

## **PLEASE READ NEW APPLICATION GUIDELINES**

### **City of Gering Application Guidelines for Keno Funds**

1. Award of Keno funds may be at the end of each quarterly period of the fiscal year. **Meetings are held the third Wednesday of the month in January, April, July and October at 4:30 pm at City Hall. A representative of your organization must attend the meeting to present to the committee and answer questions in order for your application to be considered. Applications must be submitted the first Monday of January, April, July and October in order for them to be considered at that quarterly meeting, otherwise the application will be held for the next quarterly meeting.**
2. Keno funds may be awarded based on revenue available during the quarterly period and any forfeitures.
3. Applications may be prioritized as follows:
  - Applications cannot be submitted in consecutive quarters except applications that have been returned as **incomplete**, may be resubmitted when complete in the next quarter.
  - The project, capital expenditure or service being located within the planning jurisdiction of Gering.
  - Request for funds is for a project, capital expenditure or service, not to supplement an operating budget.
  - If the request for funds does not meet the priorities set forth above, the application may still be considered if excess funds are available.
4. If Keno funds are awarded, a copy of an invoice or proof of purchase must be submitted indicating the project, capital expenditure or service was completed before **funds are released to the Keno applicant**.

Keno funds must be spent within 12 months of the date they are approved.
5. **It is required that the project be annotated as “paid for in part by Gering Keno Funds”.**
6. In order to avoid liability for misuse of public funds, public entities must strictly adhere to the statutory requirements for expenditure of public money. Public Entity means: 1) Any state or local government; 2) Any department of a State or States or local government.

Community betterment purposes include but are not limited to: initiating, performing or fostering worthy public works or enabling or furthering the erection or maintenance of public structure, lessening the burdens borne by government or voluntarily supporting, augmenting or supplementing services which government would normally render to the people or providing tax relief for the community.

Price quotes shall be obtained where more than one vendor provides comparable goods and or services for purchases between \$1,001 and \$10,000.

Written quotes from more than two vendors are required provided comparable goods and or services are available from more than one vendor for purchases made between \$10,001 and \$29,999.

7. Whenever possible, Keno fund recipients shall purchase goods and services from local vendors provided the cost for the goods and services is competitive with the required solicited prices.

**CITY OF GERING**  
**APPLICATION FOR KENO FUNDS**  
**(Please type application request)**

Name of organization: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_ Date established: \_\_\_\_\_

Location of main office: \_\_\_\_\_ Location of local Office: \_\_\_\_\_

Chief operating officer's name and title: \_\_\_\_\_

Organizational structure: (board of directors, executive committee, etc.) \_\_\_\_\_

Have the guidelines been read? Yes No

Explain in detail what the keno funds will be used for: (purchasing capital, implementing new programs or a special project, not to supplement an operating budget)

How much money are you requesting? \_\_\_\_\_

Provide a copy of your annual budget. \_\_\_\_\_

Do you receive matching funds with the support you receive from the city? \_\_\_\_\_

Have you applied for keno funds before? \_\_\_\_\_ Did you receive keno funds before? \_\_\_\_\_

Please provide a date and amount of prior funds received: \_\_\_\_\_

List other organizations in the area that provide the same or similar services: \_\_\_\_\_

How many people were served last year? \_\_\_\_\_ How many were repeat service? \_\_\_\_\_

What ages? \_\_\_\_\_

How many were residents from: \_\_\_\_\_ Gering; \_\_\_\_\_ Scottsbluff; \_\_\_\_\_ Terrytown  
\_\_\_\_\_ Rural Scotts Bluff County

*(Please attach an additional sheet if necessary, to provide complete answers.)*

Describe how your organization impacts the community: \_\_\_\_\_

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