



2024 Shooting Range Grant Application

APPLICATION DEADLINE: Friday, November 3, 2023

Funding Date

Grants will be finalized by project in late summer through fall of 2024.
Federal grant funds are awarded by reimbursement only.

The Idaho Fish and Game (IDFG) range grant program is intended to fund safe and environmentally sound projects at Idaho public ranges or affiliated clubs that are providing opportunities for the public to learn, practice and improve shooting skills. **Applications must be completed and received by the deadline of November 3, 2023.**

Applications will be reviewed by the Citizen Advisory Committee in in early 2024. Recommended projects will be reviewed by the Idaho Fish and Game Director and advanced to the Idaho Fish and Game Commission for approval to request funds in May 2024. **Applicants can expect to be notified if their project is intended for contracting by June 2024; final contracts and funding will not be available until late summer or fall of 2024 and can be utilized through June 1, 2026.** Most grant funds are dispersed as reimbursements after work has been completed.

Currently, IDFG grants up to \$555,000 annually for public shooting ranges. Funds come from federal manufacturer excise taxes from the sales of firearms, ammunition and archery equipment. Idaho's grant program also includes fine and forfeiture monies remitted for wildlife crimes.

Organizations eligible to submit a grant application:

- Non-profit, membership-based shooting organizations promoting firearm and archery safe handling and proper care, and improving shooting technique and marksmanship (e.g., rod and gun clubs, fish and game associations, sportsmen's clubs and firearm and archery ranges).
- Units of State or local governments that own and manage shooting ranges.

Grant recipients are required to provide reasonable public access during agreed-upon times. The standard for public access to ranges is a reasonable number of regularly scheduled days, including public shooting hours for recreational shooting or target practice. Public access does not have to be free and ranges may restrict public access to other portions of the facility not benefiting from the work accomplished under the grant. Public access can also be by appointment only. A member of the public should not have to be enrolled in a class, purchase a membership to the club, be a guest of a club member, participate in an organized competitive event, or pay more than a modest fee to access the range facility to meet the reasonable public access criteria.

Please submit the application, W-9 and SR-2 included in this document by November 3, 2023. The application also requires submission of the following:

- Range rules from applicant range.
- Range property ownership or lease documentation



Idaho Department of Fish and Game

2024 Shooting Range Grant Application

Application Deadline: November 3, 2023
Funded Dates: September 2024 - June 2026

Registered Range/Club Name	
Range Physical Address, City, Zip and County	
Grantee Contact Name (lead person)	
Grantee Mailing Address (must match W-9 form)	
Grantee Email	
Grantee Phone Number	
Public Use Availability of Range (Hours, Days of Week...)	
Public Use Fees (Day, Annual...)	
Legal Land Ownership Name, Contact Person Name, Address, Email & Phone	
What other funding or partnerships are involved in the project?	
Are there any potential negatively affected parties, if this project is developed?	
How will this project create or enhance shooting opportunities in the region?	

CHECKLIST	
Will range allow IDFG Hunter Education program to use the range free of charge for education/training?	(yes/no)
Your club is required to be registered through the Secretary of State, is this completed?	(yes/no)
Did you complete the W9 and SR-2 on this application?	(yes/no)
Did you attach documentation of the ownership or lease agreement of the land where the range resides?	(yes/no)
Did you include the amount of liability insurance currently in force and the insurance company name?	(yes/no)

Did you include the written range rules, standard operating practices and emergency procedures?	(yes/no)
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PROJECT SUMMARY

REQUESTED PROJECTS Briefly title and describe each project separately and detail each project in the next section. <i>EXAMPLE: Title: 50-yard pistol shooting bay Brief Description: Build and install 40' x15' install concrete pad and overhead cover with 3 sides and two 36" windows and 8 shooting benches.</i>	REQUESTED FUNDS \$	CLUB SHARE \$/labor
Project 1.		
Project 2.		
Project 3.		
<i>Add additional rows if needed</i>		
TOTAL COSTS	\$	\$

PROJECT 1 Details

Attach drawings, designs, construction/supply quotes, and an aerial photo of the area with project outlined.

Project 1 Title & Description:	
1. If your project involves a structure, a. Is a structure being improved, removed or built (new construction)?	(yes/no)
b. If this is an existing structure, what year was it built?	
2. Provide the latitude and longitude (or Section, township and range) of project location?	
3. Will there be any application of herbicides associated with the project?	(yes/no)
4. How many acres does the project area encompass? Include areas used for temporary vehicle access and equipment staging, building supplies storage, and soil or other fill materials.	
5. What is the environmental setting of the project location (gravel parking area, existing concrete pad, sagebrush, existing shooting range...)?	
6. List all supplies you will purchase with funds (lumber, electrical wiring supplies, security cameras, targets etc.).	

