

Appendix A

2013 APPLICATION FORM
Maine Department of Inland Fisheries and Wildlife
2013 Range Access Improvement Grant Program

General

Region: _____

Project Title:	
Applicant:	
Street Address:	
Mailing Address:	
Representative*:	
Mailing Address:	
Phone:	
Email:	

* The applicant's representative is authorized to speak for the applicant on matters pertaining to the grant request, and will be the MDIFW point of contact.

Applicant's organizational status:

- _____ Non-profit organization in good standing with the Maine Secretary of State
- _____ Unit of state or local government
- _____ Other governmental agency
- _____ Non-profit youth and educational organization in good standing with the Maine Secretary of State

Applicant organization's purpose: _____

Physical address of range facility: _____

Tax map and lot number: Map No.: _____ Lot No.: _____ (attach copy of tax map)

Applicant's range facility ownership status (attach copy of deed, lease or explanation of status):

- _____ Own
- _____ Lease

_____ Number of years applicant has operated this range facility.

Have there ever been any accidents or incidents at this range facility that have required assistance from emergency responders (police, fire or EMS)?

_____ (If yes, please explain in a separate statement with details)

Existing Range Facilities and Functions (No. of shooting positions - number & distance (yd.)

Rifle: () Small Bore: No. of shooting positions _____ / _____ / _____
() Big Bore: No. of shooting positions _____ / _____ / _____

Pistol: () Indoor: No. of shooting positions _____ / _____ / _____
() Outdoor: No. of shooting positions _____ / _____ / _____

Shotgun: () Trap: No. of fields _____
() Skeet: No. of fields _____
() Sporting Clays: No. of fields _____ No. stations _____

Archery: () Target: No. of targets _____
() Field: No. of shooting positions _____

Are range facilities currently handicapped accessible?

_____ Yes
_____ Partially, if partially, please explain/describe in a separate statement with details
_____ No

Does your organization have a Range Management Plan?

_____ Yes, if yes, please include a copy of the Plan
_____ No

Is proficiency training (e.g. NRA Personal Protection, sight-in days, 4-H Firearms Training) currently offered at your facility?

_____ Yes, if yes, please describe in a separate statement with details
_____ No

Do you have an on-site classroom facility?

_____ Yes, if yes, how many students will it hold? _____
_____ No, if no, do you use an off-site facility for hunter education? _____

Please estimate the public access to your facility:

Before proposed project:
_____ Number of participants
_____ Hours
After proposed project:
_____ Number of participants
_____ Hours

Project Budget (From Appendix B Budget Worksheet included with this application)

\$ _____	Total Estimated Costs	a
\$ _____	Match: Total Organization Cash Contributions	b
\$ _____	Match: Total Organization In-Kind Contributions	c
\$ _____	Match: Total Organization Contributions	d=b+c
\$ _____	Grant Award Request	e=a-d
% _____	Total Organization Contribution as Percent of Total Estimated Costs	f=d/a

Timing

_____ Preferred Start Date
 _____ Expected Completion Date

Will this project require local, state or federal environmental permits?
 _____ Yes, if yes, please describe in a separate statement which permit(s) and if secured,
 and please include a copy of the permit(s)
 _____ No

Certifications

By signing this application, the undersigned certify that:

1. The proposed project will be compliance with all applicable local, state and federal laws, regulations and ordinances.
2. The project will be undertaken if a Project Agreement is awarded.
3. The project meets eligibility criteria and applicants are eligible to submit an application.
4. The project is on a shooting range, or part thereof, that will be open to the public.
5. The applicant has a secure match of at least 30 percent or more of the total project cost.
6. The individual(s) submitting the application are authorized to act on behalf of their organizations.
7. The estimated costs and organization match contained therein will remain valid and binding for a period of 180 days from the date and time of the proposal opening or as agreed to by the parties.

_____ Date _____
Contact's Signature

Contact's Printed Name

_____ Date _____
Applicant's President/Chief Executive Signature

Applicant's President/Chief Executive Printed Name

Appendix B

APPLICATION BUDGET WORKSHEET

Project Title:			
Applicant:			
	Estimated Costs		Organization Cash Contribution
			Organization In-kind Contribution
Element	<i>This column should contain estimates of all project costs.</i>		<i>Total of Organization Cash and In-kind Contributions (Match) must equal at least 30 percent of the total all project costs.</i>
Planning/development	\$		\$
Equipment	\$		\$
Materials	\$		\$
Construction	\$		\$
Labor	\$		\$
Supplies	\$		\$
Other:	\$		\$
Total	a \$		b \$
Less Total Organization Cash and In-Kind Contributions (Dollars)	- \$		Total Organization Cash and In-Kind Contributions (Dollars) d \$
Equals Grant Award Request (Dollars) (max of \$50,000)	e \$		Total Organization Cash and In-Kind Contributions (Percent of Total Estimated Costs) (min of 30%) f %
Provide on separate sheets a detailed listing of: expenses; and match sources, type (e.g. cash, in-kind contribution) and amounts which will be used in the accounting for in-kind contributions.			

Appendix C

APPLICATION CHECKLIST

Project Title:	
Applicant:	

A completed application check list must accompany your grant application. Copy or remove this page, then check each item you have attached to your application. Incomplete applications are ineligible for funding.

	Item	Item Enclosed
1	2013 Application Form (Appendix A)	<input type="checkbox"/>
2	Application Budget Worksheet (Appendix B)	<input type="checkbox"/>
3	Application Checklist (Appendix C)	<input type="checkbox"/>
4	Applicant Qualification Statement	<input type="checkbox"/>
5	Non-profit Incorporation	<input type="checkbox"/>
6	Right, Title or Interest in the Range Facility	<input type="checkbox"/>
7	Insurance Certificate	<input type="checkbox"/>
8	Location Map(s)	<input type="checkbox"/>
9	Municipal Tax Map	<input type="checkbox"/>
10	Project Statement	<input type="checkbox"/>
11	Project Plan(s)	<input type="checkbox"/>
12	Existing Range Management Plan	<input type="checkbox"/>
13	Copies of Any Required Permits, if available	<input type="checkbox"/>
14	Additional Attachments	<input type="checkbox"/>
15	3 Complete Sets of Application/ Support Documents	<input type="checkbox"/>