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**CARSON CITY
EXECUTIVE OFFICES**

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding
Fiscal Year 2011-2012

Name of Organization: Capital City Circles Initiative

Amount Requested: \$10,000

Contact Person: Brenda Silis

Mailing Address: 800 East College Parkway Suite 105

City: Carson City State: NV Zip Code: 89706

Phone Number: 315-9469 E-mail: capitalcitycircles@gmail.com

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

Date Submitted: _____

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 2011-2012

Organization Information

1. What is the overall purpose or goal of your organization?

The Capital City Circles Initiative is a cooperative community effort to elevate people out of poverty by intentionally creating relationships across class lines, and empowering people in poverty to chart their own course toward self-sufficiency.

2. How long has your organization been in existence? 4 Years 6 Months

How long has your organization been in Carson City? 4 Years 6 Months

3. Describe in general the activities or services of your organization:

Circles recruits motivated families from the Carson City community who desire to move out of poverty and into a life of self-sufficiency. Recruited participants attend an intensive 15-to-20-week "Getting Ahead" workgroup with a curriculum based on Ruby Payne's "Bridges Out of Poverty." In the workgroup, participants identify and investigate behaviors that have prevented them from leading a financially secure life. On completing the workgroup, participants are matched with community volunteers - "allies." The deliberate friendships that Circles fosters between program participants and allies is a key component of the program, as these friendships across socioeconomic lines provide participants with invaluable support and encouragement as they meet their goals.

Another key component of Circles is continued participation by "Getting Ahead" graduates - now called "Circle Leaders" - and newly recruited allies in weekly community meetings. The focus of the meetings is to provide content, guest speakers, opportunities for service, communication and leadership - all with the goal of supporting the Circles leaders as they develop the social, organizational, spiritual, and financial skills to emerge from generational and situational poverty. These meetings are a collaborative effort between government, faith-based organizations, local businesses, educational institutions, and the community at large. These meetings are held in local churches, with community volunteers providing meals and child care. Programs in the last year have included, for example, a "bankers meeting" in which local bankers were invited to talk with participants about how to overcome perceived barriers to banking relationships with people emerging from poverty. A similar "dentists meeting" is planned for this year.

Community building, family self-sufficiency and reciprocity are the foundation of Circles. All Circles leaders currently involved in the program are practising some sort of reciprocity. This practical strategy not only stretches the program's resources as far as possible - as participants gradually take on volunteer duties including leadership roles - it offers the younger generation in participating families a model of community-oriented, proactive behavior.

4. How many people do you intend to serve during this Fiscal Year 2011-2012?

of Youth 23 # of Adults 15 # of Seniors 0

5. How many people served this Fiscal Year 2011-2012 will be Carson City residents?

of Youth 23 # of Adults 15 # of Seniors 0

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

of full-time employees 1 # of part-time employees 76 volunteers (includes childcare, meal preparation, Allies, board members and more)

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 100% - but this statistic is somewhat misleading. While we intend to use all of this funding - if it is received - toward paying the salary of our program coordinator, her position is as much program delivery as it is administrative. She interviews and selects program participants; organizes and leads all "Getting Ahead" sessions; organizes all ongoing communication with program participants. Other administrative duties - budgeting, newsletters, website management, grantwriting - are done by volunteers.

8. Describe how your organization is managed and governed (i.e., Board of Directors).

It is a fundamental value of the Capital City Circles Initiative that the Circle Leaders themselves take primary responsibility for their journey out of poverty, with the entire community – from volunteer allies to paid staff to board members and the many other volunteers taking part in the program – drawing around them in circles of encouragement and support. Circles leaders are encouraged to assume leadership roles both within the program and in the larger community as they become more economically stable, thus giving back to the community and completing a circle of reciprocity. The management structure that has evolved to carry out this work consists of a board of directors tasked with raising funding and support for the program, a Guiding Coalition consisting of Circle Leaders and Allies that directs the evolution of the program, and one paid staff – a full-time Program Coordinator.

