

■ Recreational Facility Operation Expenses
Grant 2025



FLAGSTAFF COUNTY

To apply for the grant please complete the form in full.

REGISTERED NAME:

SOCIETY OR :
REGISTRATION #

Address :

Primary Contact, Full Name :

E-Mail :

Does your group Own the facility : Yes ☐ No ☐

Does your group Operate the Facility : Yes ☐ No ☐

Recreation Facility Information

FACILITY NAME IF DIFFERENT THAN REGISTERED NAME:

The number of **Days** your facility was OPEN in the following years:

2022

2023

2024

The number of **Users** your facility had in the following years:

2022

2023

2024

The number of **Registrants** in your facility programs in the following years:

2022

2023

2024

Please provide the **Financial Statements** for the following years:

2022

2023

2024

Please complete the following questions:

1. Describe any unforeseen expenses or projects you have been faced with in the last 3 years. For example: Utility increased 50%, Ice Plant Chiller(Major Repair)

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2. Provide information of the expenses your organization is applying for, including a summary of cost increases over the past three years.

	Expense Description	Expense Type: Utilities, Insurance, Building or Equipment Repairs & Maintenance	2022 Expense Total	2023 Expense Total	2024 Expense Total	Requested Grant Amount
e.g.	Power	Utilities	\$50,000	\$60,000	\$90,000	\$40,000
	Explain how your organization funded the above expenses? <i>Reserves for replacement of the roof were used to cover the increase in costs of utilities.</i>					
Item 1.						
	Explain how your organization funded the above expenses?					
Item 2.						
	Explain how your organization funded the above expenses?					
Item 3.						
	Explain how your organization funded the above expenses?					

3. If awarded the funds, how do you plan to allocate and utilize?

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Declaration:

- ☐ The Organization declares that the information contained in this application and supporting documents is true, accurate and endorsed by the Organization.
- ☐ The Organization understands and agrees that should this application be approved, all funding awarded is subject to the Organization complying with all associated guidelines and policies.

Signature:

Date:

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please call (780) 384-4100