

Attachment A - APPLICANT INFORMATION FORM

1. APPLICANT INFORMATION				
ORGANIZATION NAME		Applied for another grant to complete		
		project in the last 5 years?		
		LWCF RTP Other		
ADDRESS	PHONE NUMBER	CELL PHONE NUMBER	E-MAIL	
PROJECT SPONSOR'S NAME				
EMAIL ADDRESS				
ADDRESS	PHONE NUMBER	CELL PHONE NUMBER	OTHER CONTACT	
REIMBURSEMENT CONTACT (if different than Project Sponsor):				
EMAIL ADDRESS				
ADDRESS	PHONE NUMBER	CELL PHONE NUMBER	OTHER CONTACT	
2. PROJECT INFORMATION				
DESCRIPTIVE TITLE OF PROJECT (*Project title only as description narrative is listed below.)				
	·			
PROJECT SITE				
STREET ADDRESS	CITY	STATE	ZIPCODE	
LOCATION OR AREAS AFFECTED BY PROJECT:		RENOVATION	START DATE	
		REPAIR		
		UPGRADE	COMPLETION DATE	
GROUPS BENEFITING:	ON-GOING MAINTENANCE FOR PROJECT WILL BE PROVIDED BY:			
COST ESTIMATE:	Will entire match be secured? Please specify:			
PROJECT TOTAL (From attachment C) \$				
Amount to be funded by Grant: \$				
Amount to be funded by Partner(s): \$				
SIGNATURE OF PROJECT SPONSOR:			DATE:	



Attachment B - GRANT PROJECT NARRATIVE

The PROJECT NARRATIVE gives the applicant an opportunity to describe and justify the need for the project being proposed. Please provide concise but detailed explanations for each section, using the section headings listed below.

Project Cost

- State the estimated total cost of the project and how much funding is being requested.
- List potential funding sources and the amounts indicate if funding is secured, and if not what needs to happen to secure the match funding.

Project Description

- Describe the project indicating whether it is a facility renovation, replacement, or repair.
- Why is the project needed what is the project designed to accomplish such as repair leaking roof, replace worn turf, or improve interpretation.
- Justify the need, such as age, excessive wear or code requirements.
- Does the project include any energy, maintenance or other cost saving materials or technology?

Project Planning

- Describe all planning efforts and methods used to identify the need for this project.
- How were priorities established?
- Is the project listed or identified in a master plan or other study?
- What grade does the project rate in the Cyclical Maintenance Reviews?
- Does it meet SCORP requirements?

Public Involvement {Optional}

• Describe how community members have been involved in developing plans for the proposed project - consider public meetings for discussing the project, presentations to community and stakeholder groups. Attach a copy of minutes or other support documentation.

Operation and Maintenance

• Describe who will be responsible for the development, operation, programming and maintenance of the site, amenity or facility. Attach the Maintenance Agreement Form as applicable.

Citizens Served

- Who will the project serve (clientele and area)?
- To what extent will persons with disabilities be served by the proposed project? Is the project designed to meet or exceed the Americans with Disabilities Act Accessibility Guideline.



GRANT PROJECT NARRATIVE

Applicant: _____

Project Name: _____

Project Location: _____

- 1. Total Project Cost
- 2. Project Description

3. Project Planning

- 4. Public Involvement
- 5. Operation and Maintenance
- 6. Citizens Served



Attachment C - GRANT BUDGET INFORMATION FORM

Applicant: _____

Project Name: _____

Project Location: _____

BUDGETED ITEM	AMOUNT
Architectural/Engineering Fees	\$
Permits/Inspections	\$
Construction	\$
Other Services	\$
Materials/Equipment	\$
Demolition/Removal	\$
Other	\$
	\$
	\$
	\$
TOTAL	\$

NOTE: Itemized estimates/quotes from contractors/vendors can help ascertain costs and can be added to the application.



Attachment D - GRANT DESIGN/SITE PLAN FORM

The attached Design/Drawings for the _____

(Project)

at

(Location)

are being submitted as a North Dakota Parks and Recreation Department Park District Facility Renovation Grant Application.

Please contact NDPRD Recreation Division Manager, Tony Hillig, at (701) 328-5357 or ahillig@nd.gov for any questions about the Park District Facility Renovation Grant or application.

Mail or Email completed application and supporting documentation to:

Tony Hillig, Recreation Division Manager North Dakota Parks & Recreation Department 604 East Boulevard Avenue Department 750 Bismarck, ND 58505 parkrec@nd.gov