City of Elkins

Finance Committee Meeting

February 22, 2024
1:00 PM
401 Davis Avenue
Council Chamber, 2nd Floor

Charter Authority of the Finance Committee: Recommend an annual budget to Council. Supervise budget management and make reports to Council. Review and propose to Council municipal debt instruments and grants. Make fiscal forecasts and report same to Council.

AGENDA

1. **Call to order and roll call**
2. **Public comment**
3. **Minutes**
   a. Proposed minutes for the meeting of February 12, 2024
4. **Presentation**
   a. Elkins-Randolph County Airport Authority
   b. Randolph County Humane Society
5. **Reports**
6. **New business**
   a. Financing for new EFD fire apparatus
   b. FY 2025 budget
      - Partner funding requests
7. **Announcements**
8. **Adjournment**

CITY OF ELKINS
AGENDA ITEM REPORT

Meeting Date:	February 22, 2024
Section:	Minutes
Category:	Action Item
Agenda Item Name:	Proposed minutes for the meeting of February 12, 2024
Recommended By:	City Clerk
Summary:	Minutes proposed for the committee's Feb. 12 meeting
Fiscal Impact:	n/a
Recommendation:	Consider for approval
Attachments:	1. Finance committee - 2024_02_12 - minutes_proposed

FINANCE COMMITTEE
REGULAR MEETING
MINUTES

401 Davis Avenue
City Hall, Council Chambers
February 12, 2024
1:00 p.m.

Present were Committee Members: M. Hinchman, R. Chenoweth, C. Lowther

Also present were: Mike Kesecker (operations manager), Gerry Roberts (city attorney), Tracy Judy (treasurer), Steve Himes (fire chief), Travis Bennett (police chief), and Sutton Stokes (city clerk).

PUBLIC COMMENT

There was no public comment.

MINUTES

Lowther **MOVED APPROVAL OF THE PROPOSED MINUTES FOR THE JOINT MEETING OF THE FINANCE AND PERSONNEL COMMITTEES ON JANUARY 8.** The motion carried.

NEW BUSINESS

a. *IT issues and needs*

Hinchman moved that the committee enter executive session under the attorney/client exemption. The motion carried. The executive session began at 1:01 p.m. and ended at 1:54 p.m. The chair announced that no decisions were made, and no actions were taken.

b. *Budget revisions*

Lowther **MOVED RECOMMENDING COUNCIL APPROVAL OF FY24 INTRADEPARTMENTAL BUDGET REVISIONS (FIRE DEPARTMENT FUND #2, GENERAL FUND #1-7, SANITATION #2).** The motion carried.

XYZ **MOVED RECOMMENDING COUNCIL APPROVAL OF FY24 STATE BUDGET REVISION #4.** The motion carried.

c. *FY 2025 budget*

There were no actions or discussion on this agenda item.

The meeting adjourned at 2:08 p.m.

The foregoing minutes were approved at the meeting of _____.

_____ _____

Name & Title Signature

CITY OF ELKINS
AGENDA ITEM REPORT

Meeting Date:	February 22, 2024
Section:	Presentation
Category:	Presentation
Agenda Item Name:	Elkins-Randolph County Airport Authority
Recommended By:	City Clerk
Summary:	Presentation by Elkins-Randolph County Airport Authority
Fiscal Impact:	The authority has requested $25,000 in funding during Fy 2025.
Recommendation:	Review presentation
Attachments:	None

CITY OF ELKINS
AGENDA ITEM REPORT

Meeting Date:	February 22, 2024
Section:	Presentation
Category:	Presentation
Agenda Item Name:	Randolph County Humane Society
Recommended By:	City Clerk
Summary:	Presentation by the Randolph County Humane Society
Fiscal Impact:	The humane society has not been included in the city's budget since 2019, when it received $5,000. RCHS has requested $19,000 in FY 2025.
Recommendation:	Review presentation
Attachments:	None

CITY OF ELKINS
AGENDA ITEM REPORT

Meeting Date:	February 22, 2024
Section:	New business
Category:	Action Item
Agenda Item Name:	Financing for new EFD fire apparatus
Recommended By:	Fire Chief
Summary:	Financing must be secured for new fire engine before the manufacturer will release it to EFD
Fiscal Impact:	The new truck will cost approximately $615,000
Recommendation:	Consider for recommendation to council
Attachments:	None

