

Shoshone Recreation District (SRD) is Seeking Proposals for Funding from Groups & Organizations within Park County School District 6 Boundaries



Grant Form FY 2021-2022

Application Deadline **Friday, March 19, 2021**

Recreation oriented, non-profit organizations within the boundaries of Park County School District 6 are invited to apply for funding. Grant applications are due **Friday, March 19, 2021 – 4:00 PM**, email submissions are acceptable. Grant money can be spent July 1, 2021 – June 30, 2022. **SRD funds items such as insurance, equipment, facility rental or use costs. Salaries, contract labor, and scholarships are not eligible. SRD does not reimburse; SRD must pay all vendors directly. An incomplete application will not be considered.**

The Shoshone Recreation District supports healthful and creative recreation programs, facilities, and activities to enrich the lives of the residents of Park County School District 6.

To be considered for a grant, please provide the following detailed information relating to your request and organization:

1. **Submit** a completed application form with relevant attachments before deadline. Applications are available on the City of Cody website: <http://www.cityofcody-wy.gov/175/Shoshone-Recreation-District> .

Send, email or deliver to:

Mail: Shoshone Recreation District, PO Box 1531, Cody WY 82414

RickM@cityofcody.com, tgail@cityofcody.com

Call and confirm email submittals were received.

Or deliver to: Cody Recreation Center, 1402 Heart Mountain Street
Attention: Shoshone Recreation District

Questions:

307/527-3484

Rick Manchester

307/527-3485

Tina Gail

2. Applicants will be notified by mail, telephone or e-mail after the board has reviewed all applications. At the discretion of the SRD Board, group presentations and interviews may be required. If a presentation is required, the organization will be contacted and presentations will be scheduled on the evening of **Monday, April 19 or Tuesday, April 20 (time & day TBD)**.

Note: You may supply additional information with this form as an attachment. If your organization has been affected by COVID-19, it is suggested that you attach a brief statement of support to document impacts such as number of program participants, expenditures, ability to restore project/activities etc., in order to be fully aware of each organizations funding requests.

SRD Board Members

Melissa Allen

Diane Ballard

Tasa Brost

Patrick Couture

Tony Hult

Jacob Ivanoff

Tom Keegan

Jay Nielson

Dossie Overfield

Alan Rosenbaum

Josh Spinney

Rick Stonehouse

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Cody WY 82414

307/527-3484

rickm@cityofcody.com

Rick Manchester

Director

307/527-3485

tgail@cityofcody.com

Tina Gail

Administrative Assistant

Shoshone Recreation District Grant Form FY 2021-2022
(Please type or print legibly)

Name of Group/Organization Requesting Funding _____
Must reside within Park County School District 6 boundaries

Grant amount being requested: \$ _____

Name of Project or Program: _____

Is your organization incorporated as a non-profit organization under WY State Law and IRS status? _____ Yes _____ No

Type of non-profit organization--please explain:

Non-profit with IRS 501 (C) 3 STATUS

Federal Tax Identification Number: _____

Other (please indicate): _____

How long has your organization been in existence? _____ Years

Is this your first year completing a SRD application for funding? _____ Yes _____ No

Is your organization within Park County School District 6 Boundaries? _____ Yes _____ No

Mailing Address _____

City/State/ZIP _____

Contact and Authorized Representative Name & Title _____

Phone(s) _____ E-Mail _____

Secondary Contact and Representative Name & Title _____

Phone(s) _____ E-Mail _____

1. What is the primary purpose (recreation services) of your program, or project, and how does it support the purpose of the SRD, which “supports healthful and creative recreation programs, facilities, and activities to enrich the lives of the residents of Park County School District 6”.

2. Does your organization make scholarships available to participate in your program? _____Yes _____No

If yes, explain.

3. Is your program open to participants with all skills and abilities? _____Yes _____No

If no, explain.

4. Is there a selection or tryout process that limits the number of individuals involved that can participate? _____Yes _____No

If yes, explain.

5. Why should this program or project be funded?

6. Is this a one-time request or will future funding be needed to continue this project?

7. Please explain your future plans for sustainability.

8. Describe other financial contributions, including in-kind, which have been or will be made toward this project, if any. Will any of the funding requested be used for grant matching funds? If yes, please provide list of grantor names, project description, grant amounts, and matching requirements.

9. How many Park County School District 6 residents and non-residents are served in your organization and how many people do you expect to participate in your program.

	Estimated Number of PC School District 6 Residents	Non-Residents	Number of Program Days	Age Groups Served	Participant Registration Fees Per Participant
2021 Projected this year					
2020 Last year actuals					

10. Purpose of funding or how will the grant be used to enhance your program:

	Total requested amount by item listed in left column
Equipment, Materials & Supplies (please list)	<u>Equipment</u> \$
General Liability Insurance, Directors & Officers Insurance	<u>Insurance</u> \$
Field or facility fees (explain)	<u>Field or facility fees</u> \$
Other (explain)	<u>Other</u> \$
	TOTAL above, grant amount being requested \$ _____
Is it feasible to purchase equipment/materials in Park County School District 6?	_____ Yes _____ No If no, explain.

11. Budget Summary

Applicant Income Source(s)	Committed or Requested Funds July 1 – June 30
1. Grants, Contributions Foundations, Recreation District(s) <i>Please list funding use & indicate requested or approved.</i>	\$
2. Sponsors	\$
3. Other (specify)	\$
4. Earned Income Player & Entry Fees	\$
Events, Fundraisers	\$
5. In-Kind Support	\$
6. Applicant Reserve Funds	\$
TOTAL INCOME	\$

Expenses	Applicants Budget July 1 – June 30	The totals below should reflect the items shown on pg. 5--Purpose of Funding
1. Salaries & Benefits	\$	Not eligible
2. Contracted Services	\$	Not eligible
3. Advertising & Printing	\$	\$
4. Scholarships	\$	Not eligible
5. Repairs & Maintenance (Vehicles, etc.)	\$	\$
6. Equipment, Materials & Supplies	\$	\$
7. General Liability Insurance, Directors & Officers Insurance	\$	\$
8. Field or Facility Rent	\$	\$
9. Machinery/Equipment	\$	\$
10. Travel Costs	\$	\$
11. Dues & Fees	\$	\$
12. Other Expenses (please describe)	\$	\$
TOTAL EXPENSES	\$	\$

SRD Funding Requested

12. Authorization:

I certify that all of the information provided on this application is true and complete to the best of my knowledge. Liability insurance coverage is also required for the organization identified on this application. I understand that if asked by an authorized official of the Shoshone Recreation District, I agree to give proof of the information that I have given on this application and to provide certificate of liability insurance, coverage period and type of coverage. Your group/organization agrees to indemnify the Shoshone Recreation District of any liability associated with the use of such funds and certifies that this grant request has been approved by your governing board(s).

Individuals participating in recreational activities sponsored by the SRD agree to hereby operate in accordance with the code of ethics: provide positive support, care, and encouragement for fellow competitors and league officials. Treat other players, coaches, fans, and officials with respect; demonstrate fair play and sportsmanship to all fellow competitors; understand that the officials are there for the participants benefit and will agree not to direct any profane or threatening actions toward them (either verbal or physical). Violations may result in a denial of future funding.

Date: _____

Organization Requesting Funding: _____

Authorized Representative's Signature: _____

Title: _____