



North Dakota Parks and Recreation Department
 Recreation Division – 701-328-5357 – parkrec@nd.gov

Community Grant Program Application (Outdoor Recreation Facilities)

Only completed applications will be considered. If necessary, responses may be typed on additional sheets and attached. **NOTE: Text boxes will allow unlimited typing; however, only visible text will print.**

Date of Application	
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Project Summary

Project Name	
Project Cost	
Grant Amount Requested	
Project Sponsor (Must be a political subdivision.)	

Project Sponsor's Primary Contact

Name	
Title	
Email	
Phone	
Fax	
Physical Address	
Mailing Address (if different)	
City	
Zip	
County	

Project Sponsor's Alternate Contact

None Yes, reported below.

Name	
Title	
Email	
Phone	
Fax	
Physical Address	
Mailing Address (if different)	
City	
Zip	
County	

GRANT MANAGEMENT

Has the project sponsor ever received funds from the Land and Water Conservation Fund (LWCF), Recreational Trails Program (RTP) or former Outdoor Recreation Facilities Program (ORF) grant programs?

No Yes, provide project names and numbers along with years of completion (next page).

PROJECT DETAILS

Project Dates (If awarded, grant recipients have 18 months to complete their projects.)

Anticipated Start Date	
Anticipated Completion Date	

Project Description

Describe the proposed project. Include location and scope of the project, how it will benefit the community/state, and your plan for long-term maintenance.

NOTE: Text boxes will allow unlimited typing; however, only visible text will print.

Describe the unique and/or significant aspects of the project.

Describe the benefits of the project to the community.

Project Funding

Total Project Cost (Grants are awarded for up to 50% of the total project cost.)	
Grant Amount Requested	

Explain how you will meet the 50% sponsor match requirement. Include all funding sources, amounts, and budget descriptions (may attach spreadsheet).

NOTE: Text boxes will allow unlimited typing; however, only visible text will print.

Would partial funding affect completion of the grant? Please explain.

PROJECT DETAILS *continued*

Project Planning

Has your community conducted a survey indicating a need for the proposed project? Is the community aware of the project? Has it been publicized and, if so, how?

No Yes, please explain.

Is the project part of a strategic plan for recreational improvements in your community?

No Yes, please explain.

Describe any partnerships and/or agreements with other agencies that will benefit the operation or maintenance of the project.

Explain how your project meets requirements of the Americans with Disabilities Act and Architectural Barriers Act.

NOTE: Text boxes will allow unlimited typing; however, only visible text will print.

PROJECT NEED

Project Community

Population of Community That Will Benefit from Project

Describe the recreational opportunities currently offered in the community.

Project Demand

Projects must meet regional recreation demands as described in the Statewide Comprehensive Outdoor Recreation Plan (SCORP). (The SCORP is available online at <http://www.parkrec.nd.gov>.)

Project Region

1 2 3 4 5 6 7 8

Level of Need

Primary Need Secondary Need Tertiary Need

Identify the category of facility into which your project fits based on the Regional Facility Priorities identified in pages 18-33 of the 2013-2017 SCORP.

Describe how your project fulfills the needs in your region.

Identify the number of months per year the project will be available for recreational use.

10 or more months 6-9 months 4-6 months 1-3 months

PROJECT SITE DESCRIPTION

Legal Description of Project Location

Township	
Range	
Section	

Latitude and Longitude of Project Location

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What is the total acreage of the recreation area?

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As the project sponsor, we have clear title to the project lands through Warranty Deed.

Yes (a copy will be required) No

Describe the proposed project site. Include the property name and acreage, physical address, county, the site's current use, and the surrounding environment.

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ATTACHMENTS

Please attach the following documents to this application:

- Certifications regarding debarment, suspension and other responsibility matters, drug-free workplace requirements and lobbying (see Application Attachment A)
- A copy of the Warranty Deed
- Project location maps
- Site development plan

ATTACHMENT A

Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying

Persons submitting this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions – The prospective primary participant further agrees by submitting this proposal that it will include

the clause titles, "Certification Regarding Debarment, Suspension, Ineligibility and voluntary Exclusion – Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. See below for language to be used; use this form for certification and sign; Certification Regarding Drug- Free Workplace Requirements-Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) – (See Appendix C of Subpart D of 43 CFR Part 12)

Checking the boxes on this form and submitting it provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the funding agency determines to award the covered transaction, grant, cooperative agreement or loan.

PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions

CHECK IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- 3.

Part B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

CHECK IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Part C: Certification Regarding Drug-Free Workplace Requirements

CHECK IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL.

Alternate I. (Grantees Other Than Individuals)

1. The grantee certifies that it will or continue to provide a drug-free workplace by:
 1. (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 2. (b) Establishing an ongoing drug-free awareness program to inform employees about-
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 3. (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 4. (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 5. (e) Notifying the agency in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification numbers (s) of each affected grant;
 6. (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 7. (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),(b),(c),(d),(e) and (f).
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: Place of Performance (Street address, city, county, state, zip code)

Address Line 1:

Address Line 2:

City:

State:

Zip:

Check if there are workplaces on file that are not identified here.

Part D: Certification Regarding Drug-Free Workplace Requirements

CHECK IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL.

Alternate II. (Grantees Who Are Individuals)

1. The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
2. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number (s) of each affected grant.

Part E: Certification Regarding Lobbying Certification for Contracts, Grants, Loans, and Cooperative

CHECK IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT; SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK IF CERTIFICATION IS FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, load, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered unto. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

AUTHORIZATION AND SIGNATURE REQUIRED ON NEXT PAGE.

As the authorized certifying official, I hereby certify that the above specified certifications are true and that all information in this application is accurate to the best of my knowledge:

Responsible Official's Signature	Responsible Official's Title
Political Subdivision (Project Sponsor)	Date

Please return completed application by email to kstankiewicz@nd.gov by **November 1, 2013.**

ND Parks and Recreation Department
Attn: Kevin Stankiewicz, Recreation and Trails Grant Coordinator
1600 East Century Avenue, Suite 3
Bismarck, ND 58503

If you have any questions, please contact Kevin Stankiewicz at 701-328-5364 or kstankiewicz@nd.gov.