WISCONSIN HORSE COUNCIL
TRAIL GRANT APPLICATION

Grant Request	❏New Trail ❏ Improvement ❏ Enhancement
Project Title	
Organization Name	
Contact information *Name, title, email, phone*	
Trail Name	
Trail location/address	
Project Start and End Date	
County	
Length of Trail	
Land manager or administrator of Trail	
Check Payable: Organization Name, c/o, Address, City, State, Zip	
Amount Requested	$
Total Project Cost	
Matching Funds 2:1 required: may include volunteer hours	($1000 grant requires $500 match from your organization)

Project Purpose Two sentence description of project	
Grant Eligibility Supporting Documentation	o A map or pictures of proposed project are included. o Yes, a letter of support from the Property Manager is included.
Public Trail?	❑ yes ❑ no
Trail shared by other users? List user groups:	
Do these groups share costs? Explain:	

Describe the project: (please add additional pages as needed)

Describe location of project on the trail, include supporting documentation. (please add additional pages as needed)

Applicant Commitment	To the best of my knowledge, all information provided in this grant application is true and accurate. I understand that if I am awarded a grant, I am required to submit a project report by Dec. 1 of this year. Initial:

In the table below, enter budget and funding source information for the project.

Line Item	Other Funding (list sources)	WI Horse Council Trail Grant	Total Cost
	$	$	$
	$	$	$
	$	$	$
Total	$	$	$

In the table below list volunteer labor supporting this project	Number of Hours

Attach copies of bids/estimates from contractors or volunteers to this grant application. Application must be postmarked by **February 1**. No exceptions will be allowed.

Send to:

Wisconsin Horse Council, Inc.
Attn: Trail Grant Program Mgr.
PO Box 72
Columbus, WI 53925
Or Email to: info@wisconsinhorsecouncil.org

OFFICE USE ONLY:
Date received: _____

Received By: _____ Membership verified _____

Approved:	Not Approved:	Grant Manager Signature:
Grant Amount:	Date mailed	Check Number

Reason for not approved: