



## Albany County Albany County Recreation Board Funding Request Application

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### Fiscal Year 2025

#### Albany County – Albany County Recreation Board (ACRB) Funding FY25 Introduction

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The Albany County Recreation Board's (ACRB) primary source of funding is the one mill recreation levy imposed by the Albany County School Board. The ACRB awards funding for proposals for recreation projects, which may include facilities, construction, programs, equipment, operations and maintenance to the City of Laramie, Albany County, the Town of Rock River, and Albany County School District No. 1.

The Albany County Grants Office will accept proposals from community recreation providers, organizations, and clubs for Fiscal Year 2025 (7/1/24 through 6/30/25) community recreation projects. The proposed schedule is as follows:

- January 12, 2024 - 5:00 p.m. – Funding proposals are due to the Albany County Grants Office.
- February 6, 2024 – All applications will be presented to the Albany County Commissioners at their regularly scheduled meeting. Each agency will have the opportunity to present and answer any questions regarding their project and application. After agencies have presented, the Board of County Commissioners will finalize their recommendations for ACRB sponsorship.
- The final recommendations of the Albany County Commissioners will be submitted to the Albany County Recreation Board for consideration on or before March 1, 2024. Once the ACRB receives grant requests from the four (4) governmental agencies, meetings will be scheduled to evaluate, discuss and make recommendations for grants for Fiscal Year 2025.
- **Please note the recommendations of the ACRB must then be approved by the Albany County School District No. 1, Board of Education along with approving the recreation mill for Fiscal Year 2025.**

Albany County reserves the right to waive any informality in any submittal and/or reject all funding proposals, and to accept funding proposals that are in the best interest of Albany County. The ACRB is a granting agency and does not have ownership, operational or maintenance responsibility for any of the grant funded projects. An approved funding proposal in any given year does not guarantee or imply funding will be approved in any future year. By accepting funding, applicant will enter into an agreement with Albany County for tracking and reporting purposes. Reimbursements for funding proposals will be made to the grantees, or their designee, Albany County. All requests for reimbursement will require the completion of the Albany County Grant Draw Request Form, proof of approved expenditures, and completed quarterly reports.

Please answer questions in the form provided. An application is also available for download on the Albany County website, <https://www.co.albany.wy.us/>. Contact Bailey Quick ([bquick@co.albany.wy.us](mailto:bquick@co.albany.wy.us) 307-721-1803) for assistance. All requested information must be completed before this application will be considered. Applications that are incomplete or are missing required materials may not be considered until all missing information or items have been received by the Albany County Grants Office. **Applicants must submit one (1) signed original application, plus one (1) electronic copy to:** Bailey Quick, Albany County Grants Manager, 525 Grand Ave. Suite 202, Laramie, Wy 82070 ([bquick@co.albany.wy.us](mailto:bquick@co.albany.wy.us) ). **Applications must be received by the Albany County Grants Office no later than 5:00 p.m. on Friday, January 12, 2024.**

**Albany County – ACRB Funding Application FY25**

**Checklist**

This checklist is for applicant use only. Do not include this list in your application.

- One (1) Completed Original Copy hand delivered or mailed to: Bailey Quick, Grants Manager, 525 Grand Ave. Suite 202, Laramie, WY 82070
- One (1) Completed Electronic Copy emailed to: Bailey Quick, Albany County Grants Manager [bquick@co.albany.wy.us](mailto:bquick@co.albany.wy.us)
- Use only a staple, paperclip, or binder clip to secure the application, starting with Section I. (Do not place your application in a folder, comb binder, etc.)
- Only provide what is requested. Do not include brochures, promotional materials, or any other extraneous items.
- Completed Copy of Submitting Agency’s W-9 Form.
- Mark your Calendar: **Presentation Schedule** (a final presentation schedule will be provided when applications are received)