CITY OF ELKINS
AGENDA ITEM REPORT

Meeting Date:	February 22, 2024
Section:	New business
Category:	Action Item
Agenda Item Name:	FY 2025 budget • Partner funding requests
Recommended By:	City Treasurer, City Clerk
Summary:	The city typically includes various partner organizations in the city budget each fiscal year. Often, these organizations provide services to community members that the city cannot independently fund. Some organizations leverage city funding as matches for larger grant awards. The attached spreadsheet lists all organizations the city has funded since FY 2013. Organizations highlighted yellow in the left-most column were not funded in recent years and represent new requests compared to at least last year. The yellow columns show (1) this year's requested FY 2025 amounts from all requesting organizations and (2) the change in any requested amounts compared to awarded amounts during the current fiscal year (FY 2024). With new requests and larger requests from some organizations, the overall request total is $51,050 higher than in FY2024, assuming flat funding for the Elkins Parks and Recreation Commission (we do not have EPRC's FY 2025 request in hand yet).
Fiscal Impact:	With new requests and larger requests from some organizations, the overall request total is $51,050 higher than in FY2024, assuming flat funding for the Elkins Parks and Recreation Commission (we do not have EPRC's FY 2025 request in hand yet).
Recommendation:	Consider and discuss. No bottom-line budget numbers are available yet, so it is not yet known how the requested amounts would affect the overall budget.
Attachments:	1. _History of Outside Contributions FY25 - 2024_02_20

CITY OF ELKINS
AGENDA ITEM REPORT

	2. FY25_Fund Request Form_Airport Authority 3. FY25_Fund Request Form_Animal Control - County Humane officer 4. FY25_Fund Request Form_App. Forest Heritage Area Inc. 5. FY25_Fund Request Form_Art Center 6. FY25_Fund Request Form_Chamber of Commerce 7. FY25_Fund Request Form_Child Advocacy Center 8. FY25_Fund Request Form_Citizens Promoting Community 9. FY25_Fund Request Form_Country Road Transit 10. FY25_Fund Request Form_Depot Welcome Center 11. FY25_Fund Request Form_Development Authority 12. FY25_Fund Request Form_Emergency Medical Squad 13. FY25_Fund Request Form_Health Dep 14. FY25_Fund Request Form_Historic Landmark Commission 15. FY25_Fund Request Form_Humane Society 16. FY25_Fund Request Form_Junior Womens Club 17. FY25_Fund Request Form_Library 18. FY25_Fund Request Form_Main Street 19. FY25_Fund Request Form_Our Town 20. FY25_Fund Request Form_Tree Board

