



2023 Shooting Range Grant Application



CONTACT INFORMATION

To qualify for reimbursement or tax credit, Applicant **TID must be supplied.*

*Federal Tax ID:

Duns #:

PROJECT MANAGER CONTACT

Contact Name:

Phone:

Title:

Email:

Mailing Address:

City/State/Zip:

FISCAL MANAGER CONTACT

Contact Name:

Phone:

Title:

Email:

Mailing Address:

City/State/Zip:

FACILITY INFORMATION

LOCATION OF RANGE SITE

Physical Street Address:

City/State/Zip:

County:

Section, township, and range (or latitude & longitude from GPS):

Current zoning classification:

Security measures:

ADA Accessibility:

RANGE OPPORTUNITIES – CHECK ALL THAT APPLY

☐ Short Range ☐ Long Range ☐ Pistol ☐ Trap ☐ Skeet ☐ Archery ☐ Other:

RANGE OPERATION – DAYS & TIMES

Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:

DAYS & TIMES THE PORTION OF THE RANGE ENHANCED BY THE PROJECT WILL BE OPEN FOR PUBLIC USE

Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:

DAYS & TIMES AT LEAST ONE QUALIFIED RANGE OFFICER WILL BE ON DUTY

Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:

Range usage fees (note all applicable fees):

Will NDOW-sponsored education classes receive priority for range use?: Yes No

LIST NAMES OF NDOW INSTRUCTORS WHO USE THE FACILITY & INDICATE IF THEY ARE A MEMBER

USAGE DURING MOST RECENT CALENDAR YEAR

Range Facility Users	Number of Individuals	Percent of Total Use	Fee(s) Per Use
Gun club members			
NDOW-sponsored education classes			
Scouts and 4-H members			
College/university students			
R.O.T.C. and National Guard			
Law enforcement officers			
Competitive shooting matches			
Firearms classes			
General public			
Other (list):			

PROJECT INFORMATION

Describe project purpose, history, design, and techniques to be used and major project features. (Must provide detail description of project.)

PLEASE ATTACH SITE MAP(S), PHOTOS, DRAWINGS AND/OR PLANS.

Benchmarks:

Timeline:

Is the proposed project within the existing footprint of the range: ☐ Yes ☐ No

Does your club have an Environmental Stewardship Plan (ESP)? ☐ Yes ☐ No

PROJECT INFORMATION CONTINUED

Will the proposed project require soil removal or impact a waterway? ☐ Yes ☐ No

If yes, list which local, state and/or federal permits that will be required:

If project requires removal of soil or disturbing the soil, please provide detailed information/history of site (is project on undisturbed or fill dirt)?

Please provide detailed photos and information on the construction process if soil is being removed!

Will this project be completed in accordance with the EPA best management practices for shooting ranges: ☐ Yes ☐ No

How many acres/miles does the project encompass?

What machinery, if any, will be involved?

Will herbicides be used? ☐ Yes ☐ No

If so, describe what herbicide, what it will be used for, and application rate:

PROJECT BUDGET Alternative format may be used with NDOW approval.			
Description	Quantity	\$ Unit Cost	\$ Total Cost
PERSONNEL (List by type of labor. Skilled labor to be valued at \$??/hour; Unskilled labor to be valued at \$??/hour. Quantity = hours)			
Sub-Total 1			
PROJECT SUPPLIES & MATERIALS			
Sub-Total 2			
CONTRACTED SERVICES (Describe and attach subcontractor estimates including design/engineering)			
Sub-Total 3			
EQUIPMENT (Landowner provided equipment and/or rented equipment. Quantity = hours used. Value not to exceed standard market)			
Sub-Total 4			
TOTAL PROJECT BUDGET (add sub-totals 1-4)			

APPLICANT COST SHARE FUNDS – FUNDING CONTRIBUTORS (MUST EQUAL LINE ABOVE; INCLUDE ALL GRANTS RECEIVED (re: NRA, etc.))	
Applicant Contribution (please list all match in the form of cash, in-kind or donations)	\$ Amount

Note: Please ensure match estimate is supported with adequate documentation. See 2CFR200.306

COST SHARE FUND DISTRIBUTION	
Shooting Range Grant Funds Requested (cannot exceed 90% of total project cost)	
Applicant Cost Share Funds (Include in-kind value. Non-federal contributions must total at least 10% of total project cost.)	

SIGNATURES

Please keep a copy of your application materials.

SUBGRANT CONDITIONS

If application is approved, the Applicant will be required to sign a Subgrant Agreement containing the terms and conditions upon which funds will be released.

Any expenditure incurred prior to the Subgrant Agreement start date will not be eligible for cost-share reimbursement.

Compliance with the following:

- 2 CFR 200 (as applicable): Uniform Administrative Requirements
 - NRS and NAC 332: Purchasing Local Governments
 - NRS and NAC 338: Public Works Projects
- SB 207: An ACT relating to apprentices; requiring a contractor or subcontractor to comply with certain requirements relating to the use of apprentices on public works; and providing other matters properly relating thereto.

Applicant Signature:

Date:

Applicant Name (print):

Phone:

Address:

City/State/Zip:

My signature indicates acceptance of the Subgrant Conditions listed above.

Electronic signature is not acceptable.