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WASATCH TAP TAX GRANT APPLICATION

Please review the application process guidelines and rules before completing the application, https://Wasatchcounty.gov/tap

Type of Grant

○ Trail

○ Park

○ Art

Project Name *

Project Location / Address *

Organization Name *

Organization Tax ID *
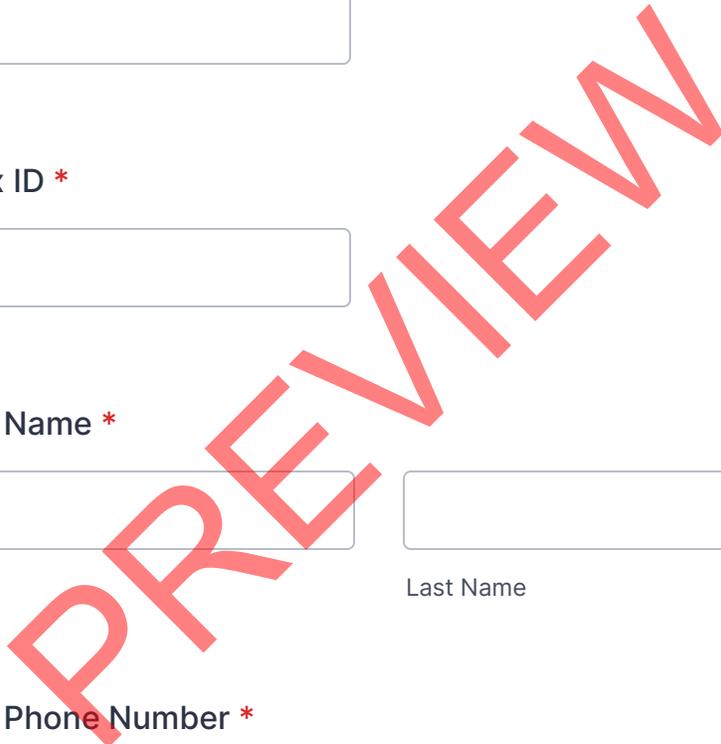
Primary Contact Name *

First Name

Last Name

Primary Contact Phone Number *

(000) 000-0000

Please enter a valid phone number.

Primary Contact Email *

example@example.com

Secondary Contact Name

First Name

Last Name

Secondary Contact Phone Number

(000) 000-0000

Please enter a valid phone number.

Secondary Contact Email

example@example.com

Organization Type *

- ☐ Wasatch County Department
- ☐ Nonprofit Organization
- ☐ Foundation
- ☐ Local Organization
- ☐ Other

Is project viable with partial funding from Wasatch TAP Tax Funds? *

- ○ Yes
- ○ No

Project Abstract (Describe the project in a concise summary.) *

0/250

Tier Applying For *

◯ Tier 1 (up to $4,999.99)

◯ Tier 2 ($5,000-$149,999)

◯ Tier 3 ($150,000+)

Amount Requesting *

[   ]

Will you be applying for other grants to fund this project? *

◯ Yes

◯ No

If you are applying for other grant(s) to fund this project, please specify the other grant(s) and the amount of money you are requesting.

[   ]

0/250

Is your cash match secured? *

◯ Yes

◯ No

If your cash match is secured, please list source(s) and amount(s).

0/250

TOTAL In-Kind Services and / or materials value: *

0/250

Is a portion of the project created using volunteer hours? *

○ Yes

○ No

If project uses volunteer hours, describe how the estimated volunteer hours are going to be used. (Volunteer hourly rate is $36.24 as of 2024)

0/500

Project Description (Describe the project in detail) *

0/500

Community Need & Benefits (Describe how the project meets and fulfills a demonstrated community need and provides benefit to the community) *

0/250

How does this project meet the intent of TAP? (i.e., Improve the Quality & Accessibility of Trails, Arts, & Parks across Wasatch County, for its residents' and visitors' direct use and benefit.) *

0/250

Does the project collaborate / coordinate with other entities? *

○ Yes

○ No

If the project DOES collaborate with other entities please describe which entities and to what extent you will be collaborating / coordinating with them?

0/250

What is the schedule for this project? (Include dates & milestones) *

0/250

Is the project ADA (Americans with Disabilities Act) compliant? *

○ Yes

○ No

Will you need longer than one year to complete the project? *

○ Yes

○ No

If you need more than one year to complete the project, please explain how much time you will need and in detail why.

0/250

What is the long-term maintenance plan and projected maintenance cost? *

0/500

How many individuals do you estimate will use this project? *

Listed sources used to obtain estimate. (if any)

0/250

Trail Specific Questions

Is this project part of a master plan? *

- ⚪ County
- ⚪ City
- ⚪ Regional
- ⚪ State Park
- ⚪ Other

Will this trail connect to other established trails? *

- ⚪ Yes
- ⚪ No

If trail will NOT connect to other established trails, will it be in the future?

