

**BEATTY COMMUNITY FOUNDATION
GRANT APPLICATION
P.O. BOX 928
BEATTY, NEVADA 89003**

Grants are only available for individuals and entities residing in the Beatty Taxing District. This application has FIVE sections which are all REQUIRED to be completed. If one or more sections do not apply to your Project, simply write or check "NA" for Not Applicable. To avoid disqualification, all application areas must be concise and complete; certification must be signed and dated. Applications missing required information may or may not be returned to applicants for correction. Be complete, concise, and honest on this charitable application.

SECTION I – PROJECT AND APPLICANT INFORMATION

1. Project Name: _____
2. Project timeline: _____
3. Physical Project Location _____
4. Applicant Name: _____
 - i. Mailing Address: _____
 - ii. Phone Number: _____
 - iii. Email Address: _____
5. Classification of Applicant, may select more than one:
 - a. Partnership
 - b. Non-Profit
 - c. For-Profit
 - d. Individual
 - e. Federal
 - f. State
 - g. County
 - h. Local
 - i. Other (explain) _____

If legal entity, must include proof of good standing in the entity's state of Incorporation.

Date Received _____

If b. checked please choose one of the following:

1. Federal Exempt Status
2. 501 (c)(3) public charity

If the public charity is clicked - Provide a copy of the IRS Determination Letter

If e,f,g,h are checked - Provide details of Entity

If you checked other please explain here: _____

6. **Project Manager:** _____
Mailing Address: _____
Phone Number: _____
Email address: _____

Alternate Contact: _____
Mailing Address: _____
Phone Number: _____
Email Address: _____

7. **Classification of Land Proposed/Required for Project: (complete all that apply)**
Federally Managed Public Land (see Note* below)
Federal Agency (e.g. Bureau of Land Management, US Forest Service): _____
County: _____
City: _____

Private Land – Owner’s name _____
Lease: **Attach copy of lease with expiration date**
R&PP: **Attach copy of lease with expiration date.**
Other: (specify) _____

**NOTE: If the proposed project is to be conducted on public land, attach any applicable written agreement with any government entity having authority over that land, including permits, leases, easements, and rights-of-way.*

8. **Landowner / Public Lands Manager**
Mailing Address: _____
Phone Number: _____

Date Received _____

Email address: _____

9. Landowner (Public Lands Manager) Must provide a letter that includes:

- a) For Public Lands – a letter of support for impacting the land from the governmental entity having authority.
- b) For Private Lands – Documented interest in the land – Proof of ownership, lease, rental, easement, right-of-way, written agreement or other legal instrument, scope inclusive to document ability to complete the proposed project; and to operate and maintain the proposed project for a period of not less than 25 years after its completion or for the normal life of the project, whichever is longer.

10. Project Costs:

List grant request and matching funds or in-kind contributions, if any, directly supporting the scope of the project:

BCF Grant Request: \$ _____

Matching Funds/In-Kind Contribution: \$ _____

Total Project Amount: \$ _____

11. What are the sources or Project Partners for your matching funds?

Federal

Private

In-kind

City

County

Other: Describe additional funding source(s) _____

None

12. Contemporary letters of support (attach to grant proposal):

- a) Provide documentation from Project Partners, if not included elsewhere in this application, agreeing to provide matching funds or in-kind contributions.
- b) Letters of support from non-profit organizations are encouraged.

13. Project Type: check all that apply.

Supporting an existing program in a tangible way.

Studies or planning for facilities.

Mapping and signing for facilities.

Acquisition of land for facilities

Reconstruction, enhancement, or maintenance of existing facilities

Date Received _____

Construction of new facilities

Restoration of areas that have been damaged.

Safety training and education

Other (please describe):

14. Facility Users:

Describe how this project impacts other users and communities including conflict mitigation strategy if applicable.

