Carson City, A Consolidated Municipality

Application for

Community Support Services Funding

Fiscal Year 2010-2011

Name of Organization: **Capital City Circles Initiative**

Amount Requested: $**6,075.00**

Contact Person: **Dina Phippen**

Mailing Address: **900 East Long Street**

City: **Carson City** State: **Nevada** Zip Code: **89706**

Phone Number: **775-887-2190 x30528** E-mail: **DPhippen@ci.carson-city.nv.us**

501(c)3 Taxpayer I.D. Number: **94-3328209**

Date Submitted: **February 25, 2010**

Please mail completed application and attachments to:
Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services
APPLICATION FOR GRANT FUNDS
Fiscal Year 2010-2011

Organization Information

1. What is the overall purpose or goal of your organization? **The Capital City Circles Initiative (CCCI) is a cooperative community effort to elevate individuals and families living in Carson City, Nevada. We assist residents out of poverty by intentionally creating relationships across class lines, thus empowering them to chart their own course towards self-sufficiency.**

2. How long has your organization been in existence? **3** Years **6** Months

   How long has your organization been in Carson City? **3** Years **6** Months

3. Describe in general the activities or services of your organization:
   A) CCCI recruits motivated families and individuals from the community who desire to move out of poverty and into a life of self-sufficiency. The recruited participants attend in a 15 to 20 week workgroup called "Getting Ahead" whose curriculum is based on Dr. Ruby Payne's "Bridges out of Poverty." Through this workgroup, participants investigate and indentify barriers that have prevented them from living a financially secure life. Upon completion of this workgroup, in an effort to establish relationships across socio-economic lines, participants are then matched with community volunteers (Allies) who support and encourage them as they pursue their goals.
   B) "Getting Ahead" graduates (Circle Leaders) and newly recruited Allies, participate together in weekly community meetings. These meetings provide childcare and a meal for all participants. The focus of the community meetings is to provide content, workshops and guest speakers, with the goal of developing the organizational, social, financial, emotional and spiritual skills needed to emerge from generational and situational poverty. Meetings are a collaborative effort between government, faith-based organizations, educational institutions, local businesses and the community at large.
   C) Community building, self-sufficiency and reciprocity are the foundation of CCCI. The Capital City Circles Initiative is a unique community based project that promotes community through a practical strategy to grow and strengthen future generations to better serve its community. The Circle families are expected to practice reciprocity in the form of service to the community of Carson City. All participants in the inaugural class of "Getting Ahead" are currently practicing reciprocity in various forms.

4. How many people do you intend to serve during this Fiscal Year 2010-2011?

   # of Youth **25** # of Adults **25** # of Seniors **9**

5. How many people served this Fiscal Year 2010-2011 will be Carson City residents?

   # of Youth **25** # of Adults **25** # of Seniors **9**

6. How many paid employees/volunteers does your organization employ?

   # of full-time employees **1** # of part-time employees **1 part time and 79 volunteers**

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): **59%**

8. Describe how your organization is managed and governed (i.e., Board of Directors).
   A501(c)(3) Board of Directors oversees all fiscal management. A Guiding Coalition which is made up of Circle Leaders and community volunteers oversee the day to day operation of the Circles program. All decisions by the Guiding Coalition are decided by consensus of the group.

9. Please provide information on your Executive Board members or contact person:

Name	Title	Phone
Shelly Aldean	**President**	**775-885-8282**

Program/Proposal Information

10. Amount of funds requested? $ **6,075.00**

11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue. **Capital City Circles Initiative targets working poor individuals and families residing in Carson City, Nevada. CCCI fully expects to serve over 50 individuals this fiscal year. This grant will cover partial administrative costs. Staff consists of one Circles Coordinator and one Circles Coach. Both staff members have been trained in the National Circles program and Bridges out of Poverty. The program coordinator is a certified Bridges out of Poverty trainer. CCI staff also participate in monthly networking calls with other Circles Initiatives across the country that provide ongoing support and troubleshooting techniques. These funds will ensure that staff can continue to be available and provide the needed support to Circle Leaders, Allies, Guiding Coalition and Getting Ahead participants to ensure success.**

12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project): **Capital City Circles Initiative is ongoing. Each year CCCI anticipates recruiting and training two Getting Ahead groups consisting of 10 to 12 families per group. A hard working, motivated family takes an average of 18 to 24 months after being matched in a circle to become completely self-sufficient. CCCI participates in a national data collection process with Move the Mountain Training Center and the Wilder Research Institute. Quarterly reports track the progress and outcomes of our participants in relation to CSBG funding. These outcomes confirm the successes of the families in the areas of financial growth, job and career advancement, education and improved family function. CCCI assists the City in fulfilling the following goals:**

A) A safe & secure community – As families are educated regarding financial stability and responsibility, families reduce their probability of participating in at risk behavior that is often associated with poverty, and could endanger the community.

B) A healthy community – Becoming financially secure and stable provides CCCI families with the ability to develop a positive mental outlook as well as access to preventative medical care, resulting in a better overall healthy lifestyle.