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

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Shelly Aldean	President	885-8282
Anne Macquarie	Vice President	882-4898
Mary Pierczynski	Secretary	883-6876
Linda Ritter	Treasurer	884-4250
Brenda Silis	Circles Coordinator	315-9496

Program/Proposal Information

10. Amount of funds requested? \$ **10,000**
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.

Circles targets the working poor population of Carson City. We expect to serve 38 individuals this year. This grant will cover a portion of the salary of our single paid staff, the Circles Coordinator. This will be our fourth year offering the Circles program. We have transitioned this year to a fully independent operation, leaving the "umbrella" of Carson City Health and Human Services, and moving into space donated by a local business. We also have a new program coordinator, who has settled well into the program under continued mentoring from the former program coordinator, who continues to serve in a volunteer capacity. Both volunteer and paid staff have been trained in Bridges Out of Poverty. We continue to maintain and/or develop working relationships with Carson City's other organizations serving people living in poverty, including the Ron Wood Center, FISH, and Carson City Health and Human Services. The leadership of all these longstanding community organizations have told us that they view Circles – with its emphasis on skills building, relationships, and self-reliance - as a critical and effective component of Carson City's efforts to alleviate poverty in our city. We continue to receive referrals from these organizations.

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):

Carson City Goals met by Circles:

A Safe and Secure Community:

Working families who are an active part of their community do not commit crimes and threaten the security of their neighbors. By engaging families living in poverty in a self-help network of communication, education, and friendship, Circles is taking individuals who were formerly isolated and helping them to become leaders of their families and their community. These newly fledged leaders then become role models for friends and family.

A Healthy Community:

Working families are better able to provide good nutrition and adequate healthcare to their children. In addition to this, current Circles families are actively engaged in two initiatives that will, when successful, improve the overall health of the community. In one initiative, they have started discussions with local dentists regarding the establishment of a low cost dental clinic for families living in poverty. In another, in an effort to help the Circles program become self-supporting, they have begun to explore the idea of opening a food co op staffed and run by Circles participants, to bring healthy, affordable food not

only to Circles families but to the community at large. These initiatives are both quite ambitious, and success is undoubtedly a ways off. Nevertheless, both these ambitious projects show that healthy living is an integral part of Circles' goals.

An active and engaged community and a physically and socially connected community:

Connection and engagement is what Circles is about. Circles leaders and Allies foster and maintain active friendships: these friendships, we have found, continue to grow, drawing more friends of friends into the circle of support. Circle leaders and Allies continually reach out to the community, presenting to service clubs, churches, and business groups regularly.

A community where information is available to all:

Circles staff and volunteers act as brokers of information, through trainings and presentations bringing to the community at large information on poverty issues in the community.

Measurable Outcomes:

The goal of Circles is for all participating families to achieve economic self-sufficiency.

This process generally takes eighteen months to two years after the family completes the Getting Ahead training, and there are many milestones, small and large, along the way.

We currently use a "Results Oriented Management and Accountability (ROMA) Report" form to measure our program outcomes and track these milestones. This form is designed to track outcomes for community services and it is required by HUD's Community Services Block Grant program. While Circles currently does not receive Block Grant funding, we continue to use the form. The attached Annual Report shows statistics about Circles outcomes for the previous grant year. For this grant year, we will continue to track outcomes in this way and will report them to the City in a 2011-12 Annual Report.

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.

Who will benefit from funds:

The Circles program benefits not only the families involved, but the entire community. The goal of the program is to permanently break the cycle of poverty and ensure self-sufficiency through the next generation. As the necessary resources and support are provided to Circles families, they become less dependent on social services and other assistance programs, thus alleviating the burden of support.

How program will be funded in future years:

Circles relies upon public and private grant funding, and donations from individuals for support. Last year we completed a five-year strategic plan that made the development of recurring, dependable funding a principal goal. Objectives under this goal include working with our board of directors to identify and develop major private donors; exploring the possibility of a profit-making business; and transitioning from volunteer grantwriting and grant administration to professional development staff.

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?

Carson City's Department of Health and Human Services and nonprofit agencies such as FISH, Advocates to End Domestic Violence, and the Ron Wood Family Resource Center provide a spectrum of services to families living in poverty. The place of Circles in this spectrum is to be the program that allows families to permanently end reliance on public support. It is not for everyone - families must be ready to put in the intense effort it takes to change old habits of dependency. Professionals at Carson City's social services organizations have recognized how Circles helps families move on from poverty. Circles is seen as complementing, rather than competing with these agencies, and families are referred to Circles by these agencies.

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

ATTACHED

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

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
2010	\$6,075	Program support
2009	\$7,500	Program support

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 2010-2011 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).

