

REQUEST FOR FUNDS PROPOSAL

Dear Applicant / Agency:

The Nevada National Guard Association, is a 501(c)(3) tax-exempt charitable organization committed to its purpose:

- a. Promote the efficiency, welfare, and strength of the Nevada National Guard in preparing for and executing missions prescribed by laws of the United States and the State of Nevada
- b. Promote the security of the United States of America in time of national emergency and the State of Nevada in times of state emergency or disaster.
- c. Promote legislation, both State and Federal, as shall aid the National Guard. However, this Association shall not permit its influence to be used to support or oppose any political issues or legislation not affecting the Nevada National Guard or to indorse or oppose any political candidate, party or group, not affecting the Nevada National Guard.

Please use this form to describe how you or your agency would use a program-specific grant from **The Nevada National Guard Association**. You may apply only for funds directed at a specific program, the goals of which must coincide with the mission statement of the Association. Requests must be received at least 60 days prior to the date the grant is required.

For those agencies that receive grants, we require a follow-up report accounting for the actual use of the grant. Future grants are contingent upon successful results from previous awards.

The Cover Sheet and Program Application Narrative:

After completing the cover sheet, please compose and attach a program narrative that addresses the following questions:

- Please describe the goals of the project for which you are requesting funds. State the kind of program or service to be provided and the impact of the program on the individuals or the community to be served.
- Please give a brief description of your organization's goals, history, and effectiveness. Be sure to describe all National Guard related programs or services that are part of your organization.
- Please describe the clients, constituents, or communities to be served by this project.
- Please describe how you will acknowledge **The Nevada National Guard Association** should you receive a grant.

Again, please note that the application deadline is 60 days prior to the date the grant is required. If you can adequately explain why your group is not able to properly plan 60 days out, we may consider a waiver, but it isn't likely. We look forward to receiving your completed application.

THE NEVADA NATIONAL GUARD ASSOCIATION

PROGRAM APPLICATION/COVER SHEET

Agency Name: _____

Contact Name: _____

Who do we make the check out to?: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

E-mail address: _____

Federal Tax ID# (if applicable) : _____

Year organization was founded: _____

Name of Executive Director: _____

Total Agency Budget: \$ _____

Event Budget: \$ _____

Amount Requested: \$ _____

Date Funds are Required (allow 60 Days) : _____

Contact Signature: _____ Date: _____

Return Completed Application To:
The Nevada National Guard Association
P.O. Box 20835
Reno, NV 89515
www.NVNGA.org