Organization	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025 (requested)	FY24-FY25 change (requested)	FY2025 (recommended by Finance Committee)	FY24-FY25 change (recommended)	FY2025 (final)	FY24-FY25 change (final)
Airport Authority	$25,000	$24,000	$20,000	$19,000	$19,000	$19,000	$19,000	$19,000	$19,000	$19,000	$19,000	$18,250	$25,000	$6,750		-$18,250		-$18,250
Animal Control (Co. Commission)	$14,500	$12,000	$8,000	$7,500	$7,000	$7,000	$7,000	$7,000	$7,000	$7,000	$7,000	$7,000		-$7,000		-$7,000		-$7,000
Appalachian Forest Heritage	$6,000	$5,500	$5,000	$5,000	$5,000	$5,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000	$7,000	$1,000		-$6,000		-$6,000
Arts Center	$5,000	$4,500	$2,500	$2,500	$0	$0	$0	$0	$5,000	$5,000	$5,000	$5,000	$5,000	$0		-$5,000		-$5,000
Chamber of Commerce-Events	$9,500	$4,500	$3,500	$3,000	$2,500	$2,000	$2,000	$3,000						-$1,000				
Chamber of Commerce-Fireworks	$3,500	$3,500	$1,500	$1,000	$1,000	$1,000	$1,000	$1,500	$6,000	$6,000	$6,000	$6,000	$5,000			-$6,000		-$6,000
Chamber of Commerce-St. Machines	$0	$0	$2,500	$0	$0	$0	$0	$0										
Child Advocacy Center	$1,500	$1,400	$2,000	$1,500	$1,500	$1,500	$1,500	$1,500	$3,000	$3,000	$3,000	$5,000	$10,000	$5,000		-$5,000		-$5,000
Citizens Promoting Community													$5,000					
Country Roads Transit	$15,000	$14,000	$11,500	$14,000	$14,000	$14,000	$14,000	$14,000	$14,000	$14,000	$14,000	$14,000	$15,000	$1,000		-$14,000		-$14,000
Elkins Main Street	$8,600	$15,000	$10,000	$10,000	$10,000	$10,000	$10,000	$20,000	$20,000	$20,000	$20,000	$19,250	$9,750	-$9,500		-$19,250		-$19,250
GFWC Junior Womens Club (grad lock-in)													$500					
Health Department	$15,000	$12,000	$5,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,000	$4,500	$5,500	$1,000		-$4,500		-$4,500
Historic Landmarks Commission	$7,000	$6,500	$3,500	$3,500	$3,500	$3,500	$3,500	$3,500	$4,000	$4,000	$4,000	$4,000	$4,000	$0		-$4,000		-$4,000
Kump House	$3,000	$2,500	$2,658	$2,658	$3,000	$3,000	$3,000	$6,000	$6,000	$6,000	$6,000	$0		$0		$0		$0
Library	$20,000	$20,000	$16,000	$19,000	$19,000	$19,000	$19,000	$20,000	$22,500	$22,500	$22,500	$22,500	$22,500	$0		-$22,500		-$22,500
Our Town (fireworks)													$2,500	$2,500		$0		$0
Randolph Co. EMS													$50,000	$50,000		$0		$0
Rand. Co. Development Authority	$12,000	$12,000	$5,000	$6,000	$6,000	$6,000	$6,000	$12,000	$13,500	$13,500	$13,500	$13,500	$13,500	$0		-$13,500		-$13,500
Rand. Co. Human Society							$5,000						$19,000					
Tree Board	$3,000	$2,900	$2,000	$2,000	$2,000	$2,000	$2,000	$5,200	$5,200	$5,200	$5,200	$2,700	$4,000	$1,300		-$2,700		-$2,700
Parks & Recreation	$125,300	$132,500	$120,000	$127,500	$131,700	$135,000	$155,963	$197,713	$205,546	$235,296	$235,296	$208,296	$208,296	$0		-$208,296		-$208,296
Total	**$273,900**	**$272,800**	**$220,658**	**$228,158**	**$229,200**	**$232,000**	**$258,963**	**$320,413**	**$340,746**	**$370,496**	**$370,496**	**$335,996**	**$411,546**	**$51,050**	**$0**	**-$370,496**	**$0**	-$411,546
CVB/Welcome Center (50% H/M Tax)	$74,700	$67,500	$80,000	$82,500	$93,300	$90,000	$92,750	$96,000	$95,250	$70,500	$70,500	$97,500	1/2 hotel tax	#VALUE!		-$97,500		-$97,500
Parks & Recreation (50% H/M Tax)	$74,700	$67,500	$80,000	$82,500	$93,300	$90,000	$92,750	$96,000	$95,250	$70,500	$70,500	$97,500	1/2 hotel tax	#VALUE!		-$97,500		-$97,500
Total	**$423,300**	**$407,800**	**$380,658**	**$393,158**	**$415,800**	**$412,000**	**$444,463**	**$512,413**	**$531,246**	**$511,496**	**$511,496**	**$530,996**	**$411,546**	**#VALUE!**	**$0**	-$511,496	**$0**	-$411,546

2/16 note: The cell highlighted blue shows flat funding from last year for EPRC. We do not yet have the EPRC funding request.

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Elkins-Randolph Co. Regional Airport Authority Date of Request: 1/29/2024

Organization Address: 400 Airport Rd Elkins WV 26241

Contact Name: Robert Woolwine Contact Phone: 304-614-2347

Contact Email: sheepgrape@cebridge.net

Annual Operating Budget: FY 23-24 $458,800

Total Capital Project Budget (if applicable): FAA ACIP $827,000

What is the purpose / mission of your organization?

The purpose of the Elkins-Randolph Co. Regional Airport Authority is to provide essential, year-round access to the Elkins Community for both commerce and recreational purposes. This includes but is not limited to, law enforcement, military, emergency services, medical services and utility services.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: $25,000

What is the minimum funding amount you can accept for this request? $22,000

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $18,250 Fiscal Year: 2023-2024

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

The requested funds will be used for utilities, maintenance and general day-to-day operations that are necessary to provide a safe, all-weather Airport. This Airport serves as infrastructure for the Economic Development of Elkins, West Virginia.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

This request is not a capital funding request. However, the funds may be used to offset the Airports Share of the Federal Aviation Administration grant cost. The projected Capital Project Budget on page one is $827,000 which would translate to $41,250 share/cost to the Elkins-Randolph Co. Regional Airport Authority.

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

N/A

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Applicants Signature

Robert A. Woolwine, President

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

Randolph County Commission

Commissioners

David L. Kesling **Chris See** **Christopher Siler**

Mr. Sutton Stokes

Elkins City Hall

401 Davis Avenue

Elkins, WV 26241

Dear Mr. Stokes,

The Randolph County Commission hereby requests a continued allocation of $7,000.00 in your Fiscal Year 2025 budget in order to support the animal control services provided within city limits by the county humane officer.

It is our hope to continue this partnership in order to make our area a safer place to live, work, and raise a family. For reference, the county's total expenses for the humane officer totaled $31,860.71 at the halfway point of the current fiscal year.

Please do not hesitate to contact our office at 304-636-2057 should any questions regarding this request arise.

