

GRANT ANNOUNCEMENT

2016/2017

SOUTH OMAHA HISTORICAL GRANT

Application Deadline: WEDNESDAY, NOVEMBER 9, 2016 @ 3:00 P.M.

Submit Application to: Garry Gernandt
1819 Farnam Street
Suite LC 1
Omaha, NE 68183

Original application must be submitted with 4 additional complete copies (5 total).

No faxed or email copies will be accepted.

No Exceptions.

The South Omaha Grant Committee will hold a public hearing on Wednesday, September 14, 2016, at 5:00 PM at the South Omaha Library, 2808 Q St., Omaha, NE to receive public comment on grant proposals to showcase important historical aspects of South Omaha, or to assist with the reduction of street or gang violence in South Omaha.

Contact: Garry Gernandt
1819 Farnam Street
Suite LC 1
Omaha, NE 68183
402-444-5522

Applications are available in electronic form. You may obtain an electronic copy of this grant via the Douglas County website at <http://www.douglascounty-ne.gov/> or the City of Omaha's website at <http://www.cityofomaha.org/>

DO NOT ATTACH THIS PAGE TO APPLICATION

HISTORICAL GRANT GUIDELINES

1. Please type or legibly print this application. Only **ONE** application may be submitted per entity.
2. Funding Purpose: The Historical Grant Committee received funding from the State of Nebraska to:
 - (a) **Showcase important historical aspects, or**
 - (b) **to assist with the reduction of street and gang violence.**
3. Program Location: Funds awarded by the Historical Grant Committee, by state statute, must be allocated:
 - (a) **within the target area as defined by the attached map, or**
 - (b) **in an area within close geographical proximity of the target area if the project would have a significant or direct impact on the target area.**The Historical Grant Committee intends to provide funding for projects that are permanent to the designated area.
4. Eligible applicants must be 501(c)(3) nonprofit organizations, or organizations partnering with a fiscal agent that is 501(c)(3). **Applicants must attach a copy of their 501(c)(3) status letter AND fill out the Substitute W-9 Form on page 8.**
5. Submit the grant application to Garry Gernandt, 1819 Farnam Street, Suite LC 1, Omaha, NE 68183. All grant requests must be received Wednesday, November 9, 2016, by 3:00 PM. **NO EXCEPTIONS.**
6. The grant application and any other submitted documentation must be submitted with four additional copies (five total).
7. The Historical Grant Committee will review all timely submitted applications and will mail the grant award(s) on or about December 8, 2016.
8. Grant applicants must complete the enclosed Historical Grant application outlining use of the requested funds. Failure to complete the entire application may result in the rejection of your fund request.
9. Grant applicants may request funding for multiple year projects. The grant committee will make its funding determinations on an annual basis and funding during any given year of a multiple year project IS NOT a guarantee for funding thereafter.
10. The Historical Grant Committee expressly reserves the right to reject any or all applications or to request more information from any and/or all applicants.
11. All grant awards allocated **must be encumbered no later than November 9, 2017** (11 months after award determinations). Any monies that your organization has not encumbered by this deadline shall be returned to the Historical Grant Committee.

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12. **Those who receive Historical Grant funding will be expected to provide the City of Omaha, c/o Garry Gernandt, 1819 Farnam Street, Suite LC1, Omaha, NE 68183, a detailed listing of expenditures or encumbrances no later than November 14, 2017, through either:**
- a) A copy of a professional external audit that covers the period of expenditures; or
 - b) Copies of receipts, cancelled checks, signed contracts, bank account web site copies, and/or other documentation that substantiate the expenditures.
13. When determined necessary, the Historical Grant Committee reserves the right to request proof of ownership or insurance from the grant applicant.
14. The Historical Grant Committee has approximately \$137,000.00 in funding that may be allocated during the 2016-2017 grant cycle.
15. Return stapled applications only.
NO binders
NO folders
NO CD's/DVD's
NO pamphlets
NO maps
NO business cards
NO cover letters
NO instruction sheets
16. Photos/drawings on 8½ x 11 plain paper acceptable.
17. **REMINDER: Award checks are made out to name and address on W-9, coordinate accordingly.**

South Omaha Historical Grant Committee members:

Anita Rojas, Community member

Garry Gernandt, City Council member

Mike Boyle, Douglas County Commissioner

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2016-2017 HISTORICAL GRANT APPLICATION

Please type the following information.

