

GRANT ANNOUNCEMENT

2016/2017

HISTORICAL GRANT

Application Deadline: OCTOBER 17, 2016 @ 4:00 P.M.

Submit Application to:

Commissioner Chris Rodgers
c/o: Catherine Hall
1819 Farnam Street
Suite LC 2
Omaha, NE 68183

Original application must be submitted with 4 additional complete copies (5 in total).

No faxed or e-mailed copies will be accepted.

No Exceptions.

<u>Contact:</u>	Brenda Council (402) 578-2037 brenda.council@yahoo.com	Councilman Ben Gray (402) 444-5524 ben.gray@cityofomaha.org	Commissioner Chris Rodgers (402) 444-7025 chris.rodgers@douglascounty-ne.gov
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Applications are available in electronic form. You may obtain an electronic copy of this grant application via the Douglas County website at <http://www.douglascounty-ne.gov> or the City of Omaha's website at <http://www.cityofomaha.org>

2016-2017 HISTORICAL GRANT APPLICATION

FUNDING CRITERIA

The Historical Grant Committee has received funding from the State of Nebraska **to showcase important historical aspects of specific areas within Omaha or to assist with the reduction of street and gang violence in such areas.** Per state statute, funding awarded by the Historical Grant Committee **must be allocated in the target area as defined by the attached map or within close geographical proximity to the target area as defined by the attached map if the project would have significant or demonstrable impact on the target area.**

The Historical Grant Committee (“Committee”) has developed additional principles to guide the review and award process:

- The Committee is open to new proposals of any amount, although the anticipated grant awards will not exceed \$10,000.
- An applicant’s activity or program must meet grant criteria as required in one of two categories: “historical” or “violence reduction;” however, preference will be accorded to grants demonstrating impactful historical activities or programs.
- The Committee prefers that applicants requesting funding for violence reduction purposes provide data to support a significant and demonstrable impact in reducing gang violence and crime.
- The Committee intends to limit the receipt of funds for violence reduction purposes to a maximum of three cycles for the same project/program. In order to receive funding for more than three grant cycles, the entity must provide overwhelming evidence of significant and demonstrable impact to the population served.
- When the Committee is presented with two programs similar in function or overall goal, preference will be given to the program with most financial need.
- Collaboration with other organizations serving the community is favorable to the Committee and the Committee may provide additional preference, depending on subject matter and substance, if collaboration is included in an applicant’s proposal. The Committee may also require collaboration as part of contingencies associated with a grant award. In such cases, confirmation of collaboration may be required by letter.

2016-2017 HISTORICAL GRANT APPLICATION

HISTORICAL GRANT GUIDELINES

1. Please type or legibly print this application using the forms provided.
2. Only one application may be submitted per entity *unless* the agency is acting as a fiscal agent for another organization.
3. Eligible applicants must be 501(c)(3) nonprofit organizations, or organizations partnering with a fiscal agent that is a 501(c)(3) nonprofit organization, as defined by Internal Revenue Code. Application must include a copy of a determination letter from the IRS affirming 501(c)(3) status. NO EXCEPTIONS. If this grant request is awarded to an organization partnering with a fiscal agent, the check will be distributed directly to your organization but made out to the fiscal agent. The fiscal agent accepts responsibility for the distribution of the funds as described in the grant application.
4. The proposed programming must serve the community in the specific areas defined by the attached map or projects may be close in geographical proximity to the target area as defined by the attached map if the project would have significant or demonstrable impact on the target area.
5. The Historical Grant Committee expressly reserves the right to reject any and/or all applications or to request more information from any and/or all applicants. Additional contact, correspondence, or site visits with the Historical Grant Committee, when necessary, will be conducted following preliminary review of proposals.
6. The grant application and other submitted documentation must be submitted with four additional copies (**five in total**).
7. Grant applicants must complete the attached Historical Grant Application, outlining use of the requested funds. Failure to complete the entire application may result in the rejection of your fund request.
8. All grant awards allocated **must be spent no later than November 29, 2017** (approx. 11 months after award determinations). Any monies that your organization has not encumbered by this deadline shall be returned to the Historical Grant Committee.
9. Those who receive Historical Grant funding will be expected to provide the Historical Grant Committee an *Interim Report*, no later than **June 28, 2017**, detailing the current progress of the funded program via a brief narrative report.