Sincerely,

Cris Siler, President

Randolph County Commission

4 Randolph Avenue - Suite 102 - Elkins, West Virginia 26241 - Phone (304) 636-2057 - Fax (304) 630-1125
randolphcountycommissionwv.org

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: App. Forest Heritage Area Inc Date of Request: 2/9/24

Organization Address: PO Box 1206, Elkins, WV 26241

Contact Name: Logan Smith Contact Phone: 304-636-6182

Contact Email: logan@afnha.org

Annual Operating Budget: $1,300,000

Total Capital Project Budget (if applicable): NA

What is the purpose / mission of your organization?

AFNHA conserves, interprets and promotes forest heritage to enhance landscapes and communities in the highlands of West Virginia and Maryland

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USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☑ Event/Program ☐ Other

FY 2025 Funding Request Amount: $7,000

What is the minimum funding amount you can accept for this request? $6,000

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: 6,500 Fiscal Year: 2025

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

See attached

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

See attached

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

No ongoing costs to the City are anticipated with this request.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

J. Logan Smith

Applicants Signature

J. Logan Smith / Ex. Director

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Randolph County Community A Date of Request: 01/11/2024

Organization Address: 2 Park Street, Elkins, WV 26241

Contact Name: Dani Cade Contact Phone: 304.637.2355

Contact Email: amazingartshub@icloud.com

Annual Operating Budget: 156,000

Total Capital Project Budget (if applicable): n/a

What is the purpose / mission of your organization?

The mission of the Arts Center is to enhance the cultural and economic life of our region by providing facilities and arts programming that will entertain, educate, and inspire all of our citizens.The Arts Center is a welcoming and inclusive home where everyone is encouraged to create, explore, and discover the value of art through exceptional programming. We encourage arts opportunities for a lifetime of personal enlightenment.Committed to making art more accessible to everyone, we offer art programs for individuals of all ages and abilities. We want to encourage conversation and connections, bring joy to your life, and exceed your expectations in all areas of art.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: 5,000

What is the minimum funding amount you can accept for this request? 5,000

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: 5,000 Fiscal Year: FY 23-24

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

See Attached

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

See Attached

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

See Attached

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Applicants Signature

Dani Cade, Executive Director

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Elkins-Randolph County Chamber Date of Request: 02/08/2024

Organization Address: 10 11th Street, Suite B, Elkins, WV 26241

Contact Name: Lisa Wood Contact Phone: 304-636-2717

Contact Email: lisa.wood@erccc.com

Annual Operating Budget: $125,000

Total Capital Project Budget (if applicable): N/A

What is the purpose / mission of your organization?

The mission of the Elkins-Randolph County Chamber is to advocate, educate, and network to enhance business opportunities in Elkins and Randolph County. Our vision is to create a positive, vibrant community.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☑ Event/Program ☐ Other

FY 2025 Funding Request Amount: $5,000

What is the minimum funding amount you can accept for this request? $5,000

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $6,000 Fiscal Year: FY24

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Please see attached sheet

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

Please see attached sheet

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

N/A

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Lisa B Wood

Applicants Signature

Lisa B. Wood, Executive Director

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ *(Due Date: No later than February 9, 2024)*

Staff Recommendation ☐ Recommend Full Funding

☐ Recommend Partial Funding

☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Randolph Tucker Children's Advocacy Center Date of Request: 11/27/23

Organization Address: 1627 Harrison Ave. PO Box 627 Elkins, WV 26241

Contact Name: Margot Evick Contact Phone: 304-630-2214

Contact Email: director@rtcac.com

Annual Operating Budget: $309,000

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?

RTCAC works with community partners to support healing and justice for children and families who have been victimized.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☐ Event/Program ☐ Other

FY ~~2024~~ 2025 Funding Request Amount: $5000

What is the minimum funding amount you can accept for this request? $5000

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $5000 Fiscal Year: ~~2024~~ 2025

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

See attached request.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

JCS - CAC grant 88201
DJCS - VOCA 115027
SSJHW Foundation 5000
Pallottine Foundation 3264
WVCAN 8978
County Commission & Municipal Contributions 41000
United Way 10000
PIP team (Team WV) 345
Fundraisers 12000
Private Donations (cash) 9000
In-kind Donations 16030

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

We appreciate the ongoing financial support of this vital program in our community.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application. ✓
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year ✓ along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members. ✓
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income). ✓

M Evick

Applicants Signature

Margot Evick/ Executive Director

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Citizens Promoting Community Date of Request: 2/13/2024

Organization Address: PO Box 923

Contact Name: Phillips B. Kolsun Contact Phone: 3045598619

Contact Email: phillipskolsun@gmail.com

Annual Operating Budget: $2500.00 (Estimated)

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?

