



**Application for Funding from
Churchill County to Support a Community Event or Program**

ORGANIZATION INFORMATION

Name of Organization (or Company): CHURCHILL COUNTY SEARCH & RESCUE
Chief Executive Officer: MICHAEL GARDNER
Mailing & Web Address: 1516 RIO VISTA
City: FALLON State: NV Zip: 89406 Tel & E-mail: _____
How long organized (or in business): 54 YEARS Tax I.D. #: RCE-004-062
Purpose of Organization: VOLUNTEER SEARCH AND RESCUE
Total Annual Budget: \$ 20,000
Is the organization a Non-Profit Business (501c3 Designation)? YES

PROJECT / EVENT DETAILS

Project/Event Title: TRUNK OR TREAT
Date of Event: OCT 31, 2021 Is this an annual/reoccurring event: YES
Project Director: RICK MCCUSKER Tel & E-mail: (775)428-1366
RICKMCCUSKER@CCCOMM.NE
Mailing Address: 2487 HARVEY DR. FALLON NV 89406-4424
Location of Project/Event or Target Markets: VENTARACCI PARK
Estimated # of participants: 4-5,000
Does the event allow for public access by County residents? YES
What cost (if any) for admission? NONE
Summarize the objectives of this project/event? (attach additional sheet if necessary) _____
FREE HALLOWEEN EVENT FOR THE GHOSTS, GOULS
AND GOBLINS IN A SAFE ENVIRONMENT.

What are the long term goals of this project? ANNUAL EVENT

Total estimated cost of project: \$ 3,000

Funds requested from Churchill County: \$ 2,500

List the amount of funding assistance from the County or CC Communications over the past five years: NONE

Total funds collected (or estimated) from other sources: \$ 20,000 IN DONATIONS

How long do you anticipate funding will be needed to support this program/event and will it be self-supporting? ANNUALLY

EXPENSES: Please itemize all expenses including, items on which community support funds will be expended. List amounts paid to administrators/coordinator/consultants.

- CANDY \$1,400 •
- DECORATIONS \$300 •
- GLOW STICKS \$800 •
- •

REVENUE: Please itemize all revenue including requested community support monies.


Specifically list revenues raised by the organization.

- NONE FOR THIS EVENT •
- •
- •
- •

COMMUNITY BENEFITS:

Please describe the benefits of this program/event to the residents of this community. Include any additional information you feel is important for the Commissioners to consider

SAFE ENVIRONMENT FOR TRICK OR TREATERS

Signature of Project Director: 

Date: 8-23-21