

# SECTION I: *Cover Sheet*

## APPLICANT INFORMATION

<b>Organization Name:</b>	Pilot Hill Inc.
<b>Contact Person:</b>	Sarah Brown Mathews, Executive Director
<b>Mailing Address:</b>	PO Box 487 Laramie, WY 82073-0487
<b>Phone:</b>	307-399-4479
<b>E-mail:</b>	sarah.brown.mathews@gmail.com
<b>Web:</b>	www.pilothill.org

**Type of Organization:**

<input checked="" type="checkbox"/> Recreation/Arts and Culture	<input type="checkbox"/> Civic/Quasi-Governmental
<input type="checkbox"/> Social Service	<input type="checkbox"/> Other _____

**Requested Amount for FY23/24:** City \$ 15,000 County \$ 15,000

**Will this amount be used to leverage additional funds either through grants or other means?**

Yes  No

**If you marked YES, indicate the amount of additional funds that will be leveraged and note whether these are estimated or actual.**

\$ 465,000  Estimated  Actual

**Description of request:** Using the space below, *briefly* describe how your organization will use these funds and how the proposed program/project will benefit the community. ***A more detailed description is requested in Section III.*** Manage and continue developing multi-use trails and user amenities in the Pilot Hill Area

**Declaration:** I hereby certify that the information give in this application for Community Partner funding is true and correct to the best of my knowledge.

<b>Agency Director</b> <u>Sarah Brown Mathews</u>	<u>Sarah Brown Mathews</u>	<u>02/16/2023</u>
Signature	Print Name	Date
<b>Board President</b> <u>[Signature]</u>	<u>Charles P. DeWolf</u>	<u>2/16/23</u>
Signature	Print Name	Date