The mission of Citizens Promoting Community is to provide community events to help support various organizations that benefit Elkins. Since our forming we have raised over $10,000 for various organizations.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: $5000.00

What is the minimum funding amount you can accept for this request? $2500.00

Have you received funding from the City in the past? ☐ YES ☑ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided:_____ Fiscal Year: _____

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

This money would benefit our organization greatly. We have just recently become a 501 (c)3 organization and this money will help us to continue to provide cakewalks as well as other community events.

The money would primarily be used in an operational capacity, we would utilize these funds for event insurance as well as marketing materials for not only our events but also for organizational awareness. We would be able to create a website so that we are able to get the word out about upcoming fundraising events. We recently partnered with the City, Main Street and The Chamber to help make Elfkins 2023 a Success and are currently working on Elfkins 2024.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

During our Cakewalk Events all proceeds directly benefit the selected beneficiary. In order to offset operational expenses we do run a 50/50 drawing and that money goes back into our operational budget. We are an organization of 5 members who provide time to each event, from planning to attending to providing support throughout the

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

We hope that these events will be ongoing; insurance is an annual expense, as are materials for the various events.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Phillips B Kolsun

Applicants Signature

Phillips B. Kolsun, President

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: The Committee on Aging for Randolph County dba Country Roads Transit Date of Request: 02/09/2024

Organization Address: PO Box 727 / #1 Fifth Street Elkins, WV 26241

Contact Name: Laura Ward Contact Phone: 304-636-4747

Contact Email: lward@rcscwv.org

Annual Operating Budget: $5,700,000

Total Capital Project Budget (if applicable): n/a

What is the purpose / mission of your organization?

Please see attachment 1

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: $15,000

What is the minimum funding amount you can accept for this request? _____

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $14,000 Fiscal Year: 2024

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Please see attachment 2

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

Please see attachment 3

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

Please see attachment 4

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Laura Ward

Applicants Signature

Laura Ward, Executive Director

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Elkins Depot Welcome Center CVB, Inc. Date of Request: 1/24/2024

Organization Address: 315 Railroad Avenue, Elkins, WV 26241

Contact Name: Anne F. Beardslee Contact Phone: 304-642-6904

Contact Email: elkinswelcomecenter@gmail.com

Annual Operating Budget: $260,000.00

Total Capital Project Budget (if applicable): N/A

What is the purpose / mission of your organization?

See Attached

USE OF FUNDS

Type of Request

☑ Capital Funding ☑ Operations ☑ Event/Program ☐ Other

FY 2025 Funding Request Amount: 1/2 of all Hotel Motel Tax collected by the City of Elkins

What is the minimum funding amount you can accept for this request? 1/2 of all Hotel/Motel tax collected by the City of Elkins

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: 91,125.34 Fiscal Year: 2022-2023

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

See Attached

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

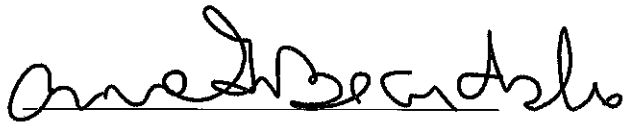
See Attached

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

N/A

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).



Applicants Signature

Anne F. Beardslee, Executive Director

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Randolph County Development Authority Date of Request: 1/3/24

Organization Address: 10 11th Street, Suite A, Elkins, WV 26241

Contact Name: Robert L. Morris, Jr. Contact Phone: 304-637-0803

Contact Email: robbie@randolphwv.com

Annual Operating Budget: $874,621

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?

The mission of the Randolph County Development Authority is to support a growing economy through business, community, and workforce development efforts.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: $13,500

What is the minimum funding amount you can accept for this request? $13,500

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $13,500 Fiscal Year: 2024

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

These funds will be used to support the operations of the Randolph County Development Authority. Currently the RCDA has several projects underway, including the development of the Railyard Event Center, development of the industrial park expansion in Elkins, and expansion of the Wood Technology Center. Funds provided by the City of Elkins help to support our operating budget so we can have matching grant funds, resources to apply for grants, and perform the work of the RCDA including business, community, and workforce development efforts. The investments made in the RCDA by the City of Elkins have produced significant return on investment for the City and that will only grow as these new projects come online.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

We combine the funds of the City with funding we receive from the Randolph County Commission, State of West Virginia, U.S. Economic Development Administration and general operating revenues to support our organization.

