



STATE OF VERMONT: RECREATIONAL FACILITIES GRANT PROGRAM

APPLICATION COVER SHEET AND CHECKLIST

FOR INTERNAL USE ONLY – YEAR AND GRANT FISCAL YEAR

FY –

1. Name and address of the Sponsoring Organization or Municipality: _____

2. Name of the Contact Person: _____
3. Phone Number: _____ Email: _____
4. Federal ID number: (if applicable) _____
5. Amount Requesting: \$ _____
6. Project (brief description): _____

| ATTACHMENTS CHECKLIST | | ✓ |
|-----------------------|--|---|
| A. | Provide a list of your Board of Directors and their terms of office on a separate sheet of paper, if applicable | |
| B. | If a non-profit organization, attach a copy of your 501(c) IRS Determination Letter or that of your Fiscal Agent (<i>does not apply to municipalities</i>) | |
| C. | Please describe your project in 3 pages or less: | |
| | a) the history of the project | |
| | b) what are the supported services for the intended project; who supports this project and who will benefit from this project | |
| | c) proposed timetable for this project | |
| | d) specify how this money will be used to enhance the project; breakdown of labor and materials; in-kind contributions | |
| | e) if the request is not fully funded, what is the lowest amount acceptable for this project; and what would be the effect if the project is not granted | |
| D. | Project must be shovel-ready and must have all required permits in hand before submitting your application. Otherwise, the application will be automatically disqualified. | |
| E. | 1:1 Financial Match; must be able to submit documented proof you have raised \$1.00 from non-state funds and have those funds in hand (not pledged) for the amount you are requesting; any evidence of a successful bond vote or a specific line item approved within a budget would be useful in gauging support. You cannot use any state or federal grants as your 1:1 financial match. In-kind contributions of labor and/or materials or other types of in-kind matches are not allowed. | |
| F. | Complete the project budget sheet - page 3 of the application | |

| | | |
|----|---|--|
| G. | Please include first 2 pages of the organizations form 990 (if applicable) | |
| H. | Attach a maximum of 3 letters of support that represent the community's support from Select boards, City Councils, Planning Commissions, Recreational Boards, Citizens at-large and Schoolboards supporting this project. Reminder – this grant process is designed to be simple and represent a community's desire; letters from local boards or citizens are preferred over letters from Legislators or elected Officials. | |
| I. | Attach any other information that you feel would be helpful in assisting the Committee Members in making an award determination. (Colored pictures and sketches are appreciated). | |

The deadline to submit applications is July 31st of each year. If July 31st happens to fall on a weekend, the deadline will be extended to the following Monday. Please mail one (1) hard copy of your completed application and all corresponding documentation to the following address:

Vermont Department of Buildings and General Services
Attn: Judy Bruneau, Grant Administrator
2 Governor Aiken Avenue, Montpelier, VT 05633-5801

State of Vermont
Recreational Facilities Grant
Project Budget Sheet

DO NOT INCLUDE IN-KIND FUNDS

Name of the Sponsoring Organization or Municipality: _____

Dollars

A. Total Capital Expenditure of the project for which you are seeking funds: \$ _____
(This project only)

B. Recreational Facilities Grant Request: \$ _____

| | | |
|---|---|----------|
| C. Existing Funding Sources for this project to date: | Committed Funds please a check box Yes/No | |
| a. Donations (in hand) *** | <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| b. Fundraising (in hand) *** | <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| c. Fees (in hand) *** | <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| d. Grants (do not include this potential grant) *** | <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| e. Other _____ (in hand) *** | <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |

Totals \$ _____

*** Please provide copies of all documents to support your committed funds ***

** This program is authorized to award matching grants up to \$25,000.00 per project. Grant funds shall be awarded only when evidence is presented by a successful applicant that at least \$1.00 has been raised from non-State sources for every dollar awarded under this program. **

CERTIFICATION

We have ☐ have not ☐ applied for any other Building Community Grant this calendar year for this project.

If yes, please specify _____

We have ☐ have not ☐ received any other Building Community Grants in a previous year.

If you have, what year: _____ Which grant: _____

Amount Received: \$ _____

I certify that the above statements are true and accurate to the best of my knowledge.

Printed Name:

Signature:

Date: