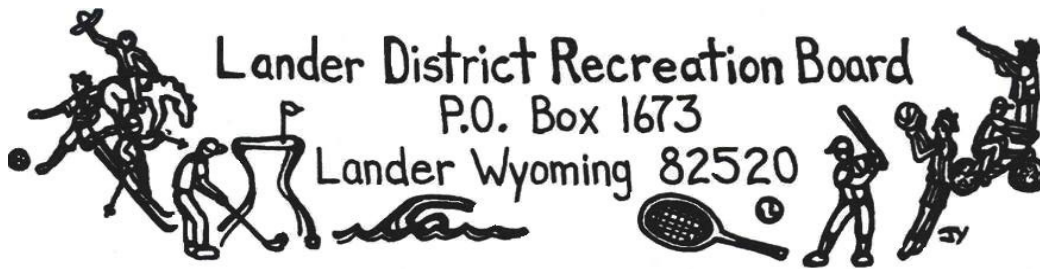


STOP!

Please save this form to your computer and enter your information into the saved file. Do not complete this form in your web browser (Chrome, Safari, Firefox, Internet Explorer, Edge), as your information will not be saved. Remember also that you must be using Adobe Acrobat Reader.



2019 Grant Application

INSTRUCTIONS:

- Please **save this form** to your computer before entering any information. To type into this form, you must use Adobe Acrobat Reader (free download: <https://get.adobe.com/reader/>). Otherwise, please print out the blank form and complete it manually.
- **Ten (10) printed, signed copies** must be turned in to the Lander Parks and Recreation Office (405 Fremont Street), or mailed to the Lander District Recreation Board (P.O. Box 1673, Lander, WY 82520), by **12pm (noon), Friday, January 4, 2019**.
- Please include **proof of your non-profit status** or fiscal sponsorship (eg. 501(c)(3) filing, affiliation with Lander City Parks, registration with Wyoming Secretary of State, etc.)

ORGANIZATION INFORMATION

1. Name of organization: _____
2. Mailing address: _____
3. Contact name: _____
4. Contact Phone: _____
5. Contact Email: _____
6. Name & phone number of spokesperson: _____

7. Organization's Officers

| Title | Name | Phone | Email |
|-----------------------|------|-------|-------|
| President | | | |
| Vice President | | | |
| Secretary | | | |
| Treasurer | | | |

8. Please estimate:

| Number of participants | Contact Hours (time spent participating in your program) | Age of participants in your program |
|------------------------|--|-------------------------------------|
| | | |

If grant is for performing arts:

Number of performances: _____ Expected audience per event: _____

9. Lander District Recreation funds REQUESTED from PREVIOUS year _____
10. Lander District Recreation funds APPROVED from PREVIOUS year _____

GRANT REQUEST INFORMATION

*Note: If your organization is requesting multiple grants this year, please submit each separately.

- 1. Project description: Describe as specifically as possible how the funds you are requesting will be used.**

2. Types of projects/costs associated with your grant request:

| | Description | Source of estimate | Total cost |
|----------------------------|--------------------|---------------------------|-------------------|
| Materials | | | |
| Equipment | | | |
| Rental | | | |
| Paid Labor | | | |
| Capital Improvement | | | |
| TOTAL PROJECT COST | | | |

3. Please describe your organization's contribution to the financing of this project:

| | Description | Value |
|--|-------------|-------|
| Cash | | |
| Volunteer Hours | | |
| Donated Materials | | |
| Funds from other Grants | | |
| Your Total Contribution to this project: (Do not include amount requested in this grant application) | | |

| | |
|--|--|
| TOTAL AMOUNT REQUESTED in this application: | |
|--|--|

STATEMENT OF ORGANIZATION'S FINANCIAL STATUS FOR PREVIOUS FISCAL YEAR

Please attach last year's financial statement (if any) and complete the form below.

| | | |
|--------------------------------------|---|--|
| 1. | Fiscal Year Dates (Month/Year) | |
| 2. | Cash assets at the BEGINNING of your fiscal year (include cash, money in banks, CDs, etc.) | |
| Income for your previous fiscal year | | |
| 3. | Memberships/Dues | |
| 4. | Donations | |
| 5. | Grant funding received | |
| 6. | Other Income (please describe below) | |
| | | |
| 7. | Total income for last fiscal year (add rows 3-6 above) | |
| 8. | Total cash plus income (add rows 2 and 7) | |
| Expenses for last fiscal year | | |
| 9. | Equipment, supplies, uniforms, etc. | |
| 10. | Facility costs (rent, maintenance, etc.) | |
| 11. | Salaries/Wages | |
| 12. | Employee, volunteer training expenses | |
| 13. | Other expense (please describe below) | |
| | | |
| 14. | Total Expenses (add rows 11-13) | |
| 15. | Total Cash after expenses (row 8 minus row 14) | |

16. Describe any significant change (increase or decrease) in this year's financial information from past years:

17. Explain any planned surplus funds or expected deficits. Please specifically explain any planned surplus and why this surplus is not used to fund proposed project:

SIGNATURE

I, the undersigned, attest and believe that the information contained in this Lander District Recreation Board Grant Application is correct and factual as of this date.

Signed: _____ Date: _____

Title _____

FINAL REMINDERS:

PROOF OF NON-PROFIT: Please provide proof of your non-profit status or fiscal sponsorship (eg. 501 (c) (3) paperwork, affiliation with Lander City Parks or Fire Authority, registered with Wyoming Secretary or State, etc.)

APPLICATION SUBMISSION: Ten (10) printed, signed copies of this application must be turned in to the Lander Parks and Recreation Office (405 Fremont Street), or mailed to the Lander District Recreation Board (P.O. Box 1673, Lander, 82520), by 12 p.m. (noon), Friday, January 4, 2019.

SUCCESSFUL APPLICATIONS: If your grant request is approved and after encumbering the approved amount, your organization must provide us with the following:

1. A brief cover letter summarizing your grant and a request for **REIMBURSEMENT** of specific expenditures.
2. A copy of the invoice(s), receipt(s) or cancelled check(s) for which you are requesting reimbursement. The Lander District Recreation Board will only disburse funds to your group to reimburse money spent. (The board does not pay an invoice, performer, supplier or vendor directly.
3. Please add an itemized list of these documents with a total dollar amount requested for reimbursement.
4. A stamped, self-addressed envelope.

If you are unable to meet these requirements your grant reimbursement may be withheld and future requests may not be considered.