

NEVADA FOUNDATION
Nevada Human Services Fund

FY 2026 Grant Application Overview

Mission: In partnership with the City of Nevada this foundation supports the efforts of non-profits in addressing basic human needs in the City of Nevada, including **FOOD, CLOTHING, and SHELTER.**

Eligibility to Apply for Funding:

- ☐ Tax exempt, non-profit entities classified by the IRS as 501(c) (3) or a 170 (b) governmental entity
- ☐ If not 501(c) (3), NON-PROFIT organization must have a fiscal sponsor who will be legally & financially responsible
- ☐ One application per organization

Anticipated Funding Available: \$35,000

Application Deadline:

Due by 4:00 p.m. on July 3rd, 2025

We anticipate notification of awards no later than July 22, 2025.

Grant Application Contact Information:

Nevada Foundation - Brenda Dryer, Board Member

641.420.3556

brenda@amesalliance.com

Completed application (including all required attachments) emailed to:

brenda@amesalliance.com

Grant Application Instructions

Checklist/Instructions:

- ☐ Electronically Signed Grant Application Form / **NO MORE THAN 7 TOTAL PAGES** (12 pt. font / 1 inch margin) / PLEASE TYPE / start with "Grant Application Cover Page"
- ☐ Signed Fiscal Sponsorship Agreement – if NOT a 170 (b) or 501 (c) 3
- ☐ Attach 501(c) (3) and/or 170b IRS documentation / 1st page only

Definitions/Explanations

Fiscal Sponsor: is an organization that is receiving the money on behalf of the grant applicant and is responsible for disbursing the money for the project and maintaining appropriate documentation. This entity must be a 501(C)(3) or a 170 (b) unit of government to serve in this capacity. A fiscal sponsorship agreement must accompany the grant application if a fiscal sponsor is being used.

Organizations must be recognized by the Internal Revenue Service as tax-exempt, nonprofit, public charities under section 501(c)(3) or as a "unit of government" under Section 170(b) to receive grant funding. A 501(c)(3) is a section of the Federal Tax Code, which establishes the criteria for tax-exempt charitable organizations. Section 170(b) refers to agencies that conduct activities to benefit the public at large, like public schools, state universities, public libraries and volunteer fire departments.

NEVADA FOUNDATION – HUMAN SERVICES FUND
Grant Application Cover Page

Organization(s) conducting project:

Address:

Organization/Project Contact Person & Title:

Federal tax identification number of Applicant(s) or Fiscal Sponsor (EIN):

Project Title:

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Fiscal Sponsor – required if the applicant organization is not a 501(c)(3) or 170(b):

Fiscal Sponsor Address:

Fiscal Sponsor Contact Person & Title:

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Total Cost of Project:

Amount Requested:

Project Focus Area (check one):

☐ FOOD ☐ CLOTHING ☐ SHELTER

Brief Description of Organization:

Brief Description of Project:

Signature of Authorized Project Representative/TITLE

Date

Please ANSWER the following questions regarding your application proposal:

1. What basic need does this project address; **please be specific how this need is assisted by your proposed project?**
2. List one to three specific objectives associated with this project.
3. Which of Nevada's residents (demographically) are most likely to be supported by this project?
4. What are the anticipated benefits for Nevada residents, as a whole?
5. How will this project's expected outcomes be measured for effectiveness?
6. What local partnerships or collaborations with other Nevada-area organizations are reflected in this project?
7. Describe how volunteers will be engaged to support this project?
8. Has this organization received any public (city, county, state, federal) funds in the past 5 years? If so, please explain.
9. Which of this organization's programs and services already assist Nevada residents? How many Nevada residents have benefit in the past year?

Budget / Timeline / Organization Board of Directors

Detail other funding sources secured, applied for, and proposed. Specify the amount you are requesting from the Human Services Fund and timeline for initiatives.

BUDGET

Project Item	Funding needed for this item:	Nevada Foundation / Human Service Fund	Funding Source:	Funding Source:	Funding Source:

TOTAL BUDGET (all funding sources): _____ HUMAN SERVICES FUND REQUEST: _____

Should the Nevada Foundation Board of Directors need to reduce the amount of your funding request will this project proceed as planned?

What amount of the funding detailed above has been secured as of this application: _____

TIMELINE

Start Date	
Identify Key Milestone Dates	
Completion Date	

ORGANIZATION BOARD OF DIRECTORS

President/Chairman	
Vice President/Vice Chairperson	
Secretary	
Treasurer	
Other Board Members	

Fiscal Sponsorship Agreement

Date: _____

Fiscal Sponsor (Legal Applicant): _____

Fiscal Sponsor Contact Person and Email: _____

Fiscal Sponsor Full Mailing Address: _____

Sponsored Organization Submitting Application Proposal: _____

Project Name: _____

_____ (Legal Applicant/Fiscal Sponsor, hereafter referred to as **The Sponsor**) has agreed to serve as a fiscal/program sponsor for the _____ (Organization conducting proposal, hereafter referred to as the **Sponsored Org.**) as outlined in the attached application and supporting materials. The Board of Directors of **The Sponsor** has passed a resolution adopting the **Sponsored Org.'s** project as a program or proposal consistent with the **Sponsor's** purpose and mission. The **Sponsored Org.'s** financial activities will be accounted for as a program of **The Sponsor** for IRS auditing and financial reporting purposes.

Since the **Sponsored Org.** is not recognized by the IRS as a charitable tax-exempt entity, **The Sponsor** must exercise full control over the **Sponsored Org.'s** financial administration, management and disbursement of funds resulting from this grant application. **The Sponsor** has delegated _____ (name of person/s) as responsible for fulfilling of these accounting and reporting functions subject to the ultimate authority of the Board of Directors of **The Sponsor**. **The Sponsor** is responsible for ensuring completion of timely reports and submission of necessary financial statements to the address below. Failure to ensure timely reporting on behalf of the **Sponsored Org./Sponsor** will also result in a loss of good standing.

This agreement will be in effect from the date of a grant award to support the above-named proposal until the grant funds are expended and the final report has been submitted and accepted.

We agree to the terms stated above in this agreement:

Legal Applicant/ Fiscal Sponsor Representative Signature: _____

Printed Name: _____

Date: _____

Sponsored Organization Representative Signature: _____

Printed Name: _____

Date: _____

**Attach to this agreement the Fiscal Sponsor's 501(c)(3) Tax-Exempt Determination Letter or comparable proof of charitable exemption. (i.e. a letter from a City, confirming their status as a government entity.)*