



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

Grant Form FY 2023 - 2024

Application Deadline **Friday, March 17, 2023**

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 17, 2023 – 4:00 PM**, email submissions are acceptable. Grant money can be spent July 1, 2023 – June 30, 2024. **SRD funds items such as general liability insurance, equipment, facility rental or use costs. Salaries, contract labor, directors and officers insurance, and scholarships are not eligible. SRD does not reimburse; SRD must pay all vendors directly. An incomplete application will not be considered.**

SRD Board Members

- Melissa Allen
- Tasa Brost
- Patrick Couture
- Tony Hult
- Tom Keegan
- Rick Lasko
- Tia Mitchell
- Jay Nielson
- Alan Rosenbaum
- Josh Spinney
- Rick Stonehouse
- Emily Swett

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.codywy.gov/175/Shoshone-Recreation-District> .

Send, email or deliver to:

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

Email: RickM@codywy.gov, **AND** tgail@codywy.gov

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 17 or Tuesday, April 18 (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 projects/activities etc., in order to be fully aware of each organizations funding requests.

Shoshone Recreation District

1402 Heart Mountain St
PO Box 1531
Cody WY 82414

307/527-3484
rickm@codywy.gov
Rick Manchester
Director

307/527-3485
tgail@codywy.gov
Tina Gail
Administrative Assistant

Shoshone Recreation District Grant Form FY 2023-2024
(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. Percentage of Board Members that contribute to your organization financially or in-kind.
_____ % _____ N/A

9. 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.

10. 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
2023 Projected this year					
2022 Last year actuals					

11. 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> \$
Liability Insurance (explain) <i>(Directors and officers insurance premiums are not an eligible expense)</i>	<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.

12. 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. Liability 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

13. Authorization:

I certify that all of the information provided on this application is true and complete to the best of my knowledge. Liability and/or event 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: _____