<b>Application Type</b>	<b>Date/Time</b>	<b>Location</b>
ACRB Funding Proposal Presentation	February 6, 2024, at 9:30 am	Albany County Court House, Commissioner’s Room 525 Grand Ave., Laramie, Wyoming

- No more than five (10) additional pages of supporting information. This should include pictures, diagrams, design plans, quotes, etc. **Quotes and/or firm estimates are required with all applications.**

**APPLICANT INFORMATION**

<b>Organization Name:</b>	
<b>Contact Person:</b>	
<b>Mailing Address:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Website:</b>	

**Type of Organization:** (Club, Organization, University, Non-Profit or Other)

**Requested Grant Amount for FY25:** \$ \_\_\_\_\_

**Will there be any matching funds from the requesting entity?**       Yes, \$ \_\_\_\_\_       No

**Will there be any matching funds from the sponsoring entity (Albany County)?**  Yes, \$ \_\_\_\_\_       No

**Will there be any matching funds from any other entity?**       Yes, \$ \_\_\_\_\_       No

**Total Project Estimate (Grant Request + Matching Funds):** \$ \_\_\_\_\_

**Will this amount be used to leverage additional funds either through grants or other means?**

Yes       No

**If you marked “yes”, indicate the amount of additional funds that will be leveraged and note whether these are estimated or actual.**      \$ \_\_\_\_\_       Estimated       Actual

**Brief description of request:** Using the space below, briefly describe how your organization will use these funds and how the proposed program/project will benefit the community. (This should be no more than 1 or 2 sentences as a more detailed description is requested in Section II)

**Briefly explain how the funds will be used and why ACRB funds are necessary to accomplish this goal. Some discussion items to cover in this section may include:**

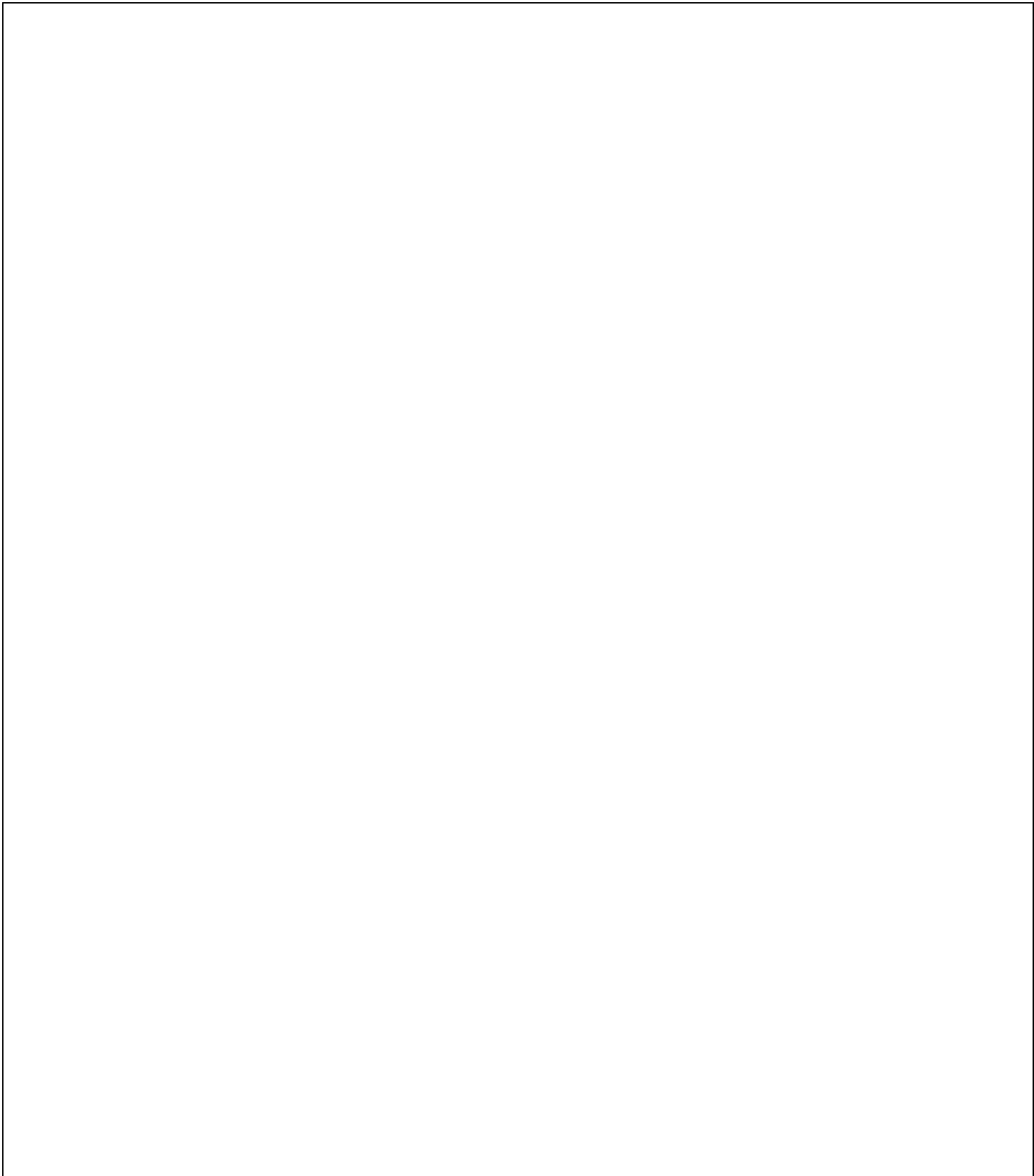
- whether or not the funding request has increased from prior years;
- whether or not this is a one-time or on-going request;
- large equipment or other fixed assets that will be purchased;
- how your project relates to community recreation or improves the overall quality, character, or health of the community.
- estimated timeline of the project.

