**FREMONT COUNTY RECREATION BOARD**

**2020 Application for County Assistance**

**For Projects Under $500.00 - Complete Pages 1 & 2**

**For Projects Over $500.00 - Complete All Pages**

**Project Sponsor:**

**Contact Person:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address:** |  | | | |  | **Day Phone:** |  |
|  |  |  |  |  | **e-mail**: | | |
| **Proposed Project Title:** | | |  | |  |  |  |
| **Total Cost of Proposed Proj:** $ | | | | | **Total of Grant Funds Reqstd:** $ | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **All applications must include:** | |  |
| \_\_\_\_\_ 1. | A completed **original** application form with an original signature, dated, plus | **9** |
|  | **photocopies** (please refer to the*General Instructions and Guidelines*). |  |

**And be accompanied by each of the following:**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ | 2. | Statement assuring public access to or use of project |
| \_\_\_\_\_ | 3. | Location and site maps, if applicable |
| \_\_\_\_\_ | 4. | Evidence of public participation |
| \_\_\_\_\_ | 5. | Statement of plan to maintain |
| **As applicable:** | | |
| \_\_\_\_\_ | 6. | Resolution authorizing project if municipal or county application |
| \_\_\_\_\_ | 7. | Statement of need from appropriate planning officials |
| \_\_\_\_\_ | 8. | Permits for special situations, i.e. crossing of public roads, rights of way, water |
|  |  | obstruction, and building permits, if applicable |
|  |  |  |
|  |  |  |

**Grant Applications are due by 5:00 p.m. on Friday, March 13, 2020**

**at one of the following locations:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fremont County Recreation Board |  | Lander Parks & Recreation | |
| **Mailing:** | Inberg Miller | **Mailing:** | 240 | Lincoln Street |
| **Physical:** | 124 East Main Street | **Physical:** | 405 | Fremont Avenue |
|  | Riverton, WY 82501 |  | Lander, WY 82520 | |

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**2020 Application for County Assistance**

**FUNDING REQUEST INFORMATION**

(Each request should be completed on a separate request form)

**Type of Project: (Refer to *General Instructions and Guidelines*)**

**Priority 1** –Major Construction and/or Major Improvementsto Recreational Facilities

**Priority 2** –Routine Maintenance and/or Repair to Recreational Facilities,and Maintenance and Construction of Recreational Infrastructure

**Priority 3** –Individual Consideration and Administrative Support;(Consideration will be given to specific special events)

**Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Board reserves the right to consider each group or organization’s request on a case by case basis.**

Estimated useable life of the request:

**Project:** Give description of how the funds you are requesting will be used:

**Project Costs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Description** |  |  | **Source of Estimate** | | **Total Cost** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Materials** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Rental** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Labor** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Equipment** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Travel** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Awards** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Other Expenses** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Your Group’s** |  |  |  |  | **Cash** | | - |  |
|  |  |  |  |  |  |  |
|  | **Contribution:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Labor** | | - |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Material** | | - |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Other Funds: (Grants,** |  | **Source:** |  |  |  |  |  |  |
|  | **Contributions, etc)** |  |  |  | **Cash** | | - |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Source:** |  |  | **Labor** | | - |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Source:** |  |  | **Material** | | - |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Total Amount Requested** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
| **Signature of responsible person:** | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  |

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**2020 Recreational Fund Grant Application**

1. **Classification of Project Applicant (Check One)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Group or Organization |  | Non-Profit Corporation |  | Other |
|  | Municipal Government |  | For Profit Corporation |  | (Explain below) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Schedule**

Projected Number of Weeks to Accomplish All work Estimated Start Date

1. **Location of Project (Exact Location including County, City/Town, Street):**
2. **Classification of Land for Proposed Project (Check One)**