Carson City, A Consolidated Municipality

**Annual Report
For Community Support Services Funding
Fiscal Year 2010-2011**

Name of Organization: **Capital City Circles Initiative**
Program / Project: **same**
Amount of funds received: **\$6,075.00**
Contact Person: **Brenda Silis, Circles Coordinator**
Mailing Address: **808 East College Parkway, Suite 105
Carson City, NV 89706**
Phone Number: **(775) 315-9469** email: capitalcitycircles@gmail.com
Date submitted: **February 22, 2011**

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 income and expenses.

See Attached

2. Evaluate your achievement of measurable outcomes listed in your application.

During the first half of this fiscal year, the Circles program assisted a total of 13 adults and 26 children. The assistance provided was in the form of continued support from our Volunteer Allies with families that had graduated the Getting Ahead coursework, and new families just starting the Getting Ahead classes. Of these participants:

- a. 4 adults supporting 11 children graduated from the 2010 Getting Ahead class.**
- b. 8 adults supporting 8 children and currently signed up to start the 2011 Getting Ahead class.**
- c. 10 adults who were previously unemployed now hold jobs.**
- d. 3 adults obtained pre-employment skills/competencies required for employment and received training program certificate or diploma.**

- e. 2 adults completed post-secondary education program and obtained certificate or diploma.
- f. 9 adults enrolled children in before or after school programs, in order to acquire or maintain employment
- g. 7 adults obtained access to reliable transportation and/or driver's license in order to acquire or maintain employment.
- h. 5 adults obtained health care services for themselves or a family member in support of employment stability.
- i. 6 adults obtained safe and affordable housing in support of employment stability.
- j. 21 infants and children obtained age appropriate immunizations, medical, and dental care.
- k. 4 children participated in pre-school activities to develop school readiness skills.
- l. 13 parents/other adults who learned and exhibited improved parenting skills.
- m. 13 parents/other adults who learned and exhibited improved family functioning skills.

3. Approximately how many people benefited from your project? How many of those were Carson City residents? What were some of the individual benefits?

A total of 13 Adults and 26 kids were assisted during the first half of this fiscal year.

All of them were Carson City residents.

The list of benefits can be found in Section 2 above.

Additionally, community members have become actively involved in the program as Allies to the families. Since program inception, a total of 25 community members have stepped forward to support and encourage Getting Ahead Graduates (Circle Leaders) to pursue their goals. Weekly meetings are held with the Leaders and their Allies where workshops and guest speakers are presented with the goal of developing the organizational, social, financial, emotional and spiritual skills needed to emerge from generational and situational poverty.

4. What specific community benefit did your project provide Carson City?

By permanently breaking the cycle of poverty and ensuring that the next generation lives a life of self sufficiency, the dependence on social services and other assistance programs are alleviated and the burden of support from

all citizens are reduced. It has been conservatively estimated that the cost of poverty exceed \$33,800 for each family annually. This number represents the annual value of the services provided by government agencies as follows:

TANF	\$6,400
Food stamps	\$5,300
Medicaid	\$8,100
Section 8 Rental Subsidy	\$7,700
Child Care Subsidy	\$6,300

5. Will this program / project be recurring? How do you anticipate funding the project in the future?

The "Circles Program" is envisioned to continue next year and well into the future. A hard working, motivated family takes an average of 18 to 24 months after being matched in a Circle to become completely self-sufficient. Thus, the Capital City Circles Initiative is an on-going program marked by the success of the families that have gone through the program.

Many families remain involved, even after completing the program. Circle families are expected to practice reciprocity in the form of service to the community of Carson City. From this expectation of reciprocity and the success of recruiting Allies to become involved and supportive of the program, Capital City Circles Initiative has built a valuable volunteer base.

In terms of raising funds, Capital City Circles Initiative is currently in contact with numerous organizations whose mission it is to help families and. Local organizations currently supporting "Circles" include Carson City Rotary, many of our faith based organizations including St. Peters Episcopal Church, St. Theresa's Catholic Church, First Presbyterian Church, Dharma Zephyr Sangha and others. And numerous individuals have contributed financially to Capital City Circles. Larger organizations such as the Keiser Foundation have also provided support. Many individuals provide annual support as well.

Our fund raising efforts shall continue. As we are able to enhance our revenue stream, additional families will be able to enter the program and move out of poverty.

