

Keno Human Services Prevention Fund Guidelines

The PURPOSE of the Prevention Fund is to help fund 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. 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. 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 or travel 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) Your total Keno request may not exceed more than 50% of your total project costs.
B) No more than 25% of your request may pay for administrative costs.
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. Beginning in Round 38 (December 2013) requests for proposals will be announced once a year; with fund balances known approximately 30 days in advance. Applications will be due in December of each year with winning proposals being announced in January.
6. Grant range is up to \$10,000 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
Request Form

The purpose of the Prevention Fund is to help fund programs designed 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 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: _____

Signature Responsible Party

Date

The following questions can be formatted on your computer. PLEASE limit your responses to 250 words for each question.

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?

Attachment A: Attach a current 1 year budget for this project. 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
Sara Hoyle, 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 \$ _____

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

Project Budget Detail*

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

*Please include a 1 page Budget Explanation.

For questions regarding this proposal contact 402-441-4944

Keno Human Services Prevention Fund
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?