



Parks Amenities Matching Fund Program Application Form

Please print to complete or enter the information and save the document. Please provide all information requested. You may attach additional sheets and/or materials to support your request.

1. Grantee Information

Name of Individual or Organization:

Contact Name:

Mailing Address:	Street		
	City	State	Zip

Phone: Fax:

Email:

2. Project Title:

3. Funding Requested: \$
(Funding matches are granted up to a dollar-for-dollar match.)



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4. Project Description:

Provide a detailed description of your project. Provide as much detail as possible to assist evaluators in clearly understanding the proposal. You may attach drawings or specifications of materials. If educational or marketing materials are proposed, provide a mock up or example of how the product will look, how it will be posted or distributed, and an example of the content. Other acceptable attachments include detailed map and other visual materials, site plans, drawings, photos, cross sections or mock ups of your project and what the finished product will look like.



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5. Public Benefits

Explain why your project is important and why it is needed. Who are the intended users? How will the public benefit? How many and what different types of users do you expect? How does this project provide new recreational opportunities for the intended users? Does your project solve a problem or provide important missing services? If your project provides for people with disabilities, in what way?



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6. Sponsor Commitment

What experience do you or the organization have in accomplishing similar projects? Who will be responsible for organizing and assigning the work to insure successful project completion? You will need to document all project expenditures. What is your plan for documenting the work (photos, video, written?) What is your plan, if any, for long term maintenance of your project after it is completed?



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7. Return on Investment

How will this project maintain or enhance core services provided by the Parks Department? Is there a budgetary savings or increased revenue potential as a result of this project? Will there be long term operating, capital, maintenance, or replacement expenses with this project and what is that estimated cost?



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8. Proposed Budget

Provide a detailed and complete budget with enough detail for evaluators to understand exactly what grant funds will be used for, how you arrived at the prices for services, labor, materials, equipment, etc. and the same level of detail about the amount and source of matching funds. If matching funding is already in place, provide necessary documentation to show balance in designated account. Please check one of the following:



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The Parks Department prefers to reimburse grantees after the work is completed. *(Please note that projects that were begun or completed prior to Parks approval are ineligible for funding. All third party funding must be present in a designated account prior to grant award)*

- We understand payment by the Parks will occur after project completion.
- We must have Parks Amenities Matching Funds prior to start of the project.
- Please include W-9 for requesting agency/group.

Printed Name

Date

Title/Position

For Office Use Only:

Date received _____

Copy distribution _____

Approval _____ Date _____

FT Cycle _____

Check Request