6. Describe any challenges that impacted your program?

Our program continues to be challenged by the economic recession and high unemployment in northern Nevada. It is not easy for our graduates to get jobs – and those they do obtain are often temporary, not well paid, and with no benefits. Nonetheless, we believe strongly that the Circles program offers participants invaluable personal resources to deal with difficult economic times and eventually succeed.

ATTACHMENTS

NOTE ON ATTACHMENT:

We have included our IRS form 990 from **2008**. We are currently completing an audit, so have filed for an extension for submitting the 2009 Form 990 until the audit is completed.



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



14716

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
Manager, EO Determinations

**Capital City Circles Initiative
Annual Budget**

Revenues:	Unit			2010/2011 Annual Budget	2010/2011 July - Dec, 2010
St. Peters Church	\$ 7,500.00			\$ 7,500.00	\$ 7,500.00
St. Teresa Church	\$ 5,000.00			\$ 5,000.00	\$ 5,000.00
Partnership Carson City	\$ 11,666.00			\$ 11,666.00	\$ 11,666.00
Carson City Community Support Grant	\$ 6,075.00			\$ 6,075.00	\$ 6,075.00
In-kind Donations	\$ 9,944.00			\$ 9,944.00	\$ 1,209.50
Unrestricted Donations				\$ 9,210.00	\$ 9,210.00
Other Donations				\$ 1,130.00	\$ 1,130.00
Unidentified Donations				\$ 45,628.00	\$ -
		Total		\$ 96,153.00	\$ 41,790.50
Expenses:					
Personnel (Circles Coordinator)	\$ 2,009.46	x	26	\$ 52,245.96	\$ 21,816.00
Rent	\$ 762.00	x	12	\$ 9,144.00	\$ 762.00
Utilities	\$ 150.00	x	12	\$ 1,800.00	\$ 150.00
Telephone	\$ 60.00	x	12	\$ 720.00	\$ 468.00
Other Supplies	\$ 200.00	x	12	\$ 2,400.00	\$ 2,098.23
Getting Ahead Class Materials	\$ 13,850.00	x	2	\$ 27,700.00	\$ 2,000.40
Directors Insurance	\$ 800.00	x	1	\$ 800.00	\$ -
Liability Insurance	\$ 543.00	x	1	\$ 543.00	\$ 543.00
Publications / Printing	\$ 200.00	x	4	\$ 800.00	\$ 447.50
		Total		\$ 96,152.96	\$ 28,285.13

****Note:** Cash balances from prior years operations are not reflected in current revenues or expenses.

Form **990-EZ**

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.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 <input type="checkbox"/>		
	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 ▶ <u>See Schedule 1</u>)	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	21,719
23 Land and buildings		
24 Other assets (describe ▶ <u>computer</u>)		2,516
25 Total assets	2,900	24,235
26 Total liabilities (describe ▶ _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,900	24,235

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		✓
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		✓
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.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	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?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	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		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	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.		✓
41	41 List the states with which a copy of this return is filed. ▶		
42a	42a The books are in care of ▶ <u>Lori Haney</u> Telephone no. ▶ (<u>775</u>) <u>885-1230</u> Located at ▶ <u>900 E Long, Carson City, NV</u> ZIP + 4 ▶ <u>89701</u>		
42b	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.	Yes	No
42c	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: ▶		✓
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	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		✓

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 | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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 . . ▶		

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.

Sign Here

Signature of officer: Shelly Aldean, President Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	2,900	36,519	39,419
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Guidelines for Grants

Fiscal Year 2011-2012

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 23, 2011**. An electronic pdf version may also be e-mailed to cceo@carson.org.

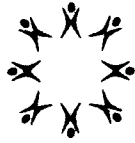
I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

CAPITAL CITY CIRCLES INITIATIVE
Name of Program

Bill
Project Director Signature

02/23/2011
Date

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
775-887-2286 (fax)
cceo@carson.org
www.carson.org



The Capital City Circles Initiative

"Working Together to End Poverty in Carson City."

February 23, 2011

Larry Werner
Carson City City Manager
Carson City Board Of Supervisors
201 North Carson Street, Suite 2
Carson City, NV 89701

Dear Mr. Werner and Carson City Supervisors:

Please find enclosed an original and nine copies of an application from the Capital City Circles Initiative for Community Support Services funding for FY 2011-2012. Please let me know if you need anything else. We look forward to the opportunity to tell you more about Circles in the March 17 Supervisors Meeting.

Sincerely,

Anne Macquarie
Vice President Board of Directors
Capital City Circles Initiative