10. Those who receive Historical Grant funding will be expected to provide the Historical Grant Committee a *Final Report of the project*, along with a *detailed listing of expenditures* to The City of Omaha, c/o Chris Rodgers, 1819 Farnam Street, Suite LC 2, Omaha, NE 68183, no later than **November 29, 2017**, accompanied by either:
 - A) A copy of a professional external audit that covers the period of expenditures; or
 - B) Copies of receipts, cancelled checks, signed contracts, bank account website copies, and/or other documentation that substantiate the expenditures.
11. Failure to submit *Interim* and *Final Reports* and accompanying documentation may disqualify a recipient from future funding.
12. Submit the complete grant application to Commissioner Chris Rodgers, c/o: Catherine Hall, 1819 Farnam Street, Suite LC 2, Omaha, NE 68183. All grant requests must be submitted by **October 17, 2016 by 4:00 PM**. **NO EXCEPTIONS.**
13. The Historical Grant Committee will review all timely submitted applications and will announce the grant award(s) on or about **December 12, 2016**.

2016-2017 HISTORICAL GRANT APPLICATION

There are four main sections of the Historical Grant Application: Program Narrative, Financial Information, Evaluation, and Board Information. Please carefully read the explanations of what should be included in these sections of your application.

Program Narrative (Page 2) – *two page limit, 12 pt font*

Organizational Introduction: Brief description and background information including mission statement.

Amount: Amount requested.

Purpose: Purpose of the request.

Project Summary & Objectives: Present a concise summary of the project and its most important benefit. State specific, measurable project objectives.

Sustainability: Describe how your organization will sustain this program once grant funds have been spent.

Financial Information (Pages 3-6)

Budget Summary (Part A): This is an overview of the budget for your program and your organization.

Organizational Budget (Part B): Current financial information for your organization.

Proposed Program Budget (Part C): List sources and amounts of all income including this request and the status of each request (confirmed or pending); list expenses related to the program including justification sheet.

Project Budget Justification Sheet (Part D): Describe each expense, providing a detailed explanation of each line item.

The figures throughout this section must be consistent or accompanied by a sound rationale explaining any discrepancies.

Evaluation (Page 7) – *one page limit, 12 pt font*

Evaluation of the Program: Discuss how you will know if this program is successful. How will you measure this?

Board Members (Page 8) – *two page limit, 12 pt font*

List of all current board members, the role they serve, and professional affiliations.

2016-2017 HISTORICAL GRANT APPLICATION

Application Checklist:

- ✓ Cover Page
- ✓ Program Narrative, with the headings provided; not to exceed two pages.
- ✓ Financial Information, including the budget summary, organizational summary, program budget, and project budget justification sheet. Numbers throughout this section must be consistent.
- ✓ Evaluation; not to exceed one page.
- ✓ List of current board members including the role they serve and professional affiliations; not to exceed two pages.
- ✓ Complete the attached W-9 Form. (Please note: award checks are made out to name and address on W-9.)
- ✓ IRS 501(c) (3) determination letter

Historical Grant Committee – Grant Application

Cover Page

Application Date: _____

Federal Tax ID Number: _____

Please type the following information.

Organization Name

Contact Person

Email Address

Telephone Number

Mailing Address

City

Zip

County

Executive Director or CEO

Website

Fiscal Agent Name

Fiscal Contact Person & Title

Mailing Address

City

Zip

Telephone Number

Name of proposed program:

Please give a brief summary of your request:

Dollar Amount Requested: _____

Total Program Cost: _____

Historical Grant Committee – Grant Application

Program Narrative
Please use the headings below.
(Please limit to two pages)

Organizational Introduction:

Amount:

Purpose:

Project Summary & Objectives:

Sustainability:

Historical Grant Committee – Grant Application

Financial Information

Budget Summary - Part A

Program Budget Summary for this Proposal

(Must match figures in Part C, Proposed Program Budget)

1.	Applicant's contribution from operating funds, if any	\$
2.	Amount of this request	\$
3.	Amount of other pending requests, if any (list them here)	\$
4.	Amount of other confirmed requests, if any (list here)	\$
5.	Amount of in-kind contributions	\$
6.	Total Income (1+2+3+4+5=6)	\$
7.	Total Expense	\$
8.	Balance (6-7=8)	\$

Total Income & Expense Summaries for the Organization

	Actual Income & Expenditures <i>(From tax returns or audits)</i>	Budgeted <i>(Must match figures in Part B, Org. Budget)</i>	Budgeted <i>(If available)</i>
	Last fiscal year ending	Current fiscal year ending	Next fiscal year ending
Income	\$	\$	\$
Expense	\$	\$	\$
Net	\$	\$	\$

Historical Grant Committee – Grant Application

Organizational Budget - Part B

(Current Year)