7. List the machinery that will be involved (dump truck, skid-steer loaders, compactors...).
8. Will this project result in ground disturbance from excavation required for foundation, footer, septic, utility or culvert installation? If yes, please explain.
9. What contribution will your range/organization members make to this project (volunteer hours, supplies, etc.)?

PROJECT 2 Details

Attach drawings, designs, construction/supply quotes, and an aerial photo of the area with project outlined.

Project 2 Title & Description:	
10. If your project involves a structure,	
a. Is a structure being improved, removed or built (new construction)?	(yes/no)
b. If this is an existing structure, what year was it built?	
11. Provide the latitude and longitude (or Section, township and range) of project location?	
12. Will there be any application of herbicides associated with the project?	(yes/no)
13. How many acres does the project area encompass? Include areas used for temporary vehicle access and equipment staging, building supplies storage, and soil or other fill materials.	
14. What is the environmental setting of the project location (gravel parking area, existing concrete pad, sagebrush, existing shooting range...)?	
15. List all supplies you will purchase with funds (lumber, electrical wiring supplies, security cameras, targets etc.).	
16. List the machinery that will be involved (dump truck, skid-steer loaders, compactors...).	
17. Will this project result in ground disturbance from excavation required for foundation, footer, septic, utility or culvert installation? If yes, please explain.	
18. What contribution will your range/organization members make to this project (volunteer hours, supplies, etc.)?	

PROJECT 3 Details

Attach drawings, designs, construction/supply quotes, and an aerial photo of the area with project outlined.

Project 3 Title & Description:	
19. If your project involves a structure, a. Is a structure being improved, removed or built (new construction)?	(yes/no)
b. If this is an existing structure, what year was it built?	
20. Provide the latitude and longitude (or Section, township and range) of project location?	
21. Will there be any application of herbicides associated with the project?	(yes/no)
22. How many acres does the project area encompass? Include areas used for temporary vehicle access and equipment staging, building supplies storage, and soil or other fill materials.	
23. What is the environmental setting of the project location (gravel parking area, existing concrete pad, sagebrush, existing shooting range...)?	
24. List all supplies you will purchase with funds (lumber, electrical wiring supplies, security cameras, targets etc.).	
25. List the machinery that will be involved (dump truck, skid-steer loaders, compactors...).	
26. Will this project result in ground disturbance from excavation required for foundation, footer, septic, utility or culvert installation? If yes, please explain.	
27. What contribution will your range/organization members make to this project (volunteer hours, supplies, etc.)?	

Submit applications to your nearest Idaho Fish and Game Region

Panhandle Region

Attn: Heidi Knapp heidi.knapp@idfg.idaho.gov
2885 W. Kathleen Ave., Coeur d'Alene, ID 83815

Clearwater Region

Attn: William Seybold Email:
william.seybold@idfg.idaho.gov
3316 16th St., Lewiston, ID 83501 Idaho

Southeast Region

Attn: Tessa Atwood Email:
tessa.atwood@idfg.idaho.gov
1345 Barton Road, Pocatello, ID 83204

Upper Snake Region

Attn: Gerren Steel Email:
gerren.steel@idfg.idaho.gov
4279 Commerce Circle, Idaho Falls, ID 83401

Southwest Region

Attn: Derek Fong Email:

derek.fong@idfg.idaho.gov

15950 N Gate Blvd, Nampa, ID 83687

Salmon Region

Attn: Krystal Dawn Smith Email:

krystaldawn.smith@idfg.idaho.gov

PO Box 1336, Salmon, ID 83467

Magic Valley Region

Attn: TanaRae Alberti Email:

tanarae.alberti1@idfg.idaho.gov

324 South 417 East - Suite 1, Jerome, ID 83338

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



IDAHO DEPARTMENT OF FISH AND GAME

P.O. Box 25
Boise, ID 83707
(208) 334-3781

Instructions: Complete the Audit Status Certification, Subrecipient Questionnaire, and signature sections below. Once complete, scan and email this document and any required attachments to the form originator and contracts@idfg.idaho.gov.

AUDIT STATUS CERTIFICATION

Subrecipient Name: _____

Subrecipient Address: _____

SELECT ONE OF THE FOLLOWING:

- ☐ A. We have completed our Single Audit for the most recent period of _____ to _____.

