



Holiday Placemaking Funding Application

- Purpose:** The primary intent of this program is to implement projects that have been identified in the Placemaking Power of 10 Training Exercises and have been chosen through a public engagement process. Please call us if you want help with either of these exercises.
- Eligibility:** Non-profit organizations/municipalities that participated in Placemaking training. If your organization is not already registered as a vendor with the Wyoming Business Council, request a Vendor Packet.
- Funds:** **NOTE: Placemaking proposals are only available to those communities that participated in Placemaking Training.** Placemaking requests are for up to \$500 for the 1st round and \$250 for the 2nd Round. This is a Test B4 You Invest Project.
- Grant Requirements:** Must include seating, lights, decorations and an activity.
Be easily replicable, potentially lead to a permanent project, adaptable season to season.
- Due Date:** Grant deadlines are October 1 and November 1, 2020
- Complete application, scan and send it electronically to kim.porter@wyo.gov or via USPS to Wyoming Business Council, Attention: Kim Porter, 214 W 15th Street, Cheyenne, WY 82002

1. APPLICATION INFORMATION

Applicant (Organization or governmental legal name):

Name of Contact Person:

Mailing Address:

Office Phone and cell phone numbers:

Email:

DECLARATION: I HEREBY CERTIFY THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Program contact signature and date _____

Print or type name and title _____

Mayor or Municipal representative Signature _____

Or letter of support from Mayor/Municipal Representative

WBC, Regional Director Signature _____



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Project Name _____

Describe the project _____

Has the applicant/community previously received funding for a placemaking project? Yes No

What do you hope to achieve with the project?

Timeline of your project:

Estimated No. of Volunteer Hours _____

Total Amount of Grant Request: _____

Match Amounts	
Cash Match	
In-kind funding	
Donations	
Total:	

Description of Item	Costs
TOTAL	



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At the end of the project, turn in this report for reimbursement.

Reporting

Project Name _____

Amount requested: _____

Cash Match Amount: _____ In-kind Amount: _____

Donations value/amount: _____ Number of volunteer hours: _____

Provide an explanation of the project and the results:

REQUIRED: Send in electronic photos of the project with this form.

Describe plans for long-term sustainability or future phases, if applicable:

Signature: _____ Date: _____