



Applicant Information

Organization's Name: _____

Organization Type (check one): Municipality 501(c)3 Not-For-Profit K-12 School

Address: _____

Contact Person's Name: _____

Phone Number: _____ Email Address: _____

Co-Applicant(s), if applicable: _____

Type	Number of Trainings Requested
Youth Bike Skills Trainings (approx. 5 years- 11 years)	
Adult Bike Skills and Maintenance Trainings (14 years and older)	
Total	

Training(s) information

1. Describe where the training (or each of the trainings, if you are applying to host more than one) will take place including details such as site address, site description and classroom facilities and amenities. If you are requesting to hold an adult training, indicate what registration fee you intend to charge attendees (a small fee is recommended to help ensure against no-shows and to help offset the cost of the trainer).

5. Calculating the Grant Request
Youth Bike Skills Trainings

- a. League Certified Instructor fee: \$120/hr x _____ hours = _____ **LCI Trainer fee subtotal**
- b. Estimated Safety Giveaways (\$400 max, \$9/bike helmet max) and refreshments (\$50 max)

Item Description	Number of Units	Unit cost	Subtotal

Safety giveaways and refreshments subtotal = _____

Total Grant Request for Youth Trainings (LCI trainer fee + safety giveaways and refreshments) = _____

Adult Bike Skills and Maintenance Trainings

- a. League Certified Instructor fee: \$60/attendee x _____ attendees¹ = _____ **LCI Trainer fee subtotal**
- b. Estimated Expenses such as lunch (\$10/per attendee and instructor max) and course materials (\$20/attendee max)

Item Description	Number of Units	Unit cost	Subtotal

Lunch and course materials subtotal = _____

Total Grant Request for Adult Skills Trainings (LCI trainer fee + lunch and course materials) = _____

Grand Total Cost for all requested trainings (total cost of youth trainings + total cost of adult trainings): _____
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¹ A maximum of 10 attendees per training. To provide for more than 10 attendees, apply for multiple trainings.

6. Calculating the Sponsor's 25% Match Commitment:

Total grant request (from the box in 5, above) / 3 = _____ sponsor's 25% match commitment
(minimum match amount)

Total Estimated In-Kind Match (staff and volunteer labor only): _____

Total Cash Match: _____

= Total In-Kind + Cash: _____

Submission Checklist:

- ___ Application Form
- ___ Match Documentation Worksheet
- ___ W-9

Optional:

- ___ Support letter (optional)

MATCH DOCUMENTATION WORKSHEET

A 25% match is required for this program. Provide an estimate of your anticipated match on this worksheet. The applicant will be required to document a cash or in-kind match contribution of not less than 25% of the project cost.

In-Kind Match is a non-cash contribution of value provided by project sponsor, individuals, or partner organizations participating in the project. In-kind match is typically the calculated value of personnel hours contributed to the project. Project applicants have the option to use salary rates or a standard volunteer rate for New York State https://www.independentsector.org/volunteer_time to support their in-kind contribution.

Cash Match, i.e., a cash contribution can come from municipal funds (general revenue), cash donations, third parties (i.e. partner organizations) or from non-federal grants.

In-Kind Match – Staff (Paid) Hours

Staff Member Name	Activity Description	Estimated Hours	Salary Rate (\$/hour)	Staff Time Value (= Hours * Rate)

subtotal = _____

In-Kind Match – Volunteer Hours

Volunteer Name	Activity Description	Volunteer Hours	<u>Volunteer Rate</u> (\$/hour)	Volunteer Value (= Hours * Rate)

subtotal = _____

Cash Match

Description	Source (Non-Federal Grant, Donation, Municipal Budget, etc.)	Total Cash Amount

subtotal = _____

Total Estimated Match = _____

Attach additional sheets if necessary