- ⚪ Yes
- ⚪ No

If the trail WILL be connected to other established trails, which trails and where?

0/250

How many miles will be built or maintained? *

[   ]

Who owns the land on which the project will be built? *

[   ]

Does your project require an easement? *

◯ Yes

◯ No

Is engineering required? *

◯ Yes

◯ No

If engineering is required, has any engineering or conceptual design work been completed?
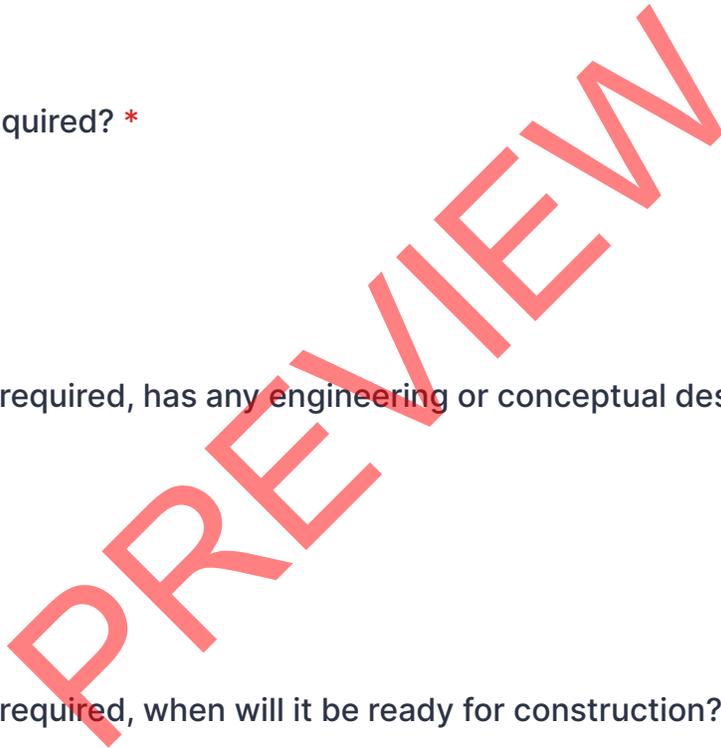
◯ Yes

◯ No

If engineering is required, when will it be ready for construction?

[   ]

Are any permits required to build this trail? *

◯ Yes

◯ No

If permits are required, please list the permits.

[text area box]

Does the project require cultural clearance *

○ Yes

○ No

Trail Classification: (Select one) *

○ Single Track

○ Multi-Use

○ Dedicated Use

If dedicated use trail please select one option:

○ Equestrian

○ Bike

○ Run/Walk

Is the trail motorized? *

○ Yes

○ No

Is the trail paved? *

○ Yes

○ No

If the trail is motorized and/or paved, what is the width of the trail?

If this is a bike trail, describe the difficulty or rating.

What level of accessibility will this project have? *

Is there adequate parking at the trailhead, along with a kiosk containing a map? *

○ Yes

○ No

Parks & Open Space Project Specific Questions

Is this project for an existing park or to establish a new park? *

◯ Existing

◯ New

Please upload a concept drawing(s) of the park, including the placement of any recreation equipment activities. *

⬆
Browse Files
Drag and drop files here

Will the public be charged to access the new amenity? *

◯ Yes

◯ No

If the public will be charged to access the new amenity, provide details on the charges.

0/250

Art, Museums, Ecological and Botanical Specific Questions

Please select the type of art project. *

( ) Music

( ) Art

( ) Museum

( ) Theatre

( ) Botanical

What is the term of the project? *

( ) Long-term impact and ongoing use

( ) Short-term/one-year use

Will it be recurring? *

( ) Yes

( ) No

If this will be recurring, how often?

[   ]

Describe how community members will get involved. *

[   ]

0/250

Will there be an admission fee? *

◯ Yes

◯ No

If there will be an admission fee, will there be a discounted admission fee for local residents?

◯ Yes

◯ No

What is your marketing plan? *

Browse Files

Drag and drop files here

How will the community be made aware of your progress? (Ongoing and in completion.) *

0/250

Final Requirements

Add any final comments relevant to your project that you could not comment on in the form.

0/500

Upload Project Timeline *

Browse Files

Drag and drop files here

Upload Budget Spreadsheet. Please use budget template that can be found at https://www.wasatchcounty.gov/downloads/download/33/tap-documents *

↑

Browse Files

Drag and drop files here

Upload W9 Tax Form *

↑

Browse Files

Drag and drop files here

Upload Bids/Quotes? or Estimates *

Browse Files

Drag and drop files here

Upload Letter of Support #1 (Required) *

Browse Files

Drag and drop files here

Upload Letter of Support #2 (Optional)

Browse Files

Drag and drop files here

Upload Letter of Support #3 (Optional)

Browse Files

Drag and drop files here