Public Land Private Land Combination

1. **Type of Use (Check All That Apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hard Surface Bicycling |  | Equestrian Activities | Snowmobiling | |
|  |  |  |  |  |
| Mountain Biking |  | Jogging/Fitness Activity | Wheel Drive | |
|  |  |  |  |  |
| Canoeing, Kayaking, Rafting |  | Persons with Disabilities | Off-Highway Motorcycle | |
|  |  |  |  |  |
| Day Hiking |  | Interpretive/Nature | All Terrain Vehicle | |
|  |  |  |  |  |
| Softball |  | Baseball | Soccer | |
|  |  |  |  |  |
| Boating |  | Fishing | Swimming | |
|  |  |  |  |  |
| Long Distance Backpackin**g** |  | Cross-Country Skiing | Other (Explain below) | |
|  |  |  |  |  |

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**2020 Recreational Fund Grant Application,** Continued

**Before continuing, are you able to answer “yes” to the following?**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ | 1. | Are local funds available for the project? (50% match required: cash and/or in- |
|  |  | kind) |
| \_\_\_\_\_ | 2. | Is public access/use guaranteed for the required time period? |
| \_\_\_\_\_ | 3. | Is the project compatible with all appropriate land use plans? |
| \_\_\_\_\_ | 4. | Have provisions been made for operation and maintenance of the project? |
| \_\_\_\_\_ | 5. | Is the construction time schedule realistic? |
| \_\_\_\_\_ | 6. | Is sufficient detail for elements of cost available? (See Page 2) |
| \_\_\_\_\_ | 7. | Has there been public input into the planning of the project? |
| \_\_\_\_\_ | 8. | Is the project compatible with Section 504 of the Rehabilitation Act of 173 |
|  |  | (Handicapped Accessibility)? |

**Description of In-Kind Match:**

Project Sponsor’s 50% can be equipment, engineering/planning, labor, or materials (per diem, wages, or travel expense not allowed).

**Description of Project.** In concise terms, explain the scope of work or what it is you intend toaccomplish under this project:

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**2020 Recreational Fund Grant Application,** Continued

**Environmental Impact**

**Land Use.** Briefly describe the present land use in the project area (attach a land use map, ifnecessary):

**Is the project consistent with development plans for the area?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No |
| Please Explain: | | |  |  |

**Socioeconomic.** Will the proposed project **negatively** impact any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Health/Education Facilities |  | Yes |  | No |
| Emergency Service Providers |  | Yes |  | No |
| Public Utilities |  | Yes |  | No |
| Residential Areas |  | Yes |  | No |
| Handicapped, Minorities or Elderly |  | Yes |  | No |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please Explain: | | |  |  |  |  |  |  |  |
| **Is this project a continuation of an existing project?** |  |  | Yes | | |  | | No | |
| Please Explain: | | |  |  |  |  |  |  |  |
| **Will volunteer labor be used to accomplish this project?** | | |  |  | Yes | | |  | No |
| Please Explain: | | |  |  |  |  |  |  |  |

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**2020 Recreational Fund Grant Application,** Continued

**Is the project sponsor able to make a commitment to continue operation and maintenance of project after grant money is no longer available?**

Yes No

Please Explain and Identify Funding Source(s):

**Hazardous Wastes.** Is there any potential for involvement with hazardous wastes?

Yes No

Please Explain:

**Public Land.** Is the project located on a publicly-owned park, recreational area, historic site orwildlife and waterfowl refuge?

Yes No

If yes, please name the area:

**Please Note:**

If the Applicant is not the official having jurisdiction over the park or recreation area, a letter must be attached from the official stating their approval that the project is acceptable and consistent with the designated use of the property and that they are satisfied that the applicant has committed to include all possible measures to minimize harm.

**2020 Recreational Fund Grant Application,** Continued

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**Please include a detailed maintenance plan which outlines scheduled maintenance activities appropriate to the project.**

**I hereby certify that the application form and all attachments are correct to the best of my knowledge.**

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

\*Signature of Authorized Contact Person

Name (Typed or Printed)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  | Title |  |  |  |  |  |  | Date |  |
|  |  | |  |  |  |  |  | | |
|  | e-mail | |  |  |  | Phone |  | | |

\*This is the Contact Person we will notify via phone and/or e-mail as to whether or not funding is approved.

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