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

There will always be costs associated with the RCDA, but we use these funds to help us develop projects that allow the RCDA to run a sustainable organization, while reinvesting in projects that benefit Elkins, Randolph County, and the RCDA as a whole.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Applicants Signature

Robert L. Morris, Jr. Executive Director

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Randolph Co EMS Date of Request: 10/17/23

Organization Address: 2 11th Street Elkins WV 26241

Contact Name: Kurt Gainer Contact Phone: (304) 636-1213

Contact Email: RCEMS.Kurt@frontier.com

Annual Operating Budget: 3 million

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?

Provide Emergency medical services to Randolph Co.

USE OF FUNDS

Type of Request

☐ Capital Funding ☒ Operations ☐ Event/Program ☐ Other

FY 2024 Funding Request Amount: $50000

What is the minimum funding amount you can accept for this request? _____

Have you received funding from the City in the past? ☒ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: 10 000 Fiscal Year: 2013

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Request Attached

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Applicants Signature

K. GAINER Director RCAMS

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Randolph-Elkins Health Dept. Date of Request: 02/09/2024

Organization Address: 32 Randolph Ave Suite 101 Elkins, WV 26241

Contact Name: Linda S. Sanders Contact Phone: 304-636-0396

Contact Email: linda.s.sanders@wv.gov

Annual Operating Budget: $1,622,774.00

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?
The mission for the Randolph-Elkins Health Department is investing in Healthy Communities. We offer Enviromental Services, Communicable Disease Prevention, Threat Preparedness, Clinical Services and Community Outreach.

USE OF FUNDS

Type of Request

☐ Capital Funding ☒ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: 5,500.00

What is the minimum funding amount you can accept for this request? 4,500.00

Have you received funding from the City in the past? ☒ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: 4,500.00 Fiscal Year: 23-24

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

N/A

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

N/A

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Linda S Sanders
Applicants Signature

LINDA SANDERS
Administrator
Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Elkins Historic Landmarks Commission Date of Request: Feb. 2, 2024

Organization Address: P.O. Box 1863, Elkins WV 26241

Contact Name: Dr. Carol Carter Contact Phone: 225-773-5758

Contact Email: carterc@dewv.edu

Annual Operating Budget: $4,000

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?

To promote and maintain the EHLC and represent the City as a CLG

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: $4,000

What is the minimum funding amount you can accept for this request? $4,000

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $4,000 Fiscal Year: 2023-24

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

To promote and maintain the EHLC and represent the City as a CLG.
Additional information is attached.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

See attached regarding grant opportunities

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

Not at this time

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Dr. Carol C—

Applicants Signature

Dr. Carol Carter, President EHLC

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Randolph County Humane Society Date of Request: February 8, 2024

Organization Address: 195 Weese Street Ext | PO Box 785

Contact Name: Jenna Lee, President Contact Phone: 304-704-3775

Contact Email: jennaleewv@gmail.com

Annual Operating Budget: $415,000

Total Capital Project Budget (if applicable): N/A

What is the purpose / mission of your organization?

RCHS is committed to helping abandoned, abused, neglected, and homeless animals in Randolph County and surrounding areas. We believe that every animal that comes into our care would make a wonderful companion if just given a chance. Our mission is to increase those chances through our pet adoption services.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☑ Event/Program ☐ Other

FY 2025 Funding Request Amount: $19,000

What is the minimum funding amount you can accept for this request? $7,000

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $5,000 Fiscal Year: 2019

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Operational Funds: Historically, the City of Elkins has directed funds to the Randolph County Commission for animal control services. We now request that the funds, totaling $7,000, be issued directly to RCHS for animal control support.

TNVR Program: RCHS is dedicated to humanely controlling the population of feral and un-owned community cats in Randolph County. As we continue to address this issue that affects many within the city limits through our Trap/Neuter/Vaccinate/Return (TNVR) program, we are requesting $12,000 from the City of Elkins to expand our TNVR effort to include approximately 100-120 cats within city limits. We will use a portion of the funds to issue vouchers to city residents who own unspayed/neutered cats.

See attached for additional details for the TNVR program.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

RCHS regularly applies for TNVR specific grants. We also seek out donations from the community to be specifically designated toward TNVR efforts. In 2023, we received over $15,000 in grants and donations toward the program.
We have seven volunteers who support the TNVR program by assisting with trapping efforts.

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

Addressing pet overpopulation is a gradual and ongoing process. For this reason, continued investment in the TNVR program will be necessary for the foreseeable future. RCHS will continue to seek out grants and donations to support the program.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Jenna N. Lee

Applicants Signature

Jenna Lee | Board President

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: GFWC Junior Woman's Club of Elkins Date of Request: 2-12-24

Organization Address: PO Box 505 Elkins, WV 26241

Contact Name: Angie Goff, President Contact Phone: (304)636-5626 or (304)614-7726

Contact Email: gfwcelkinsjuniors@yahoo.com or ehsprojectsafegraduation@yahoo.com

Annual Operating Budget: $12,000

Total Capital Project Budget (if applicable): N/A

What is the purpose / mission of your organization?