C) **An active and engaged community and a physically and socially connected community – Capital City Circles Initiative encourages and expects participants to break out of isolation, become empowered and contribute as active members of the community. Participants bring their unique knowledge to our community in relation to the challenges that individuals living in poverty face.**

D) **A community where information is available to all – The CCCI staff and volunteers act as brokers in securing resources and providing information to the community through trainings and presentations in order to increase their understanding of poverty issues that exist in the community.**

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.
CCCI not only benefits its participants, but the entire community of Carson City. The goal is to permanently break the cycle of generational poverty and to ensure that the next generation lives a life of self-sufficiency. As the necessary resources and support are provided to Circle Families, they become less and less dependent on social services and other assistance programs, thus alleviating the burden of support from all citizens and government agencies. The program is ongoing. CCCI will continue to apply for government and foundation grants as well as seeking financial contributions from local charities, service groups and individuals in the community. CCCI will continue to identify, evaluate and pursue all other funding opportunities as they become available.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs? **CCCI collaborates with other local agencies to provide outreach services to the families currently living in poverty. However, this program is unique as it is designed to take individuals *out* of poverty as opposed to assisting them in how to survive *in* poverty.**

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues. **Please see attached budget.**

16. Has your organization been funded by Carson City previously? **X** Yes ☐ No
If yes, please list:

Year	Amount	Program/Event
2008-2009	**$6,750**	**Circles Initiative**
2009 -2010	**$7,500**	**Circles Initiative**

Required Attachments:

X A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.

X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.

X **Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**

X Signed Guidelines for Grants (please keep a copy for your files).

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Aug. 11, 2008 LTR 4168C 0
94-3328209 000000 00 000
00024821
BODC: TE

THE CAPITAL CITY CIRCLES INITIATIVE
HEALTHSMART
900 E LONG ST
CARSON CITY NV 89706-3129005

24716

Employer Identification Number: 94-3328209
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 25, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 2003, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott

Cindy Westcott
Manager, EO Determinations

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01/08 , 2008, and ending 06/30/09 , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
The Capital City Circles Initiative (formerly Healthsmart)

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
900 E Long St

City or town, state or country, and ZIP + 4
Carson City, NV 89706-3129

D Employer identification number
94 3328209

E Telephone number
( )

F Group Exemption Number ▶

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ capitalcitycircles.org

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ **36,519**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	36,519
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	36,519
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ **See Schedule 1**)	16	15,184
	17	**Total expenses.** Add lines 10 through 16 ▶	17	15,184
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,335
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,900
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	24,235

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the Instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	2,900	22	21,719
23	Land and buildings		23	
24	Other assets (describe ▶ computer)		24	2,516
25	**Total assets**	2,900	25	24,235
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	2,900	27	24,235

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **self-sufficienty program to help end poverty**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 **Self-sufficiency program to help end poverty**

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a **15,184**

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Shelly Aldean **504 W 5th St, Carson City, NV 89703**	**President**	**0.00**		
Robert L Crowell **510 W Fourth St, Carson City, NV 89703**	**Secretary**	**0.00**		
Linda Ritter **201 N Carson St, Carson City, NV 89701**	**Treasurer**	**0.00**		

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ _____

42a The books are in care of ▶ Lori Haney Telephone no. ▶ (775) 885-1230

Located at ▶ 900 E Long, Carson City, NV ZIP + 4 ▶ 89701

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?		✓
b	If "Yes," was the related organization(s) a section 527 organization?		✓

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ _____ Date

Signature of officer

▶ Shelly Aldean, President

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no. ▶ ( )	

May the IRS discuss this return with the preparer shown above? See Instructions . . . . . ▶ ☑ Yes ☐ No

Carson City, A Consolidated Municipality

Annual Report

For Community Support Services Funding

Fiscal Year 2009-2010

Name of Organization: **Capital City Circles Initiative**

Program/Project: **Circles of Support**

Amount of Funds Received $ **7,500.00**

Contact Person: **Dina Phippen**

Mailing Address: **900 East Long Street**

City: **Carson City** State: **NV** Zip Code: **89706**

Phone Number: **775-887-2190 x30528** E-mail: **DPhippen@ci.carson-city.nv.us**

Date Submitted: **2/25/2010**

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses. **(Please see attached budget and income & expenses) CCCI is mid-way through 2009 fiscal year and we are currently in the process of utilizing the remainder of the funds to accomplish our goals.**

2. Evaluate your achievement of your program/proposal objectives listed in your application:
   The 2009 Community Support Service Grant enabled us to successfully:
   A) Graduate our first class of "Getting Ahead" and match our graduates in their own Circle of Support consisting of one family and three to four Allies in the community.
   B) Provide quality childcare and provide needed supplies for the children of the "Getting Ahead" participants.
   C) Continue to employ one full time Circles Coordinator to facilitate, organize and oversee all meetings, trainings and events.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits? **Forty individuals, all Carson City residents have benefitted from Capital City Circles Initiative. Three of our single mothers graduated from trade school and have found full time work. Two of our families have moved into permanent, safe housing. One of the single mothers in the initiative received a significant promotion and pay increase. All of the participants have expressed a desire to continue their education.**

