

Return Completed Form to  
City of Henderson  
by Noon, April 12, 2024



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

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

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

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

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

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

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

Brief description of services performed (Attach additional information as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the mission of the program? \_\_\_\_\_  
\_\_\_\_\_

What is the age range of participants? \_\_\_\_\_

How many participants are in your recreational league? \_\_\_\_\_

How many participants are in your select league? \_\_\_\_\_

During what months are your seasons play (i.e. May-August)? \_\_\_\_\_  
\_\_\_\_\_

Programming funding approved by the City of Henderson \$ - (Detail on page 4)

Are you requesting funds for capital improvements?  
If yes, what amount of capital funding are you requesting? \$ (Detail on page 4)

Proposed Total City Funding as a percentage of total funding %

Total City Funding Received in Fiscal 2024 \$ -

If your agency is unsuccessful in receiving the amount of funding requested, please detail what affect that will have on your agency's ability to effectively serve the residents of Henderson and further detail how your agency will compensate for the loss of this revenue (attach additional detail as necessary):

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Does your organization allow for other groups to use your facility?

Yes

☐

No

☐

If you charge other groups, what is that amount? Example per team or per hours

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What do you provide for the fee? Example: Park Attendant, Field Representative, Facilities (field and Restrooms)

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Do you require a clean up/damage deposit?

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How is insurance provided for other groups using the facility?

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Detail of capital improvements requested (please include drawings, diagrams, timelines,

Cost

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
	<div>\$ -</div>

List other funding sources including donations and in-kind labor

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Are any of the projects carryover from previous years (i.e. phase-in)

Yes

☐

No

☐

Which project(s)?

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How will new capital projects benefit the program or facility?

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What type of tournaments (i.e. local, invitational, state, regional, or national) do you have each year? Please list

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How many sport scholarships were given last year?

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How much in scholarships were given last year?

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What other organizations do you partner with? (Schools, churches, etc)

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What forms of fund raising does your organization perform? (Candy sale, league fees, etc)

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What is your registration fee?

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Requested from Henderson County 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 202

\$

Please list what you project to be the cash reserve of your organization on July 1, 2022 and what  
the cash reserve of your organization was on July 1, 2021:

	July 1, 2023	July 1, 2024
Carryover	\$ <u>                    </u>	\$ <u>                    </u>

**If your organization is subject to an annual audit, a copy of the most recent audit is required with your submittal.  
Also, a copy of your most recent balance sheet is required with each submittal.**

**AGENCY AND BENEFICIARY INFORMATION**

1. Number of Board meetings last year \_\_\_\_\_
2. Number of Board members required for a quorum \_\_\_\_\_
3. Names of Board Members:  
 (with titles) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. AGENCY INFORMATION**

1. Total compensated employees:  
     Full-time \_\_\_\_\_  
     Part time \_\_\_\_\_
2. Total volunteers \_\_\_\_\_
3. **Please attach an organizational chart with job titles.**

**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
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