The Single Audit Report disclosed no material weaknesses, no material instances of noncompliance with any federal laws or regulations, no reportable conditions, no findings, and had no unresolved prior year findings.

URL link to Single Audit Report: _____

(If URL link is unavailable please submit a hard copy of your Single Audit Report)

- ☐ B. We have completed our Single Audit for the most recent period of _____ to _____. The Single Audit Report disclosed material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved prior year findings.

URL link to Single Audit Report: _____

Page number(s) for relevant finding(s): _____

Page number(s) for response(s): _____

Page number(s) for corrective action plan: _____

- ☐ C. We have not completed our Single Audit for the most recently ended fiscal year. Our fiscal year ended _____ and we expect the Single Audit to be completed by _____. Within 30 days of completion we will amend our Audit Status as complying with either A or B above and then resubmit this certification together with any and all required documents. (If so, please complete and submit pages 1-2 only).
- ☐ D. We are not subject to the provisions of 2 CFR 200 Subpart F because our organization is a:
- ☐ Non-profit entity which expended less than \$750,000 in Federal awards during the past fiscal year.
 - ☐ Foreign (Non-U.S.A.) entity
 - ☐ For profit entity
 - ☐ Other _____

AND, as an organization not subject to the provisions of 2 CFR 200 Subpart F, the following applies:

- ☐ An external independent audit of my organization has been completed for our most recently completed Fiscal Year: (____/____/____ through ____/____/____).
Please submit a copy of the audit report along with this form OR provide us with the URL link to your true, complete, and most current external audit report.
The URL link is: _____
- ☐ My organization has not been audited by either a U.S. Government audit agency nor by an independent CPA firm for the most recently completed Fiscal Year: (from ____/____/____ through ____/____/____).

Subrecipient Questionnaire

Please answer all of the questions below with the most accurate answer provided. Please fill free to use the space provided at the bottom of this form (or attach a separate sheet) to explain any answers that you feel need further explanation.

- 1) Where is your organization located?
☐ Domestic (U.S.A.)
☐ Foreign (Outside of U.S.A.)
- 2) Which of the following best describes your organization?
☐ Government/University
☐ Non-Profit Organization
☐ Indian Tribe/Other
- 3) How long has your organization been in existence?
☐ More than 10 years
☐ 5 to 10 years
☐ 0 to 5 years
- 4) Please mark each of the following for which you have established and written policies and procedures:
☐ Cash handling
☐ Procurement/Purchasing
☐ Tracking Fixed Assets (Including separate tracking of assets for individual awards)
☐ Financial Accounting and Internal Controls (Including budget to actual comparisons)
☐ Tracking and Accounting for Individual Federal Awards
- 5) Describe the maturity of your accounting systems that document the items in #4 above.
☐ Established an average of more than 10 years ago
☐ Established an average of between 5 and 10 years ago
☐ Established an average of between 0 and 5 years ago
- 6) What is the average tenure of employees who will manage this award?
☐ Average tenure of more than 10 years
☐ Average tenure of 5 to 10 years
☐ Average tenure of 0 to 5 years
- 7) Describe your staff's experience in administering grants and subawards?
☐ Extensive experience (Numerous grants and subawards)
☐ Some previous experience (A few grants and subawards)
☐ No previous experience

- 8) Does your organization have a federally negotiated indirect cost agreement?
- ☐ Yes – we have a federally approved indirect cost rate agreement
- ☐ We do not have a federally approved indirect cost rate agreement
- 9) Is there any other relevant audit or financial information that was not disclosed in either the Audit Status Certification or this Subrecipient Questionnaire that if disclosed would impact our agencies risk assessment?
- ☐ All relevant information has been disclosed in the aforementioned documents.
- ☐ Additional relevant information should be considered (Please address here or on a separate sheet that will be submitted with this form):

Please attach the following items: (Hard copy or provide URL link)

- ☐ Most recent single or external audit report or financial statement external review
- ☐ Financial statements, Audited or Unaudited (Most recent year completed)
- ☐ Federally Negotiated Indirect Cost Rate Agreement (If #8 above = “Yes”)

I certify that the information provided above in this Audit Status Certification and Subrecipient Questionnaire is true and correct for the organization of which I am a representative. I further certify that all relevant disclosures contained in our Single Audit Report (if applicable) have been referenced.

(Name/Title/Department)

(Signature) (Date)

(Address)

(City, State, Zip)

(DUNS No. / DUNS + 4 if applicable)

(EIN No.)