4. What specific community benefit did your project provide Carson City?
The CCCI project has supported and enabled its participants to become more self-sufficient and less dependent on governmental assistance. All the participants are serving their community in one way or another.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future? **The program is reoccurring. CCCI will continue to apply for government and foundation grants as well as seeking financial contributions from local charities, service groups and individuals in the community. CCCI will continue to identify, evaluate and pursue all other funding opportunities as they become available.**

6. Describe any challenges that impacted your program. **The greatest challenge that impacted CCCI and its participants has been the current economic situation and the reduction in local employment opportunities. Many of our participants, in spite of being motivated, hard working individuals, have been forced to accept multiple part time employment without employee benefits.**

Capital City Circles Initiative
Balance Sheet
As of December 31, 2009

	Dec 31, 09
ASSETS	
Current Assets	
Checking/Savings	
City National Bank	53,838.72
City of Carson	46,444.98
Total Checking/Savings	100,283.70
Accounts Receivable	
Carson City Fund from 501c3	1,121.78
Revolving Loan Fund Receivable	2,849.92
Total Accounts Receivable	3,971.70
Total Current Assets	104,255.40
Fixed Assets	
Computer & Software	
Accumulated Depreciation	-180.00
Computer & Software - Other	2,695.73
Total Computer & Software	2,515.73
Total Fixed Assets	2,515.73
TOTAL ASSETS	**106,771.13**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
501c3 to Carson City	1,121.78
Total Other Current Liabilities	1,121.78
Total Current Liabilities	1,121.78
Total Liabilities	1,121.78
Equity	
Retained Earnings	28,032.20
Net Income	77,617.15
Total Equity	105,649.35
TOTAL LIABILITIES & EQUITY	**106,771.13**

Capital City Circles Initiative
Profit & Loss
July through December 2009

		Jul - Dec 09
Ordinary Income/Expense		
Income		
Carson City Fund		60,000.00
Donations		
Restricted		
CC Community Support Services	7,500.00	
CCOY	5,000.00	
Sierra Place	532.00	
St Teresa	15,000.00	
Total Restricted		28,032.00
Unrestricted		16,784.18
Total Donations		44,816.18
Total Income		104,816.18
Expense		
Meals and Entertainment		452.17
Meetings		15.50
Miscellaneous		0.00
Move the Mountain Contract		3,300.00
Office Supplies		514.00
Payroll Expenses		19,933.24
Postage and Delivery		127.76
Restricted Expenses		
Childcare-CCCSS	20.00	
Childcare Supplies-CCCSS	91.10	
Printing CCCSS	150.00	
Training Materials-CCCSS	408.34	
Total Restricted Expenses		669.44
Stipends		75.00
Supplies		
Marketing	27.10	
Supplies - Other	543.73	
Total Supplies		570.83
Telephone		486.39
Training		596.01
Travel		458.90
Total Expense		27,199.24
Net Ordinary Income		77,616.94
Other Income/Expense		
Other Income		
Other Income		0.21
Total Other Income		0.21
Net Other Income		0.21
Net Income		**77,617.15**

Capital City Circles Initiative
Budget FYE 06/30/2010

Income		
Foundation Grants		
Foundation - Restricted	$	27,500
Foundation - Unrestricted	$	20,000
Corporate Grants		
Government	$	60,000
Rent (in kind)	$	7,200
Individual Gifts		
Individual - Restricted	$	500
Individual - Unrestricted	$	3,700
Special Event Income		
Fund Raiser	$	-
Total Income	**$**	**118,900**
Expenses		
Facility Expense		
Rent (in kind)	$	7,200
General & Administration		
Audit	$	5,000
Child care	$	700
Marketing	$	750
Meals	$	4,600
Miscellaneous	$	-
Move the Mountain Contract	$	6,300
Office Supplies	$	1,000
Payroll - Cordinator	$	45,000
Payroll - Coach	$	30,000
Payroll - Childcare	$	1,800
Postage and Delivery	$	320
Stipends	$	7,200
Supplies	$	600
Telephone	$	1,560
Training		
Program Training	$	1,170
Program Staff Training	$	1,400
Travel	$	4,300
Total Expenses	**$**	**118,900**
Net Income	**$**	**-**

Carson City, A Consolidated Municipality

Guidelines for Grants

Fiscal Year 2010-2011

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community
A Healthy Community
An Active and Engaged Community
A Clean and Healthy Environment
A Vibrant, Diverse and Sustainable Economy
A Community Rich in History, Culture and the Arts
A Community Dedicated to Excellence in Education
A Physically and Socially Connected Community
A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.

9 Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.

10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on February 25, 2010.** An electronic pdf version may also be emailed to cceo@ci.carson-city.nv.us.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

Capital City Circles Initiative
Name of Program

Nina Phippen
Project Director Signature

2-25-10
Date

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