



Nature

HISTORY

Discovery

Land and Water Conservation Fund Grant Program

Application Packet



This packet contains the blank forms necessary to apply for the Land and Water Conservation Fund Grant Program. Refer to LWCF Grants Manual for further procedures and instructions.

Mail completed applications to:

Oregon Parks and Recreation Department
Land and Water Conservation Fund Grant Program
Attention: Marilyn Lippincott
725 Summer St. NE, Suite C
Salem, OR 97301
Email: marilyn.lippincott@state.or.us
Telephone: (503) 986-0711

Park Acquisition and Development Checklist

A complete application package, that is to be considered for a matching grant, must include one copy of each required form and attachment, and eleven (11) copies of vicinity map and project boundary map. Please make sure that each item checked is enclosed.

- Cover Letter
- Park Acquisition and Development Checklist
- Application Forms
- LWCF Proposal Description and Environmental Screening Form (PD/ESF)
- Environmental Assessment
- Estimate of Development Costs and Schedule
- Project Sponsor Certification
- Certification Regarding Debarment and Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying Form DI – 2010
- Copies of State Natural Agency Review and Comments
- Park Vicinity Map (11 copies)
- Park Boundary Map (11 copies)
- Site Plan (showing location of existing and proposed facilities) (11 copies)
- Project deeds and/or lease agreements (Development Projects)
- Permits (Corps of Engineer Permits, Division of State Lands, if applicable)
- Construction Drawings/Floor Plans (Eligible Indoor Facilities)
- Local Planning Department Certification
- Document Americans with Disabilities Act Compliance Plan
- Copies of Natural Resource Agency Responses
- Resolution to Apply for Grant
- Proof of Willing Seller (Acquisition Only)
- Preliminary Title Report (Acquisition Only)
- Appraisal (Acquisition Only)

LAND AND WATER CONSERVATION FUND GRANT APPLICATION

| | | | | | |
|--|--------------------------------------|---|---|---------------------|--|
| 1. PROJECT SPONSOR INFORMATION | | | | | |
| Project Name: | | Project Sponsor: | | | |
| Name of Contact Person: | | | | | |
| Address: | | City: | ST | Zip+4 | |
| Telephone Number: | | Fax Number: | | | |
| Email Address: | | | | | |
| | | | | | |
| 2. PROJECT TYPE AND GRANT REQUEST | | | | | |
| Type of Project: | <input type="checkbox"/> Acquisition | <input type="checkbox"/> Development | <input type="checkbox"/> Rehabilitation | | |
| Project Sponsor: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Park and Recreation District <input type="checkbox"/> Port <input type="checkbox"/> METRO <input type="checkbox"/> Tribe | | | | | |
| Project Sponsor Match: | | Grant Funds Requested: | | Total Project Cost: | |
| \$ | | \$ | | \$ | |
| Are matching funds readily available and budgeted? | | | | | |
| | | | | | |
| 3. PROJECT SITE/LOCATION/OWNERSHIP | | | | | |
| Park/Site Name: | | Owner: | | County: | |
| Township | Range | Section | Tax Lot Map # | Tax Lot # | |
| Latitude (Deg/Min/Sec/Dir: | | | Longitude: (Deg/Min/Sec/Dir: | | |
| US Congressional District #: | | Oregon Legislative Districts: House Senate | | | |
| Control and Tenure: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Easement <input type="checkbox"/> Other: (Attach deed and/or lease agreements) | | | | | |
| DRIVING DIRECTIONS: | | | | | |
| | | | | | |
| 4. BRIEF PROJECT DESCRIPTION: Concise description of the work elements to be completed (Maximum 50 words) | | | | | |
| | | | | | |

| 5. SOURCE OF FUNDING WORKSHEET | |
|---|-----------|
| A. LWCF Grant Funding Request | \$ |
| B. Project Sponsor Match (minimum of 50% of Total Project Costs) | |
| Appropriations/Cash | \$ |
| Cash from Donations | \$ |
| Donated Equipment Use | \$ |
| Donated Labor (Volunteers) | \$ |
| Donated Materials | \$ |
| Donated Property Interests | \$ |
| Agency Force Account Labor | \$ |
| Agency Force Account Equipment Use | \$ |
| Agency Force Account Materials | \$ |
| * Other Grant Sources - Name: | \$ |
| * State Grant – Name | \$ |
| Other | \$ |
| State Revenue Sharing | \$ |
| Other: | \$ |
| Other: | \$ |
| B. TOTAL FOR PROJECT SPONSOR (LOCAL MATCH) | \$ |
| C. TOTAL PROJECT COSTS (A + B = C) | \$ |

| Other Grant Funding Sources | |
|------------------------------------|--|
| Name of Grant: | Agency: |
| Type of Grant: | Status of Grant Request: <input type="checkbox"/> Approved <input type="checkbox"/> Pending |

| Other Grant Funding Sources | |
|------------------------------------|---|
| Name of Grant: | Agency: |
| Type of Grant: | Status of Grant Request <input type="checkbox"/> Approved <input type="checkbox"/> Pending |

