample or include your own.

7. If your organization is required to file a 990: Hard copies of Section I and X (balance sheets) of your agency's 990's for the past two years. Note: We do not need hard copies of the entire 990's.
8. You must turn in Grant Report form for the current year to date with your current application.

If the project for which you are seeking funds is also receiving funds or in-kind from other agencies, include letters or other documentation from the collaborating agencies.

You are encouraged to limit answers to the space given on the form.

Please send **THREE COPIES** of the 4-page application form and the requested attachments. Use Only clips for the application-do not staple, bind, or use notebooks or folders.

**HAND DELIVER** application by 4:00 pm on **October 15, 2025** to the Clark County Judge Executive's office in Clark County Court House, Attn: Fiscal Court Fund Committee. Applications will be disqualified if not hand delivered by the date above-no other method will be accepted: no email, no fax, no US Mail. Must sign and date sign-in sheet in the Judge Executive's office as proof of delivery.

Date: \_\_\_\_\_

**CLARK COUNTY FISCAL COURT FUND GRANT APPLICATION**

**ORGANIZATION INFORMATION:**

Do you have a Good Giving profile? ☐ Yes ☐ No

Name and Address of Applicant Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year organization was incorporated: \_\_\_\_\_

EIN \_\_\_\_\_

Is the name at the left the same as it appears on the  
IRS Letter of Determination? ☐ Yes ☐ No

If not, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the organization had an audit or financial  
review in the past 2 years? ☐ Yes ☐ No

Organization Budget Total for Current Fiscal Year:

Chief Executive's Name and Title: \_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

Fiscal Year \_\_\_\_ to \_\_\_\_

Contact's Name and Title (if different): \_\_\_\_\_  
\_\_\_\_\_

Sources of Organization's Income:

Government: Federal \_\_\_\_ % State \_\_\_\_ %

County \_\_\_\_ % City \_\_\_\_ %

Telephone Number: \_\_\_\_\_

Geographic Area Served by Applicant

Memberships/Individual Contributions: \_\_\_\_ %

Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

United Way \_\_\_\_ % Fundraising \_\_\_\_ %

Corporate and/or Foundation Grants: \_\_\_\_ %

Fees \_\_\_\_ % Other \_\_\_\_ %

**PROPOSED PROJECT INFORMATION:**

Project Name: \_\_\_\_\_

Type: ☐ Capital/Construction  
☐ Capital/Renovation  
☐ Capital/Equipment  
☐ Program  
☐ General Support for Operations

Total Project Cost: \$ \_\_\_\_\_

Amount Requested  
from this Funder: \$ \_\_\_\_\_

% Amount Requested for  
Administration/Overhead \_\_\_\_\_

Geographic Area to be Served:

List other potential and actual sources of support  
for this project: (\* those committed and note any  
matching fund requirements):

Amt.Jnt

Source

Population & Number to be Served:

Grant Period:

From: \_\_\_\_\_ to \_\_\_\_\_

Has the organization received Fiscal Court funds previously? ☐ No ☐ Yes Most recent year? \_\_\_\_\_

Organization name \_\_\_\_\_

YOU ARE ENCOURAGED TO LIMIT YOUR ANSWERS TO THE SPACE GIVEN (ONE SIDE ONLY)

**BACKGROUND OF APPLICANT ORGANIZATION:** Purpose, history of accomplishments, governance, qualifications for embarking on proposed project. (If this is a collaboration, describe the lead agency and its relation to others involved.)

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Organization name

YOU ARE ENCOURAGED TO LIMIT YOUR ANSWERS TO THE SPACE GIVEN (ONE SIDE ONLY)

PROJECT STATEMENT, PROJECT GOALS, & OBJECTIVES, METHODOLOGY, IMPACT, and FUTURE FUNDING:

Statement describing community need. Note any similar projects currently operating in the community and how this one is different. What will be accomplished, how and by when? Describe use of volunteers, if any. Impact on participants and how will they be determined and measured? How will the project be funded in the future if it is to continue beyond the current funding period?



Organization Name \_\_\_\_\_

## ORGANIZATION YEAR END FINANCIAL STATEMENTS

	Current fiscal Year (20__)	Previous fiscal Year (20__)
<b>Revenue</b>		
Contributions	\$ _____	\$ -
Investment Income	\$ _____	\$ -
Fees	\$ _____	\$ -
United Way	\$ _____	\$ -
Grants	\$ _____	\$ -
Other Support	\$ _____	\$ -
<b>TOTAL REVENUE</b>	\$ _____	\$ -

<b>Expenses</b>		
Salaries & Benefits	\$ -	\$ -
Rent	\$ -	\$ -
Supplies	\$ -	\$ -
Travel	\$ -	\$ -
Utilities	\$ -	\$ -
Telephone	\$ -	\$ -
Printing, Postage, PR	\$ -	\$ -
Other	\$ -	\$ -
<b>TOTAL EXPENSES</b>	\$ -	\$ -

## PROJECT BUDGET SUMMARY

Budget Category:

For Grant Request:

For Total Project Budget:

1. Personnel \$ \_\_\_\_\_ \$ \_\_\_\_\_ a Fringe Benefits \$ \_\_\_\_\_

b Consultants \$ \_\_\_\_\_ \$ \_\_\_\_\_

2. Equipment \$ \_\_\_\_\_ \$ \_\_\_\_\_

3. Travel \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Rent & Utilities \$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Postage & Phone \$ \_\_\_\_\_ \$ \_\_\_\_\_

6 Printing \$ \_\_\_\_\_ \$ \_\_\_\_\_

7. Supplies \$ \_\_\_\_\_ \$ \_\_\_\_\_

8 Other Expenses (explain) \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_ \$ \_\_\_\_\_

(If appropriate, describe in more detail the major cost items of your project budget)

## **Grant Report**

Submit your completed report to the Clark County Fiscal Court Fund

**on or before October 15, 2025**

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Grantee:

Amount Awarded 2024:

Amount Spent:

Telephone:

Email:

Grant Purpose:

Authorized Personnel Name and Title (Printed)

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Authorized Personnel's Signature

Date

Provide detailed line item expense report to date. If any grant dollars will not be spent by December 31, 2025 provide the amount and a brief explanation. All unspent money should be returned to the Clark County Fiscal Court Fund at the end of the grant period.

Note: Any changes to budget items must first be approved by the Clark County Fiscal Court