

Keno Human Services Prevention Fund Guidelines

The PURPOSE of the Prevention Fund is to help fund programs designed for children and families 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. They are intended to assist agencies in recognizing their eligibility for the fund, and the types of requests preferred by the committee.

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. Proposals must emphasize collaboration between and among agencies for prevention programming. *Preference is given to projects with matching funds, with new partnerships, and with a county-wide focus.* No keno funds will be used to fund a program at 100%.
3. Keno funding can be used only for direct services programming and that program's administration. Your keno request for staff costs should not exceed 50% of the total project staff costs; and your total keno request cannot exceed 50% of the total project or program cost. Indirect costs are not eligible. (See example below.)

Category	Other Funds	Keno Request*	Total Cost
Personnel (Salary)	\$ 2,500.00	\$ 2,500.00	\$ 5,000.00
Contract Services	\$ 4,000.00	\$ 4,000.00	\$ 8,000.00
Rent/Occupancy	\$ 1,000.00		\$ 1,000.00
Telephone			
Insurance			
Printing/Postage	\$ 500.00	\$ 500.00	\$ 1,000.00
Supplies	\$ 250.00		\$ 250.00
Transportation	\$ 250.00	\$ 500.00	\$ 750.00
Equipment**			
Other - Specify			
Total Budget	\$ 8,500.00	\$ 7,500.00	\$ 16,000.00
	53%	47%	100%

4. The Salary line in the Keno Application. (Clarification). This amount may not exceed 50% of the total requested by you in the grant. So if your request is \$7,500, you may only request \$3,750 or less under the salary portion of the grant. If you request a \$5,000 grant, salary cannot exceed \$2,500.
5. The Advisory Committee will consider community priorities which may include: Family Violence, Behavioral Health, Youth Development, Basic Needs/Self Sufficiency.
6. Program awards will not exceed \$7,500 with the program eligible for funding only once a year. Continuation funding for an additional two years will be awarded only once a year for 50% and then 25% of the awarded funding. (For example, if you were funded \$7,500 in Round 24, you cannot apply for Year II Continuation Funding until at least Round 26 with the step down in the amount of \$3,750. Year III Continuation Funding can then be applied for in Round 28 in the amount of \$1,875.) **All Continuation Funding is based on AWARDED funds, not the original requested amount.** The committee also reserves the right to award less than the requested amount at any level of the step down process.
7. How often and when you may reapply. (New Policy). New programs from agencies are welcome every round. The second or third year of a continuation grant may not be applied for in the next consecutive round. I.E.: If you get funded in the December/January 2010 Round you are not eligible to come in for continuation funding of that grant in August/September, 2010. Should a round of Keno distribution not be held, this policy remains in place.
8. The Keno Prevention Fund is not intended to fund capitol expenditures or go towards building campaigns.
9. Requests for proposals will be announced with an approximately 30 day notice, as fund balances allow.
10. Incomplete Applications. (New Policy). Any application which is incomplete, i.e. it does not include all required information, will not be reviewed for funding.

Keno dollars are intended to fund a wide array of prevention services. Sixty-percent (60%) of the funds placed into the prevention fund are distributed, while forty-percent (40%) are held in reserve each year. Public announcements of position vacancies are made as terms expire and they become available.

City-County
Keno Human Services Prevention Fund
Request Form

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

Agency Name and Address

Date: _____

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

Title of Project: _____

Contact Person: _____ Title: _____

E-Mail Address: _____

Total Project Cost: \$_____ Request from Prevention Fund: \$_____

Total Agency Budget for Fiscal Year: \$_____

This project is...

- _____ First Time Funding
- _____ Second Time Continuation Funding
- _____ Third Time Final Funding

Signature Responsible Party

Date

The following questions can be formatted on your computer. PLEASE try to limit your responses to THREE pages excluding attachments A and B.

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? Define "the risk" you are attempting to address. How does this project address needs in the ethnic minority community?
4. How many people will be served by this project? Is there another agency or organization addressing this need? Is this a collaborative project and, if so, with whom?
5. How does this project relate to, or impact the priorities identified for Lincoln and Lancaster County?
6. What is your criterion for success and how do you purpose to measure it?
7. How do you plan to continue this project after this grant?

Attachment A: Attach a current budget for this project. **NEW:** Please include a Budget Narrative for each category, both for requested dollars and other dollars. Also indicate expenses anticipated, and committed revenues.

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

**PLEASE SUBMIT 10 STAPLED COPIES of this proposal
ALONG WITH THE ORIGINAL to
Kit Boesch, Human Services
County/City Building
555 South 10th Street, Suite 107
Lincoln, NE 68508**

No additional information will be accepted.

Agency: _____

Attachment A

Keno Human Services Prevention Fund Budget Form

Total Cost of Project: \$ _____ Request from Keno Fund \$ _____

Cost per Client: (Divide total cost by number of clients served) \$ _____

Other Funding Sources: (Indicate committed or pending)

Project Budget Detail

Category	Other Funds	Keno Request*	Total Cost
Personnel (Salary)***			
Contractual Services			
Rent/Occupancy			
Telephone			
Insurance			
Printing/Postage			
Supplies			
Transportation			
Equipment**			
Other - Specify _____			
Total Budget ^			

*Note: These dollars are not to exceed 50% of the total project or program cost.

** Any item over \$500.

*** Requests for staff costs cannot exceed 50% of the *total* staff cost.

^ Don't forget the budget narrative for each category!