

## **Park Enhancement Grant Program**



## **APPLICATION / REIMBURSEMENT REQUEST**

	Applicant Cont	act Information			
Project Nam	e:		Da	ite:	
Organization	ı:				
Contact Pers	son:				
Mailing Add	ress:				
Email Addre	ss:				
Day Phone:		Eve Phone:			
Cell Phone:					
	Project Description	ı			Total
	Briefly Describe Project and Distinct	Elements of Project			Project Cost
Overview:					
Donated Ma	terials, Services, Labor, Cash (Total 5.4):				
Purchased N	Materials, Equipment, Rentals (Total 5.5): Expenditures: \$_	less Cash Dona	ations: \$		
			(Total 5.6) Pr	oject Total:	
(Up to 50% c	f Project Total; Cannot exceed Donation Value (5.4), or Purchased	Portion (5.5) of Project Total)	Grant Funds I	Requested:	
(Fo	or reimbursement submissions only, provide details in Question 5)	□50% or □100% Rei	mbursement	Requested:	
Year	Grant Program History Project (List past grant program application	s and/or grants received)	Project Total	Amount Requeste	
	Grant Payee Information (List organization	n or person grant check shou	ıld be paid to)	1	
Grant Check	: Payee:				
Mailing Addı	ress:				
Email Addre	ss:				
Day Phone:		Eve Phone:			
Cell Phone:					

Pro	iect Na	me:Project Total:
-		
1.	-	ect(s) Information
	a.	Describe the project fully, and explain what this project will accomplish for the community (This will be the basis of the narrative for Final Report and subsequent media releases).
	b.	What is the location and ownership of the site? (owner must give final approval of completed project)
	C.	Who will be responsible for the project management and any sub-elements of the project?
	d.	Contact the appropriate permitting agency (City or County) to determine project requirements for: (provide documentation from the agency, especially if the answer is "none" or "N/A")  Permitting?
		Engineering?
	e.	What will you require from PenMet Parks to start and complete the project?
	f.	Does the project meet ADA requirements? (explain all answers, especially if "no" or "N/A")
	g.	Will there be any public access or use restrictions?
	h.	How will community volunteers participate and how were they involved in the selection of this project?
	i.	List other organizations involved in the project.
2.	Ongo	ping Maintenance
	a.	What are the on-going maintenance requirements of this project?
	b.	Who will perform the maintenance, and what will be your on-going contribution to this maintenance?
3.	Othe	r Issues
	a.	Provide a location map, site map, and any other pertinent drawings for the project. (Include "As Built" drawings with Final Report)
	b.	Provide documentation of property owner pre-approval.

Provide documentation that significant user groups have been consulted.

Are there any other conditional funds involved in this project such as state or federal grant funds?

C.

d.

e. For recreation projects, describe the on-going plan for this recreation activity and provide a budget projection for at least 3 years?

## 4. Workplan

List in chronological order the major, but specific, steps or key activities you will take to complete your project. Next to the activity, identify who will be responsible, and list the date (month/year) you estimate it will be completed.

will be completed.							
Activity	Responsible Person/Group	Completion Date					

## 5. Project Budget

① Description of Item	© Source for Cost (Vendor)	③a Quantity	③b Unit Cost	④ Donated Cash & Labor	⑤* Your Cash Expended	⑤ Total Cost (④+⑤)
-						
**Cash Donations :						
TOTALS:						
50% of Project Total						
*Grant Amount Requested:	Least of Col. 4 or 5 or 50% Col. 6					
Previous Reimbursement						
Reimbursement Amount Requested:50% or100%						

<sup>\*</sup> Grant request cannot exceed Column 4 or Column 5 total or 50% of Column 6 total.

Example:

① Description of Item	© Source for Cost (Vendor)	③a Quantity	③b Unit Cost	4 Donated Cash & Labor	⑤* Your Cash Expended	© Total Cost (④+⑤)
Materials	Gravel Supplier	20 yds.		350.00	1850.00	2200.00
Volunteer Labor		100 hrs	20.25	2025.00		2025.00
Funds Donated from Civic Organization	Civic Group (used to offset expenditures)	(Nets to zero for project total)		800.00	(800.00)	0.00
TOTALS:				3175.00	1050.00	4225.00

<sup>\*</sup> Grant request cannot exceed Column 4 or Column 5 total or 50% of Column 6 total: Maximum grant award is \$1,050.00

<sup>\*\*</sup> Record donated cash as a positive donation in column 4 and a negative (used to purchase materials) in column 5. Include cash donation amount in project total, column 6. See example below.

	Person or	Waiver		# of Hours	
Type of work or materials	Group	Signed	Date	(\$18.04/hr)	\$ Value
Total value of match secured this p	age (should match co	olumn 5.4)	\$		
				d oorst-1-1-1	. 4h -
signatory declares that the information of their ability, that s/he is the represe	provided in this applic ntative of the applicant	auon is acc organizatio	arate and n and wi	u complete to Il assure that	anv
s received as a result of this applicat	ion are used only for				
prity of the members of the organization	n support this project.				

Donation Pledged/Secured Form (please photocopy if additional space is needed).

The individuals, businesses, or organizations listed below commit to donate the following items

6.