

Keno Human Services Prevention Fund Guidelines

The PURPOSE of the Prevention Fund is to assist in funding programs designed to help prevent crisis situations through early intervention. Based on this purpose, and the recognition that there are limited dollars and many outstanding programs, the following guidelines are to be distributed with all grant applications.

1. Grantees are limited to private, nonprofit human service 501(c)3 agencies. Public sector agencies and individual Community Learning Centers are not eligible.
2. Grantees should be advised of the following funding preferences:

Additional Consideration will be given to proposals that:

- * Illustrate collaboration
- * Smaller programs making big change
- * Have a sustainability plan for the project
- * New or expanded programs that will demonstrate measurable impact

Proposals we generally will choose NOT to fund include:

- * Keynote speaker fees, travel, or Board expenses
- * Equipment to be used by agency staff
- * Any programs outside of Lancaster County
- * Requests towards building campaigns
- * Requests for large capital expenditures

3.
 - A) Total Keno request may not exceed more than 50% of your total project cost.
 - B) No more than 25% of your request may pay for administrative costs.
Administrative costs are personnel indirectly involved in your requested program.
4. The Advisory Committee will consider community priorities which may include: Problem Gambling Prevention, Family Violence, Behavioral Health, Early Childhood and Youth Development, Basic Needs/Self Sufficiency, and New Americans Programs.
5. Requests for proposals will be announced once a year; with fund balances known approximately 30 days in advance. Applications will be due in October of each year with funded proposals being announced in December.
6. Grant range is up to \$15,000 a year.

Keno dollars are intended to fund a wide array of prevention services. 5% of the annual gross KENO receipts are set aside for this purpose. A public committee makes the recommendations. If you or someone you know would like to serve on this committee, call 402-441-7511.

City-County
Keno Human Services Prevention Fund
Application

The purpose of the Prevention Fund is to help fund programs designed to help prevent crisis situations through early intervention.

Agency Name: _____

Address: _____

Telephone Number: _____ Date of 501(c)3 Approval _____

Program Name: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Total Program Cost: \$ _____ Request from Keno: \$ _____

Total Agency Budget for Fiscal Year: \$ _____

Is this a NEW or Continuing grant request? _____

This project targets which Community Priority Area:

- Problem Gambling
- Early Childhood & Youth Development
- Family Violence
- Behavioral Health
- Basic/Emergency Needs/ Self Sufficiency
- New Americans
- Other: _____

Responsible Party

Date

Please answer the following questions. Responses are limited to 600 characters.

1. Very concisely describe the program or activity, and expected time frame for the project.
2. What are the goals/objectives of this prevention project? How does this match those of the agency?
3. Who is your target population and why? How many people will be served by this project? How does this project address needs in the ethnic minority community?
4. Is there another agency or organization addressing this need? Is this a collaborative project and, if so, with whom?

5. What is your criterion for success and how do you propose to measure it?

6. How will you plan for sustainability of this project?

7. What is your staff turnover rate? Describe efforts you've taken to retain staff.

8. Please mark that you have the following (DO NOT SEND):

A. Current 501(c)3 status on file:	Yes	No
B. Completed 2018 audit or financial review on file:	Yes	No

Attachment A: Please attach a list of your current Board of Directors.

[EMAIL Application to: jryan@lancaster.ne.gov](mailto:jryan@lancaster.ne.gov)

For questions regarding this proposal call 402-441-4944

Budget Form

2019

Total Cost of Program: \$ _____ **Request from Keno Fund** \$ _____

(Total Keno request may not exceed more than 50% of your total project cost.)

Other Funding Sources at this time: (Indicate committed or pending)

Category	Other Funds	Keno Request	Total Cost
Personnel (Salary)*			
*List title & salary here:			
Administrative Costs			
Contractual Services			
Rent/Occupancy			
Telephone			
Insurance			
Printing/Postage			
Supplies			
Transportation			
Equipment			
Other - Specify			
Total Budget			

Budget Narrative

For each budget category (items A – K), please describe in detail all items requested in your budget. Your explanation should include how each item relates to the program being requested with this funding. Each section is limited to 1000 characters.

A. Personnel (If you're requesting more than a 5% increase in salary from last year, please explain. Include the hourly rate of each employee requested.)

B. Administrative Costs (No more than 25% of your request may pay for administrative costs. Administrative costs are personnel indirectly involved in your requested program.)

C. Contractual Services

D. Rent/Occupancy

E. Telephone

F. Insurance

G. Printing/Postage

H. Supplies

I. Transportation

J. Equipment

K. Other – Specify

Additional Questions for Applicants requesting continuation funding.

1. State your measurable objectives and where you are now as far as meeting the objectives. If you have not met the objectives, please explain why.

2. What do you hope to accomplish with Keno Prevention Fund dollars during the next 12 months?

3. What could Human Services do to assist you in your grant implementation?

4. What has been your greatest challenge in the implementation of this grant?

5. What was your best accomplishment or success with the use of these funds?