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| Outdoor Recreation Matching Grant <h2 style="margin: 0;">Cover Sheet</h2> Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism | DATE RECEIVED -- FOR INTERNAL USE ONLY |
|--|---|

1. APPLICANT INFORMATION

| | |
|---|---|
| a. Name of Municipality or County <input style="width: 90%;" type="text"/> | b. Applicant Type <input type="checkbox"/> Municipality <input type="checkbox"/> County |
| c. Mailing Address <input style="width: 90%;" type="text"/> | d. Do you have an active parks committee? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. APPLICATION PREPARER'S INFORMATION

| | | |
|---|--|---|
| a. Name <input style="width: 90%;" type="text"/> | b. Mailing Address <input style="width: 90%;" type="text"/> | c. Phone Number <input style="width: 90%;" type="text"/> |
|---|--|---|

3. PROJECT INFORMATION

a. Title of Project

b. Park(s) to be Developed and/or Acquired

Park 1

Park Name

Physical Address

Park 2

Park Name

Physical Address

Park 3

Park Name

Physical Address

4. TOTAL PROJECT COST

NOTE: The amount requested must be equal or less than the applicant's match

| | | | | |
|--|---|--|---|--|
| Amount Requested | + | Applicant's Match | = | Total Project Cost |
| <input style="width: 90%;" type="text"/> | | <input style="width: 90%;" type="text"/> | | <input style="width: 90%;" type="text"/> |

5. CHIEF EXECUTIVE OFFICER

| | |
|---|--|
| a. Name <input style="width: 90%;" type="text"/> | b. Title <input style="width: 90%;" type="text"/> |
| c. Phone Number <input style="width: 90%;" type="text"/> | d. Email <input style="width: 90%;" type="text"/> |

e. Signature of Chief Executive Officer

Signature _____ Date _____

Outdoor Recreation Matching Grant

Applicant Name

Project Narrative

Outdoor Recreation Grants Program
Arkansas Department of Parks, Heritage and Tourism

1. PROJECT DESCRIPTION

What improvements are you applying for?

2. BENEFITS EXPECTED

How will this grant impact your park?

3. CHIEF EXECUTIVE OFFICER

a. Name

b. Title

c. Phone Number

d. Email

e. Signature of Chief Executive Officer

Signature _____

Date _____

Outdoor Recreation Matching Grant
Estimated Project Cost

Applicant Name

Outdoor Recreation Grants Program
 Arkansas Department of Parks, Heritage and Tourism

1. DEVELOPMENT COSTS

| Park Name | Line Item | Cost |
|---|---|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | \$ <input style="width: 80%;" type="text"/> |
| TOTAL | | \$ <input style="width: 80%;" type="text"/> |

2. ACQUISITION METHOD

Purchase Donation N/A

TOTAL \$

3. ADMINISTRATIVE AND PLANNING COSTS (OPTIONAL)

Administration (Up to 10% of Box #1) \$

Architecture/Engineering (Up to 12% of Box #1) \$

TOTAL \$

4. TOTAL COST

| | | | | | | |
|---|---|---|---|---|---|---|
| Development | | Acquisition | | Admin/Planning | | Grand Total |
| \$ <input style="width: 80%;" type="text"/> | + | \$ <input style="width: 80%;" type="text"/> | + | \$ <input style="width: 80%;" type="text"/> | = | \$ <input style="width: 80%;" type="text"/> |

5. LIST YOUR PROJECTS IN PRIORITY ORDER

- Prioritized Line Items
1.
 2.
 3.
 4.
 5.
 6.
 7.
 8.

6. CHIEF EXECUTIVE OFFICER

| | |
|---|--|
| a. Name <input style="width: 95%;" type="text"/> | b. Title <input style="width: 95%;" type="text"/> |
| c. Phone Number <input style="width: 95%;" type="text"/> | d. Email <input style="width: 95%;" type="text"/> |

e. Signature of Chief Executive Officer

Signature _____ Date _____

Outdoor Recreation Matching Grant
SCORP Priority Assessment

Outdoor Recreation Grants Program
Arkansas Department of Parks, Heritage and Tourism

Applicant Name

1. SCORP PRIORITIES

Review pages 15-26 of the Arkansas SCORP and address at least one of the following priorities:

- a. Connectivity: Making connections to communities and facilities that are currently disconnected

- b. Community: Fostering community interaction through projects that fit into the rhythms of everyday life

- c. Innovation: Maximizing resources and creating new experiences by re-purposing neglected facilities

- d. Accommodation: Adapting to changing demographics and recognizing marginalized populations

- e. Stewardship: Preserving and re-purposing the built environment while conserving and protecting the natural one

2. CHIEF EXECUTIVE OFFICER

a. Name

b. Title

c. Phone Number

d. Email

- e. Signature of Chief Executive Officer

Signature _____

Date _____

Outdoor Recreation Matching Grant
Fund Source Assurance

Applicant Name

Outdoor Recreation Grants Program
 Arkansas Department of Parks, Heritage and Tourism

1. TOTAL PROJECT COST

Please use the same amounts shown on the Cover Sheet

Amount Requested + Applicant's Match = Total Project Cost

2. PROJECT PAYMENT METHOD

How will you pay for the Total Project Cost?

All Cash Value Combination of Cash Value and Promised Donations Mostly Promised Donations

3. CASH VALUE

What types of Cash Value will be used?

| | | |
|--------------------------|----|---|
| Available Funds | \$ | <input style="width: 80%;" type="text"/> |
| In-Kind Labor | \$ | <input style="width: 80%;" type="text"/> |
| In-Kind Equipment Use | \$ | <input style="width: 80%;" type="text"/> |
| + Land Acquisition Value | \$ | <input style="width: 80%;" type="text"/> |
| | | SUM \$ <input style="width: 80%;" type="text"/> |

4. PROMISED DONATIONS

What donations have been promised to the applicant?

| | | |
|-------------------------|----|---|
| Donated Cash | \$ | <input style="width: 80%;" type="text"/> |
| Donated Labor | \$ | <input style="width: 80%;" type="text"/> |
| Donated Materials | \$ | <input style="width: 80%;" type="text"/> |
| + Donated Equipment Use | \$ | <input style="width: 80%;" type="text"/> |
| | | SUM \$ <input style="width: 80%;" type="text"/> |

5. FUND SOURCE SUMMARY

| | | |
|---|---|---|
| CASH VALUE | DONATIONS | TOTAL PROJECT COST |
| \$ <input style="width: 80%;" type="text"/> | + \$ <input style="width: 80%;" type="text"/> | = \$ <input style="width: 80%;" type="text"/> |

6. CHIEF EXECUTIVE OFFICER

| | |
|--|---|
| a. Name <input style="width: 95%;" type="text"/> | b. Title <input style="width: 95%;" type="text"/> |
| c. Phone Number <input style="width: 95%;" type="text"/> | d. Email <input style="width: 95%;" type="text"/> |

e. Signature of Chief Executive Officer

Signature _____ Date _____