The purpose of our organization is to provide the communities of Randolph County community service. Our purpose for the EHS Project Safe Graduation Party is to provide our graduating seniors a safe place to go and celebrate their graduation night with their classmates and guests without the worries of drugs, alcohol, or other destructive decisions.

USE OF FUNDS

Type of Request

☐ Capital Funding ☐ Operations ☑ Event/Program ☐ Other

FY 2025 Funding Request Amount: $500

What is the minimum funding amount you can accept for this request? $100

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $100 to $250 Fiscal Year: pre COVID 2018/2019

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

The funds requested would be used to help offset the cost of the EHS Project Safe Graduation Party. I have attached to this request the donation/funding request letter, which tells about the history of the party and details of what your money would go to. I can also get you a copy of the bank statement if need be for the Graduation Party. I can also provide you a copy of the IRS form that has the tax id on it for the GFWC Junior Woman's Club of Elkins.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

We receive funding donations from local, county, and state businesses. The amount of donations we receive each year varies but the total amount of donations that come in range from $12,000 to $16,000. It takes between between $12,000 to $16,000 to put this party on for the seniors and their guests. Once we pay for the rental on the Phil Gainer Community Center and the entertainment, the rest of the money is used to help buy prizes for the seniors. The GFWC Junior Woman's Club of Elkins has 8 members. Besides the 8 of us, we depend on community volunteers to help chaperone this event. We also ask the 4 police departments and the 3 fire departments to assist in making rounds during the party and also helping to watch the doors.

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

We do keep a start up in the checking account for the following years party which allows us to buy envelopes and postage so that we can send out donation funding letters in January. The amount that we keep in the checking account is no more than $1,000.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Angie Goff _____ President _____

Applicants Signature — Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Elkins Randolph County Public Library Date of Request: 002/01/2024

Organization Address: Tempoary Address:209 Randolph Avenue, Elkins, WV 26241

Contact Name: Ruth Mitchell - Executive Director Contact Phone: 304-637-0287

Contact Email: ruth.mitchell@elkinslibrary.com

Annual Operating Budget: $166,855.00

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?

USE OF FUNDS

Type of Request

☐ Capital Funding ☒ Operations ☐ Event/Program ☐ Other

FY 2025 Funding Request Amount: 22,500.00

What is the minimum funding amount you can accept for this request? $22,500.00

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $22,500.00 Fiscal Year: 2023-2024

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Please see attached sheets

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Jennifer L Morgan
Applicants Signature

Jennifer L. Morgan, President of the Board of Trustees
Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Elkins Main Street, Inc. Date of Request: 2/9/2024

Organization Address: 10 11th Street, Suite E, Elkins, WV 26241

Contact Name: Scott Goddard, Board President Contact Phone: 304-642-1352

Contact Email: goddards@dewv.edu

Annual Operating Budget: Historically $67,000; this year less than $48,000

Total Capital Project Budget (if applicable): N/A

What is the purpose / mission of your organization?

Elkins Main Street works with our local businesses and community organizations to grow the vibrant downtown experience and environment by leveraging available community assets, promoting public and private partnerships, supporting historic preservation, enhancing the cultural environment, embracing our heritage, and investing in our future.

USE OF FUNDS

Type of Request

☐ Capital Funding ☒ Operations ☐ Event/Program ☐ Other

FY 2024 Funding Request Amount: $9,750.00

What is the minimum funding amount you can accept for this request? $9,500.00

Have you received funding from the City in the past? ☒ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $19,250 Fiscal Year: 2024

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Please see attached.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

Please see attached.

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

Please see attached.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Applicants Signature

Scott Goddard, Board President

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (*Due Date: No later than February 9, 2024*)

Staff Recommendation
- ☐ Recommend Full Funding
- ☐ Recommend Partial Funding
- ☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Our Town, Inc. Date of Request: 2/1/2024

Organization Address: 316 Railroad Ave Elkins, WV 26241

Contact Name: Tammy Dolly Contact Phone: 302 636 4400

Contact Email: ourtownelkins@gmail.com

Annual Operating Budget: $50,000

Total Capital Project Budget (if applicable): _____

What is the purpose / mission of your organization?

Our Town, Inc., founded in 2018, offers Elkins residents and visitors multiple activities to enhance and enrich their lives within the community and contribute to a thriving, active, and cultural downtown environment.

