



(Revised: 6/21/2024)

Document owner: Trail chair

Contact info: trails@ohconline.com or go to 'Contact Us' to find current committee chair phone number.

Grant Money Application Form

PURPOSE:

The Ohio Horseman's Council is providing a monetary grant designed to give assistance to equine-related projects that build relationships and enhance the community.

WHO IS ELIGIBLE: Any County of the Ohio Horseman's Council is eligible.

AWARD AMOUNTS:

One (1) Chapter per OHC Region (Northwest, Southwest, Central, Northeast and Southeast) may be awarded a monetary grant of \$750.00. The amount of the grant will be determined by the number of regions that have participating grant applicants with a maximum grant total amount of \$3,750.00. \$5000 of trail grant is available to be given out to one or several chapters depending on the amounts requested. Chapter(s) can apply for all \$5000 or only part of it but, whatever amount the chapter(s) receive, must be matched for the same amount by the chapter(s).

PROJECT RECIPIENTS MUST:

- I. Provide a service to the equine community.
- II. Submit a completed OHC Grant Application.
- III. Funds must be expended no later than December 31, 20XX.
- IV. If receiving grant funds, chapter must submit a summary of the final community project and a breakdown of the funds use with backup such as pictures, news articles, receipts, etc. Summaries must be received by the OHC Executive Board or the recipient chapter will not be eligible for future grant funds from the OHC. If not used by 12/31/20XX for this project the club must return the money to the state OHC treasurer by 01/10/20XX.

APPLICATION DEADLINE:

APPLICATIONS TO BE SUBMITTED BY MAIL OR EMAIL BY NOVEMBER 1, 20XX TO BOBBI ARTERS.

MAILING ADDRESS: 6717 LOTT RD, SUNBURY, OH 43074

EMAIL ADDRESS: agin1980@aol.com

ANY QUESTIONS, CONTACT BOBBI ARTERS VIA EMAIL OR CALL OR TEXT, 216-536-1837.



Ohio Horseman's Council Monetary Grant Program Application

PART I: PROJECT INFORMATION

Chapter Name _____

Type of project _____

Applying for \$750.00 regional grant \$5000.00 matching grant: Amount \$ _____

(Select one. If applying for both, submit 2 applications.)

Amount chapter providing \$ _____ Amount other party will provide \$ _____

Contact person 1: Name _____ Phone number _____

Contact person 2: Name _____ Phone number _____

Location of project _____

Location manager _____ Phone number _____

Chapter Treasurer's Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Regional Representative Name _____

Has the regional rep been notified of the project? _____ Yes

PART II: EVALUATION CRITERIA

PROJECT IMPACT:

Please describe in detail, the proposed project. Be sure to touch on some of the following issues:

- Will the project help to educate the equine community on issues affecting them?
- Will the project be of long-term use, such as cleaning a new/existing equine trail?
- Will the project benefit the entire OHC membership or only a local region?
- Will others in the community participate in the project or only OHC members?
- Will the project serve the youth, seniors, and/or families?



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PROJECT TIME LINE:

Please provide details of how the proposed project will be implemented. Include a time line of events with start and finish dates for the project and describe the number of volunteers that will be involved with the implementation.

Fund Use Explanation

QTY	Description	Price Each	Cost
	TOTAL		



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FUNDING OF THE PROJECT:

PROJECT DETAILS:

PLEASE LIST ADDITIONAL DOCUMENTS ATTACHED:



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NOTE: An additional explanation with supporting documentation (receipts) will be required after award of funds and completion of project to show how the funds were used. If this explanation is not submitted following the program/event, the recipient chapter(s) will not be eligible for further grant funds. Remember that all expenditures of grant funds will need to be accounted for by supplying copies of sales receipts, cancelled checks, and/or invoices and must be turned in by 01/10/20XX to Bobbi Arters by mail or email. Chapters can also send photos of receipts via text message to Bobbi at 216-536-1837.

I hereby certify that the information provided in this application is true and accurate. I further certify that I possess the authority to apply for this grant on behalf of the chapter(s).

Signature of Authorized Representative

Date

Signature of Authorized Manager Of Park

OHC Chapter(s)

PROJECT SELECTION:

Applications will be reviewed by the Ohio Horseman's Council executive council and the OHC State Trails Committee.

Regional grants are available to one chapter from each of the five OHC Regions (Northwest, Southwest, Central, Northeast and Southeast). The total amount of all the grants awarded are not to exceed \$3,750.00.

The \$5,000.00 grant will be given out to one chapter or split between several chapters depending on the amounts requested. Chapter(s) can apply for all \$5,000.00 or only part of it but, whatever amount chapter(s) receives must be matched for the same amount by the chapter(s).

Please make sure that all requested information is provided at the time of submittal.

AWARD ANNOUNCEMENT:

Presidents of the **winning** chapters will be notified on or before January 25, 20XX.

Checks will be made to the chapter and mailed to the chapter treasurer.