

**FREMONT COUNTY RECREATION BOARD**  
**2023 Grant Application for County Assistance**

Project Sponsor: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Phone/Cell: \_\_\_\_\_

**Grant Request Total \$** \_\_\_\_\_ **Project Total Cost \$** \_\_\_\_\_

► **SUBMIT A complete original signed grant application form with 9 photocopies.**

Grant Application are **due by 5:00 PM on Friday, March 17<sup>th</sup>, 2023** at one of the following locations:

Inberg Miller  
124 East Main Street  
Riverton, WY 82501

Lander Parks & Recreation  
405 Fremont Avenue  
Lander, WY 82520

**Type of Project:**

\_\_\_\_\_ **Priority 1** – Major Construction and/or Major Improvements to Recreational Facility

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

\_\_\_\_\_ **Priority 3** – Individual Consideration and Administrative Support

\_\_\_\_\_ **Other** - \_\_\_\_\_

► The Fremont County Recreation Board reserves the right to consider each group or organization's request on a case by case basis.

**Project Specifics:**

Estimated useable life of the request in years: \_\_\_\_\_

Provide detailed description of how the funds you are requesting will be used:

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

Is this project a continuation of an existing project? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Explain: \_\_\_\_\_

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**Project Costs:**

	Description	Source of Estimate	Total Cost
<b>Materials</b>			
<b>Rental</b>			
<b>Labor</b>			
<b>Equipment</b>			
<b>Travel</b>			
<b>Other Expenses</b>			
			\$
<b>Your Group's Contribution:</b>		<b>Cash</b>	-
		<b>Labor</b>	-
		<b>Material</b>	-
			\$
<b>Other Funds: (Grants, Contributions, etc)</b>	<b>Source:</b>	<b>Cash</b>	-
	<b>Source:</b>	<b>Labor</b>	-
	<b>Source:</b>	<b>Material</b>	-
		<b>Total Amount Requested</b>	\$

**Description of In-Kind Match:**

Project Sponsor's 50% match can be equipment, engineering/planning, labor, or materials. (Per diem, wages, and travel expenses not allowed).

Please describe 50% In-Kind Match Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will volunteer labor be used to accomplish the project?     Yes     No

Please explain: \_\_\_\_\_

\_\_\_\_\_

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**Classification of Project Applicant:**

Group or Organization       Non-Profit Corporation       Other  
 Municipal Government       For Profit Corporation      Explain Below

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**Project Schedule & Location:**

Projected number of weeks to accomplish project \_\_\_\_\_

Projected Start Date \_\_\_\_\_

Location of Project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach location site map if necessary.)*

**Classification of Land for Proposed Project:**

Public Land       Private Land       Combination

**Project Type of Use:**

Bicycling       Running / Fitness Activity       Soccer  
 Canoeing / Boating       Interpretive / Nature       Swimming  
 Hiking / Backpacking       Fishing       Other  
 Softball / Baseball       Skiing      Explain Below  
 Boating       Snowmobiling  
 Equestrian Activities       All Terrain Vehicle

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**Hazardous Wastes:**

Is there any potential for involvement with hazardous waste? Yes  No

If yes, please explain: \_\_\_\_\_

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**Project Maintenance:**

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

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Please explain and identify funding source.

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Please include detailed maintenance plan which outlines scheduled maintenance activities appropriate to the project. (*Attach to grant request if necessary*)

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**Public Land:**

Is the project located on publicly-owned park, recreational area, historic site, or wildlife and waterfowl refuge?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please name the area.

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- ▶ If the Applicant is not the official having jurisdiction over the park and 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.

**Environmental Impact:**

**Land Use:**

Briefly describe the present land use in the project area. (*Attach a land use map if necessary*).

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Is this project consistent with development plans for the area? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Please explain: \_\_\_\_\_

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► Are you able to answer “yes” to the following?

- |   |           |          |
|---|-----------|----------|
| 1. Are 50% matching funds available for the project?              | Yes _____ | No _____ |
| 2. Is public access/use guaranteed for the project?               | Yes _____ | No _____ |
| 3. Is the project compatible with all appropriate land use plans? | Yes _____ | No _____ |
| 4. Have provisions been made for operation and maintenance?       | Yes _____ | No _____ |
| 5. Is the construction time schedule realistic?                   | Yes _____ | No _____ |
| 6. Is sufficient detail for elements of cost available?           | Yes _____ | No _____ |
| 7. Has there been public input into the planning of the project:  | Yes _____ | No _____ |
| 8. Is the project compatible with Handicapped Accessibility?      | Yes _____ | No _____ |

► The following **must accompany the grant request** if applicable: .

***Please check if you are including this information with grant request:***

- \_\_\_\_\_ Statement assuring public access to or use of project.
- \_\_\_\_\_ Location and site maps.
- \_\_\_\_\_ Evidence of public participation.
- \_\_\_\_\_ Statement of plan to maintain.
- \_\_\_\_\_ Resolution authorizing project if municipal or county application.
- \_\_\_\_\_ Statement of need from appropriate planning officials.
- \_\_\_\_\_ Permits for special situations, i.e. crossing of public roads, rights of way, Water obstruction, and building permits.

**Socioeconomic Impact:**

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 _____ |

**Attestation:** *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)

\_\_\_\_\_  
Date