Organization Name

E-mail Address

Contact Person

Telephone Number

Address

City

Zip

County

Please provide the mission statement or purpose of your organization

Project name for requested funds _____

Please provide a brief, two sentence statement describing use of requested funds. You will have the ability to provide a more detailed description in the first paragraph on page 7.

Total amount requested for your project _____

Provide below your projected budget for your project.

Personnel

Equipment

Supplies

Other costs



City of Omaha
Jean Stohert, Mayor

Finance Department
Omaha/Douglas Civic Center
1819 Farnam Street, Suite 1004
Omaha, NE 68183-1004
(402) 444-5417
Telefax (402)546-1150

Stephen Curtiss
Finance Director

Allen Herink
City Comptroller

SUBSTITUTE W-9 FORM

Federal regulations require us to obtain and report accurate Taxpayer Identification Numbers (TINs) on payees of certain types of payments mad by the City of Omaha. This information is reported each year to the Internal Revenue Service on Form 1099. Failure to receive and file accurate information can result in the withholding of 30% federal income tax from any future payments we would make to you, as well as other penalties. Please provide the information requested on the bottom of this letter and return it to us in the enclosed envelope within 30 days. The completed form may also be faxed to the attention of Bob Stungis at (402) 444-5026. If you have any questions on how to complete this form, please see attached instructions or contact Bob Stungis at (402) 444-3882. Since payments to corporations are currently exempt, please provide the information to assure such payments are reported. However, corporations providing medical and health care service as well as attorneys/law firms are reportable. This form must be completed and returned to verify that the information on file is correct. Your cooperation is very much appreciated. Thank you

Please complete this lower portion in full.

TAXPAYER IDENTIFICATION NUMBER: (Fill only one)

OR	Social Security No.
	Employer Identification No.

TYPE OF TAXPAYER: (Check one)

<input type="checkbox"/> Corporation
<input type="checkbox"/> Medical
<input type="checkbox"/> Attorney/Law Firm
<input type="checkbox"/> Other _____
<input type="checkbox"/> Partnership
<input type="checkbox"/> Individual
<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Exempt (Specify) _____

NAME & ADDRESS: (Please print or type)

Name:		
Business Name: <i>(as it matches to IRS records)</i>		
Address: <i>(Number, street, apartment or suite number)</i>		
City:	State:	Zip Code:

CERTIFICATION: Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number (of I am waiting for a number to
1. be issued to me) and
 2. I am not subject to back withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 3. I am a U.S. person (including a U.S. resident alien).

Signature:	Printed Name of Signee
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Specific Instructions

Name: If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor: Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited Liability Company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "name" line. Enter the LLC's name on the "Business name" line.

Other entities: Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line. If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Note: You are requested to check the appropriate box for your status (individuals/sole proprietor, corporation, etc.)

What Name and Number to Give the Requester

For This Type of Account:	Give Name and SSN of:
1. Individual	The Individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account.
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The Owner ²
For This Type of Account: Give Name and EIN of:	
6. Sole proprietorship or single-owner LLC	The Owner ²
7. A valid trust, estate, or pension trust	Legal Entity ³
8. Corporate or LLC electing corporate status on Form 8832	The Corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The Organization
10. Partnership or Multi-member LLC	The Partnership
11. A broker or registered nominee	The Broker or nominee

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² You must show your individual name, but you may also enter your business or "DBA" name. You may use either SSN or EIN (if you have one).

³ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title).

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2033; 28% after December 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non-employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II Instructions on page 4 for details), or You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties. Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

NOTE: If you are exempt from backup withholding, you should still complete this form to avoid possible backup withholding.

Do Not Attach This Page To Application

Target Area Qualifying for Grant Funds



Do Not Attach This Page To Application



Data Source: Douglas County
October 19, 2009



Target Area