

## 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
<b>Personnel (Salary)*</b>			
*List title & salary here:			
<b>Administrative Costs</b>			
<b>Contractual Services</b>			
<b>Rent/Occupancy</b>			
<b>Telephone</b>			
<b>Insurance</b>			
<b>Printing/Postage</b>			
<b>Supplies</b>			
<b>Transportation</b>			
<b>Equipment</b>			
<b>Other - Specify</b>			
<b>Total Budget</b>			

**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





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?