INCOME

Source	Amount
Government grants & contracts (local, state, federal)	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events & products	\$
Membership & fee income	\$
Investment Income	\$
Other <i>(please specify)</i>	\$
Total Income	\$

EXPENSES

Item	Amount
Salaries & Wages	\$
Insurance, benefits & related taxes	\$
Consultants & Professional Fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing & Copying	\$
Telephone	\$
Postage	\$
Rent & Utilities	\$
Depreciation	\$
Other <i>(please specify)</i>	\$
Total Expenses	\$

Net <i>(income less expenses)</i>	\$
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Historical Grant Committee – Grant Application

Proposed Program Budget Sheet - Part C (For Requested Funds)

A. Salaries		In-Kind	
Total Salaries	\$	Total	\$
B. Benefits		In-Kind	
Total Benefits	\$	Total	\$
C. Contracted Services		In-Kind	
Total Contracted Services	\$	Total	\$
D. Supplies		In-Kind	
Total Supplies	\$	Total	\$
E. Travel		In-Kind	
Total Travel	\$	Total	\$
F. Other		In-Kind	
Total Other	\$	Total	\$
G. Indirect Costs		In-Kind	
Total Indirect Costs	\$	Total	\$
Total Requested	\$	Total In-Kind	\$

Historical Grant Committee – Grant Application

Project Budget Justification Sheet - Part D

A. Salaries:

B. Benefits:

C. Contracted Services:

D. Supplies:

E. Travel:

F. Other:

G. Indirect Costs:

Historical Grant Committee – Grant Application

Evaluation
(Please limit to one page)

Evaluation:

Historical Grant Committee – Grant Application

Board Members

List of current board members, the role they serve and professional affiliations including employer and title.

(Please limit to two pages)



City of Omaha
Jean Stohert, Mayor

SUBSTITUTE W-9 FORM

Finance Department
Omaha/Douglas Civic Center
1819 Farnam Street, Suite 1004
Omaha, NE 68183-1004
(402) 444-5417
Telefax (402)546-1150

Stephen Curtiss
Finance Director

Allen Herink
City Comptroller

Federal regulations require us to obtain and report accurate Taxpayer Identification Numbers (TINs) on payees of certain types of payments mad by the City of Omaha. This information is reported each year to the Internal Revenue Service on Form 1099. Failure to receive and file accurate information can result in the withholding of 30% federal income tax from any future payments we would make to you, as well as other penalties. Please provide the information requested on the bottom of this letter and return it to us in the enclosed envelope within 30 days. The completed form may also be faxed to the attention of Bob Stungis at (402) 444-5026. If you have any questions on how to complete this form, please see attached instructions or contact Bob Stungis at (402) 444-3882. Since payments to corporations are currently exempt, please provide the information to assure such payments are reported. However, corporations providing medical and health care service as well as attorneys/law firms are reportable. This form must be completed and returned to verify that the information on file is correct. Your cooperation is very much appreciated. Thank you

Please complete this lower portion in full.

TAXPAYER IDENTIFICATION NUMBER: (Fill only one)

OR	Social Security No.
	Employer Identification No.

TYPE OF TAXPAYER: (Check one)

<input type="checkbox"/> Corporation
<input type="checkbox"/> Medical
<input type="checkbox"/> Attorney/Law Firm
<input type="checkbox"/> Other _____
<input type="checkbox"/> Partnership
<input type="checkbox"/> Individual
<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Exempt (Specify) _____

NAME & ADDRESS: (Please print or type)

Name:		
Business Name: <i>(as it matches to IRS records)</i>		
Address: <i>(Number, street, apartment or suite number)</i>		
City:	State:	Zip Code:

CERTIFICATION: Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number (of I am waiting for a number to
1. be issued to me) and
 2. I am not subject to back withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 3. I am a U.S. person (including a U.S. resident alien).

Signature:	Printed Name of Signee
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Specific Instructions

Name: If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor: Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited Liability Company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "name" line. Enter the LLC's name on the "Business name" line.

Other entities: Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line. If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Note: You are requested to check the appropriate box for your status (individuals/sole proprietor, corporation, etc.)

What Name and Number to Give the Requester

For This Type of Account:	Give Name and SSN of:
1. Individual	The Individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account.
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The Owner ²
For This Type of Account: Give Name and EIN of:	
6. Sole proprietorship or single-owner LLC	The Owner ²
7. A valid trust, estate, or pension trust	Legal Entity ³
8. Corporate or LLC electing corporate status on Form 8832	The Corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The Organization
10. Partnership or Multi-member LLC	The Partnership
11. A broker or registered nominee	The Broker or nominee

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² You must show your individual name, but you may also enter your business or "DBA" name. You may use either SSN or EIN (if you have one).

³ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title).

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2033; 28% after December 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non-employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II Instructions on page 4 for details), or You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

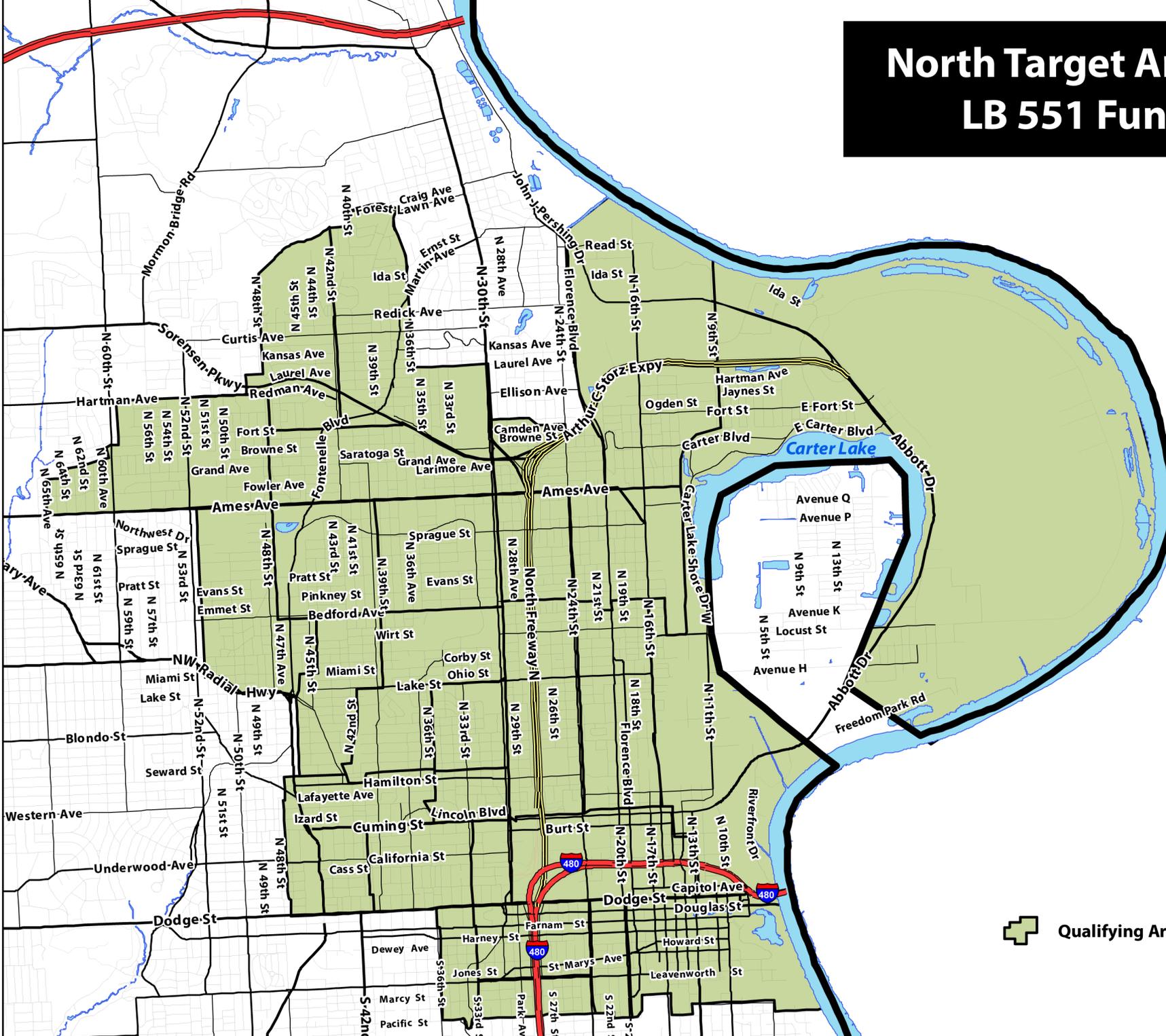
Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties. Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

NOTE: If you are exempt from backup withholding, you should still complete this form to avoid possible backup withholding.

Do Not Attach This Page To Application

North Target Area for LB 551 Funds



 Qualifying Areas

Douglas-Omaha GIS
October 1, 2008

Do Not Attach This Page to Application