15. Scope of Work:

- a) Provide a detailed description of the project, with quantitative goals including applicable components.
- b) Will you be able to complete this project within 12 months of award? _____
- c) Provide a schedule, by quarter, with an estimate of costs incurred/paid in each quarter:

16. Standards/Guidelines – that will be applied to your project:

- a) How does your project conform to *Local, County, State or Federal* guidelines, plans, processes, regulations, and zoning: _____

17. Has the applicant received funding from BCF in the past?

Yes

No

Number of Projects Funded: _____

Amount of Funding Received: _____

Number of Projects Completed: _____

SECTION II – LOCATION, MAPS, PHOTOS

Project Location:

Address: _____

Date Received _____

Center of project (if Off-Highway): Latitude & Longitude (if physical address is not available)

Include Electronic Files: (.KMZ/.KML .GPX or SHP)

Required Maps:

For all maps, include a legend, north arrow, scale, and map name. Topographic maps preferred and mapped larger than 11" x 17" will not be accepted. You may include additional aerial/google maps.

1. General location map (showing project area within the county).
2. Detail map indicating specific project elements (e.g., structures, trail alignment).

Attach the following photographs:

At least two (2) overviews of the project area from different angles and distances.

NOTE: Clear photographs at ground level and Google aeriels help the BCF to understand the location, depth, and breadth of your project.

SECTION III – FEDERAL LANDS OR OTHER

Federal Environmental Compliance:

- a. **If Federal funds or land are a part of the project and NEPA was completed**, indicate which document was produced and attach the decision document to this application.

Record of Decision (ROD)

Finding of No Significant Impact (FONSI)

Categorical Exclusion (CX)

SHPO 106 compliance/concurrence letter

Other compliance documents already completed. (Do not attach the EA or EIS)

Not applicable

SECTION IV - BUDGET

Proposed Budget: Provide your budget details to include, at a minimum, the following items if applicable:

1. Material costs
2. Labor
 - a. Professional or Hired
 - b. In-kind
3. Permitting or Professional Services (if applicable)

Date Received _____

4. Matching Funds
5. Equipment

You may create your own spreadsheet and attach it to the application.

Your budget must align clearly with your scope of work from Section 1, #14. Be specific, as this will assist the BCF in reviewing the application. Your budget must be broken down by quarter and year, with a value requested from BCF and received from others for each phase.

Reminder – include all sources of funds for the completion of the project including federal, in-kind, private/city/county and state funds.

Attach copies of estimates to support your budget and identify the scope for each contract.

SECTION V – BOARD PRIORITIES AND SCORING NARRATIVE

Grants will be evaluated based on answers to the Eight (8) criteria listed below. Each criterion will be considered by the Board in selecting projects to be funded.

1. **How will this Project enhance the quality of life within the Beatty Community?**
2. **How is this Project focused on one or more of the following Foundation objectives?**
 - a. **Infrastructure**
 - b. **Education**
 - c. **Tourism**
 - d. **Community activities.**
3. **Demand for new facilities: Provide justification for new facility or program development.**
4. **Sustainability: How will maintenance needs be prioritized and how often will your project hold a maintenance event? How will your project be maintained and who is committed to the ongoing maintenance of the facility? What impacts, if any, are there to the environment (positive or negative)?**
5. **Access: Describe how your project enhances the quality of life in Beatty and/or leads to a sustainable growth in Beatty.? Explain what access/opportunities will be lost or restricted if the project does not occur.**
6. **Training: Describe the goals and objectives of any training program that is part of your proposal. Is it a nationally recognized certification? What sets your training program apart from the others?**
7. **Partnering and Leverage: What other individuals/entities are involved in this project? Describe outreach with stakeholders, partners, and local governments, that you have communicated with in planning this project.**
8. **Economic Integration: How will this project improve the Town of Beatty's opportunities to help local, regional, and state economies grow?**

Date Received _____

The undersigned attests to the truth of every matter asserted above, on behalf of themselves or as Authorized Signatories of an entity.

Applicant Signature
(Chairperson/President/Authorized Official)

Date

Board Action

Date