**Purpose:** **The primary intent of this program is to implement Placemaking projects in communities across Wyoming.**

**Eligibility:** Non-profit organizations and/or municipalities that have participated in Placemaking training are eligible. Placemaking projects must demonstrate a public engagement process as part of the project development process.

**Funds:** $5,000 and $10,000 grant amounts are available.

**Grant Requirements:** A 10% match is required for each project. A grant report is required at the end of the project (see end of this application) for reimbursement.

**Due Date: May 2, 2022**

 Applicants approved for grants will be notified by May 5. Contracts will be required for awarded grants.

**Complete application and email to** kayla.kler@wyo.gov **by May 2, 2022 to be considered.**

|  |
| --- |
| **1. APPLICATION INFORMATION** |
| **Applicant** (Organization or governmental legal name): |  |
| **Name of Contact Person:** |  |
| **Mailing Address:** |  |
| **Phone Number:** |  |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print or type name and title­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mayor or Municipal representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Or letter of support from Mayor/Municipal Representative

**WBC, Regional Director Signature ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Why is this a priority for your organization or the community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**How did you come up with this project? Describe the community engagement.**

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**Attach the following with your application:**

**Power of 10 Exercise**

**Proof of Public Engagement Process**

**Estimated Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated No. of Volunteer Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount of Grant Request ($5,000 or $10,000 available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Match Amounts** |  |
| Cash Match |  |
| In-kind funding |  |
| Donations |  |
| **Total:**  |  |

|  |  |
| --- | --- |
| **Description of Item** | **Costs** |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

**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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**