	<b>Population Served Annually:</b>	
	Children (5 & under):	
	Children (6 to 12):	
	Teens (13 to 18):	
	Adults (19 to 59):	
	Seniors (60 & up):	
	Total Served Annually:	
	<b>Other notes regarding population served:</b>	

**SECTION II: Albany County – ACRB Funding FY25 Request Justification (continued)**

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**Organizational Structure**

List your officers, director(s), leadership, including phone numbers and email addresses.

#	Name	Phone Number	Email Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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**Briefly describe the following financial information related to your organization:**

What is your annual operating budget and how are funds allocated for expenditure (the provision of an annual financial statement is sufficient for this item)?

How does your organization derive revenue to support your operational budget (the provision of an annual financial statement is sufficient for this item)?

Does your organization carry reserves or contingency funds and are those funds encumbered or allocated to any future projects?

**SECTION V: Albany County – ACRB Funding FY25**

**Budget Information**

**Estimated Revenue for Funding Request**

Provide a brief list of estimated revenue for the ACRB Funding Request. This should include the ACRB funding requested amount, matching funds, and potential leveraged fund sources.

#	Source of Funds	Amount	Is this funding Secured or Unsecured?
1	ACRB Funding Request:	\$	
2	Other:	\$	
3	Other:	\$	
4	Other:	\$	
5	Other:	\$	
6	Other:	\$	
7	Other:	\$	
8	Other:	\$	
Total Estimated Revenue:		\$	This figure should match total Estimated Expenses below.

**Estimated Expense for Funding Request**

Provide a brief list of estimated expenses for the ACRB Funding Request. This should include as many estimated items as possible. **Quotes and/or firm estimates are required with all applications please include them with your submittal. Local sources for purchases are preferred in possible.**

#	Item	Amount	Comments
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	
Total Estimated Expenses:		\$	This figure should match total Estimated Revenue above.



**Declaration:** I hereby certify that the information given in this application for Albany County Recreation Board funding is true and correct to the best of my knowledge.

**Responsible Party**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Attest**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date