



Return Completed Form to  
City of Henderson  
by Noon, March 20, 2024

CITY OF HENDERSON  
APPLICATION FOR FUNDS  
CITY BUDGET YEAR  
FISCAL YEAR 2025

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
(If Applicable) \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please describe how your organization's mission directly benefits the residents of the City of Henderson:

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Proposed funding from the City of Henderson \$

Proposed City Funding as a percentage of total funding  %

City Funding Received in Fiscal 2024 \$

Please list specifically what proposed funding will be used for (special projects, events, etc.) and how the use of this funding will benefit city residents (be specific and attach additional sheets if necessary):

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Requested from County of Henderson for Fiscal 2025

\$

If you are requesting less money from the County than you are from the City,  
please explain why:

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County Funding Received in Fiscal 2024

\$

Please list what you project to be the cash reserve of your organization on July 1, 2024 and what  
the cash reserve of your organization was on July 1, 2023:

	July 1, 2023	July 1, 2024
Reserved	\$ <input type="text"/>	\$ <input type="text"/>
Unreserved	\$ <input type="text"/>	\$ <input type="text"/>

Does your organization have members: Yes:  No:

If yes, what is the membership fee:  
(if tiered or staggered, please attach schedule) \$

How many members does your organization currently have?

**I. AGENCY AND BENEFICIARY INFORMATION**

1. Number of Board meetings last year
2. Number of Board members required for a quorum

**II. AGENCY INFORMATION**

1. Total compensated employees: 

Full-time	<input type="text"/>
Part time	<input type="text"/>
Executive	<input type="text"/>
Operational	<input type="text"/>
Clerical	<input type="text"/>
2. Total volunteers

III. **BENEFICIARY DATA**

1. Number of persons receiving a direct benefit from the services provided

		percent of total users:
City residents	_____	_____
County residents	_____	_____
Non-county residents	_____	_____

2. Percentage of beneficiaries who are low and moderate income (as defined by the Department of Housing and Urban Development)

\_\_\_\_\_

3. Estimate of administrative cost as a percentage of organization budget

\_\_\_\_\_

To the best of my knowledge and belief, data in this application is true and correct, the document has been authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the funds are approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### List of Required Attachments

1. Proposed line item budget for Fiscal Year 2025, including revenue and expenditures
2. List of capital purchases (including vehicles, brick & mortar, etc.) completed over the past three (3) years.
  - a. Who funded the capital purchase?

%	from	_____
%	from	_____
%	from	_____
%	from	_____
  - b. Completed within budget? \_\_\_\_\_
  - c. Impact on community?  
\_\_\_\_\_  
\_\_\_\_\_
3. Most recent Audit Report.
4. Itemized detail of how money allocated by City in Fiscal 2024 was spent.
5. Organizational chart detailing positions, hierarchy, and salary of employees.