USE OF FUNDS

Type of Request

☐ Capital Funding ☐ Operations ☑ Event/Program ☐ Other

FY 2024 Funding Request Amount: $2,500

What is the minimum funding amount you can accept for this request? _____

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $3000 ARPA grant Fiscal Year: FY 2022

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

Effective in 2023 the Chamber of Commerce turned over responsibility for July 4th fireworks to Our Town, Inc. We learned from meetings with Elkins Fire Chief Steve Himes and Andy Burns, our fireworks shooter, that $10,000 is the minimum expenditure required for an effective fireworks display. Previous displays were bought for significantly less. Also needed is an appropriate area to set off the fireworks. Based on this information Our Town made a $10,000 fireworks purchase and changed the shooting location for the 2023 display. As a result we had an excellent fireworks show and large crowd watching. Fireworks are part of a three day July 4th celebration which includes the Mountain State Street Machines car show and three nights of free concerts. These events bring a number of visitors to Elkins. The County Commission contributes $5000 to Our Town for fireworks. The requested funds will be used as partial payment of the $10,000 cost of July 4th fireworks.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

County Commission $5,000
RCDA shooting site
Andy Burns fireworks shooter
Our Town has submitted a grant application to pay our $2,500 share

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

Not this year
July 4th fireworks are an annual event in Elkins

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Tammy Dolly
Applicants Signature

Priscilla Gay, Treasurer
Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation
☐ Recommend Full Funding
☐ Recommend Partial Funding
☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____

FY 2025 City Council Funding Request
Due Date: February 9, 2024

If you have questions prior to submitting your request, we are happy to assist. Questions can be addressed to Sutton Stokes, City Clerk, at suttonstokes@cityofelkinswv.com.

Non-Profit Funding Request Application

ORGANIZATION INFORMATION

Organization Name: Elkins Tree Board Date of Request: 2/2/2024

Organization Address: Elkins City Hall, 401 Davis Ave., Elkins

Contact Name: Marilynn Cuonzo Contact Phone: 304-621-5900

Contact Email: mcuonzo@gmail.com

Annual Operating Budget: FY 24: $2,700 (attached)/FY23: $4,000

Total Capital Project Budget (if applicable): n/a

What is the purpose / mission of your organization?

The ETB's purpose, mission and goals are part of the recently submitted Urban Forest Management Plan.

Vision: The Elkins Tree Board will foster the best possible version of its urban forest - as a public resource, an environmental priority, and as a point of pride.

USE OF FUNDS

Type of Request

☐ Capital Funding ☑ Operations ☑ Event/Program ☐ Other

FY 2025 Funding Request Amount: $4,000

What is the minimum funding amount you can accept for this request? n/a

Have you received funding from the City in the past? ☑ YES ☐ NO ☐ UNSURE

If yes, please provide the time period and allocation for the most recent funding provided:

Amount provided: $2,700 Fiscal Year: FY24

What are the requested funds to be used for? Provide as much detail as possible, including project budget and how this benefits the City. Attach additional sheets as necessary.

See attached 2024 work plan. These events/strategies enhance the quality of life of residents by providing a healthier urban canopy, increasing the value of residential properties, cooling the temperature of neighborhoods, and providing environmental education opportunities for residents of all ages.

Please list any funds that will be used to supplement the requested funds (i.e. grants, other matching funds). Please also list the number of any volunteers involved in the project or any in-kind contributions.

The ETB historically reports over 700 volunteer hours per year; one of the highest number of volunteer hours for a Tree City in the state. Our volunteers have included D&E students and Girls State participants, Mountain School, Friends of Trees and Master Naturalists/Master Gardeners. (See attached Annual Report 2023)

Will there be ongoing costs associated with this project/request once completed? Please describe any continuation or upkeep needed and discuss how any reoccurring costs will be covered.

Any ongoing costs will be absorbed by the ETB budget. We would like to remind the finance committee of the need to continue its financial support of the city arborist contract.

ADDITIONAL INFORMATION REQUESTED

A. Attach any additional sheets (as needed) from questions asked in this application.
B. Provide specific details and documentation related to requested funds such as quotes from vendors, utilities/operating expenses, proposed job descriptions and salaries when applicable.
C. Attach a complete financial statement and/or Federal Form 990 for the most recently completed fiscal year along with a year-to-date financial report for the current fiscal year (must include all financial transactions).
D. Name, position, and contact information for all organization Board members.
E. Organizational budget and sources of general funding (i.e. treasury, fundraising, grants, other income).

Marilynn Cuonzo, Chair

Applicants Signature

Name / Title of Person Completing the Form

TO BE COMPLETED BY CITY OF ELKINS

Date Received: _____ (***Due Date: No later than February 9, 2024***)

Staff Recommendation ☐ Recommend Full Funding

☐ Recommend Partial Funding

☐ Recommend Zero Funding

Comments:

City Council Action: Approved? ☐ YES ☐ NO

Amount Approved (if applicable): _____

Assigned Account No.: _____