

# *White Pine County Tourism and Recreation Board*

## GUIDELINES FOR EXPENDITURE OF CAPITAL IMPROVEMENT PROJECT FUNDING

Funds will be awarded to non-profit organizations to develop projects that provide capital improvements to facilities, indoor or outdoor, including but not limited to, swimming facilities, theaters, museums, trail heads, parks, fairgrounds, historic buildings, common areas, and public art in White Pine County in accordance with NRS 244.A.597.

1. These funds are intended exclusively to provide capital improvements in White Pine County and may be used for no other purpose.
2. Funds must be obligated and/or expended in the same fiscal year as awarded.
3. All applications for funding must use the official form provided.
4. A complete outlay report of your project is due in writing within 60 days of the completion of the project or by June 30<sup>th</sup> of the award year whichever comes first.
  - a. The outlay report must include a full income and expense report of your project. In addition copies of the invoices you paid and copies of the cancelled checks (front and back) must accompany this report.
  - b. A report of in-kind hours, materials & services must be submitted with your outlay report.
5. **This funding may not be used for salaries.** However, there may be exceptions whereby a person with unique expertise in a specific area, which is vital to the success of the project, may charge for their services for the specific project.
6. Requirements and Expectations of Grantees
  - a. Logos – White Pine County Tour and Rec requires its logo on all printed material created with grant money. This includes but is not limited to signage or facility promotional material.
  - b. Verbal Recognition – White Pine County Tour and Rec requires verbal recognition as a partner of granted facility at events held at granted facility.
  - c. Social Media – White Pine County Tour and Rec requires use of social media handles in tagging posts related to granted project.

7. Commitment from Grantor

- a. Recognition of grantees receipt of grant on social media
- b. Publication and promotion of granted project
- c. Assistance with design of signage associated with granted recreation facility.

For further information concerning these reports please contact the administrative office of the White Pine County Tourism and Recreation Board located at 150 Sixth Street, Ely, NV 89301 or call 775-289-3720

*WHITE PINE COUNTY TOURISM & RECREATION BOARD*

**CAPITAL IMPROVEMENT PROJECT  
FUNDING APPLICATION**

**Grant Cycle: July 1, 2019 – June 30, 2020**

**Amount of Request:** \_\_\_\_\_

**Name & Address of Organization:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tax ID #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Project Description:**  
\_\_\_\_\_  
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**List Names, Titles & Phone Numbers for Current Officers & Members of the organization requesting the funding:**

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**Provide a detailed, itemized budget for your project:**

**Cost of Items:**

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**Estimated Total Cost of this Project:** \_\_\_\_\_

**Funding Request from the Tourism & Recreation Board:** \_\_\_\_\_

**Funding to be provided from your Organization:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**WHITE PINE COUNTY TOURISM AND RECREATION BOARD**  
**Capital Improvement 2019-2020**  
**Project Outlay Report**

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Date: \_\_\_\_\_

**Actual Income:** (List individual sponsors & amounts)

Capital Improvement Award	\$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Income:</b>	<b>\$</b> _____

**Actual Expenses:** (List individual payments under appropriate heading)

A. Administrative:

_____	\$ _____
_____	\$ _____

B. Rental Charges or fees:

_____	\$ _____
_____	\$ _____

C. Materials:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

D. Supplies:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

E. Other:

_____	\$ _____
_____	\$ _____

**Total Expense:** \$ \_\_\_\_\_

**Please attach a copy of photos or slides of the project. In addition, please provide copies of all invoices (supporting documents) for purchases made for this project.**

As Grantee, I certify to the best of my knowledge and belief the billed expenses are in accordance with the terms of the project.

Signature Project Director: \_\_\_\_\_

**This form must be completed and returned within 60 days following the project date.**