



# Application Face Sheet

The Program Description, Program Goal, and Success Metrics will be provided to the Selection Committee to consider for funding recommendations. Develop these sections as the most powerful, comprehensive statement about your initiative(s).

.....  
**Organization Name**

**Organization Address (address, city, state, zip code)**

**Requested Funding Amount:**

**Check all counties that will be served**

- |                    |                  |                 |                 |                     |
|--------------------|------------------|-----------------|-----------------|---------------------|
| Carson City        | Douglas County   | Humboldt County | Mineral County  | Washoe County       |
| Churchill County   | Elko County      | Lander County   | Nye County      | Rural Washoe County |
| Clark County       | Esmeralda County | Lincoln County  | Pershing County | White Pines County  |
| Rural Clark County | Eureka County    | Lyon County     | Storey County   |                     |

**Contact Person for Questions:** .....

**Name**

**Title**

**Email Address**

**Phone Number**

**Name of Authorized Individual** .....

**Name**

**Title**

**Email**

**Brief Description** .....

**Target Audience** .....

**Program Goal** .....

**Success Looks Like** .....

**Community Investment Priorities** .....

**Select one priority area:**

- |                          |  |  |  |                       |
|--------------------------|--|--|--|-----------------------|
| Housing Services         | Increase Access to Care  | Youth Recreation & Prevention of At-Risk Behaviors | Nutrition Education & Reducing Food Insecurity | Workforce Development |
| Justice Re-entry Program | Program/Initiatives/Technology Increase Access & Utilization for Preventative Care |  |  |                       |
| Maternal Child Health    |  |  |  |                       |

**Signature**

**Date**

**Please include this as the cover page of the proposal.**