

FREMONT COUNTY RECREATION BOARD
2024 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 15th, 2024** 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 |
|--------------------------------------------------|----------------|-------------------------------|------------|
| Materials | | | |
| Rental | | | |
| Labor | | | |
| Equipment | | | |
| Travel | | | |
| Other Expenses | | | |
| | | | \$ |
| Your Group's Contribution: | | Cash | - |
| | | Labor | - |
| | | Material | - |
| | | | \$ |
| Other Funds: (Grants, Contributions, etc) | Source: | Cash | - |
| | Source: | Labor | - |
| | Source: | Material | - |
| | | Total Amount Requested | \$ |

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

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

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.

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

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.

- ▶ 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*).

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