| 6. SUMMARY OF DEVELOPMENT/REHABILITATION PROJECT ELEMENTS AND COST ESTIMATES | |
|--|------------------------|
| WORK ELEMENT | ESTIMATED COSTS |
| A. PROFESSIONAL SERVICES | |
| a. Pre-agreement costs | \$ |
| b. Design and Engineering (Construction Plans and Specifications) | \$ |
| B. LAND ACQUISITION | |
| a. Value of Land Donation | \$ |
| b. Value of Land to be Acquired | \$ |
| C. CONSTRUCTION (WORK ELEMENTS) | |
| a. Site Preparation | \$ |
| b. Utilities (Water, Sanitary Service, Electrical) | \$ |
| c. Roads and Parking | \$ |
| d. Restroom Facilities | \$ |
| e. Recreational Facilities (Be Specific about the work elements in your project and add any additional facilities and work elements not listed below.) | |
| Picnic Facilities | \$ |
| Sports and Playfields | \$ |
| Swimming Facilities | \$ |
| Trails | \$ |
| Playground Equipment | \$ |
| Playground Surfacing | \$ |
| Landscaping | \$ |
| Irrigation System | \$ |
| Walkways | \$ |
| Lighting | \$ |
| Other: | \$ |
| Other: | \$ |
| Other: | \$ |
| TOTAL PROJECT COSTS | \$ |
| 50% Federal Share (LWCF Grant Funds Requested) | \$ |
| 50% Project Sponsor Match | \$ |

Note: Itemize work elements and estimate of cost for your project. If work elements for your project are not included in the list, please feel free to change and/or add them to the list. "Contingency" is not an eligible work element.

| 7. PROPERTY ACQUISITION COST ESTIMATES | | |
|--|---------------------|---------------------|
| A. ACREAGE TO BE PURCHASED | | |
| | # of Acres Parcel 1 | # of Acres Parcel 2 |
| Appraisal/Reviewed Value | \$ | \$ |
| Estimate of Value | \$ | \$ |
| B. ACQUISITION TYPE | | |
| <input type="checkbox"/> Fee Simple Title | | |
| <input type="checkbox"/> Property Easement | | |
| <input type="checkbox"/> Donation | | |
| <input type="checkbox"/> Partial Sale/Partial Donation | | |
| <input type="checkbox"/> Condemnation/Eminent Domain | | |
| <input type="checkbox"/> Undefined Purchase Type | | |
| C. ALLOWABLE LAND COSTS | | |
| Improvements for Outdoor Recreation Use | \$ | \$ |
| Land | \$ | \$ |
| Mineral Rights | \$ | \$ |
| Timber | \$ | \$ |
| Undefined – Allowable Land Costs | \$ | \$ |
| TOTAL ACQUISITION ESTIMATE | \$ | \$ |

| 8. PERMITS – List potential permits and status of permit applications that may be required for proposed project (i.e. Corps of Engineers, Division of State Lands, Building Permit etc.) | |
|---|--------------------------|
| TYPE OF PERMIT | PERMITTING AGENCY |
| | |
| | |
| | |

9. ACCESSIBILITY – Please answer the following questions about accessibility

A. Does your agency have a board or city council adopted/approved ADA Transition Plan and/or Self Certification? (Note: An ADA Transition Plan and/or Self Certification are mandatory in order to receive a grant award.)

B. What is the topography of the project site (flat, hilly, rough or uneven terrain, etc)?

C. What is the surface of existing or proposed parking areas? How many parking spaces are (or will be allocated for handicapped parking)?

D. What is the slope and surface of any roads or trails that will be used as accessible routes to various facilities in the park?

E. Do existing areas and facilities within your parks system meet ADA Guidelines for Recreation Facilities?

F. How will your proposed development or rehabilitation project be made accessible?

G. How does your agency address special concerns/needs for people with sight and hearing impaired disabilities?

H. Does your agency have the latest Americans with Disabilities Act Accessibility Guidelines?
(<http://www.access-board.gov/ada-aba/index.htm>)

For further information contact: DBTAC Northwest ADA Technical Assistance Toll Free 800-949-4232 or visit their website at: www.dbtacnorthwest.org

| | | |
|--|--|---|
| 10. GRANT PERFORMANCE AND COMPLIANCE | | |
| A. Are you on schedule with all active OPRD administered grant projects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Are you in compliance with applicable guidelines at previously assisted project sites (e.g. no unresolved conversions, overhead utility lines, maintenance issues and open to the public)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Have you provided evidence of a board or city council adopted/approved ADA Transition Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. READINESS TO PROCEED | | |
| A. Land Use/Planning Status | | |
| Is the project site correctly zoned from local planning authority? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have construction or concept plans been completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have land uses been approved (e.g. final approval letter from jurisdiction) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Acquisition Status | | |
| Are appraisals submitted with the application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have proof of willing seller or donor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will development of the property be started with 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. PARTNERSHIPS | | |
| A. Public-Sector Partnerships | | |
| Does the project include land and/or cash donations from other public-sector agencies or groups as part or the entire sponsors matching share of the project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the project include donated labor, equipment, and/or materials (force account or donated) from other public-sector agencies or groups? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Private-Sector Partnerships | | |
| Does the project include private land and/or cash donations from the private-sector as part or the entire sponsors matching share of the project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the project include labor, equipment and/or materials from the private-sector as part or the entire sponsor's matching share of the project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. SCORP (Statewide Comprehensive Outdoor Recreation Plan) | | |
| A. An Increasingly Diverse Oregon Population: Is your project located an area of the state that is projected to experience higher levels of increases in population of Hispanics, Asian, and African-Americans? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the city and county in which you project is located? Diversity Group: _____ City: _____ County: _____ | | (Counties include: Clackamas, Deschutes, Jackson, Lincoln, Marion, Morrow, Multnomah, Sherman, Washington, Wheeler) (Cities include: Albany, Ashland, Corvallis, Eugene, Fairview, Gladstone, Gresham, Hermiston, Hood River, Keizer, Lafayette, Madras, McMinnville, Medford, Milton-Freewater, Milwaukie, Monmouth, Multnomah, Newberg, Ontario, Oregon City, Portland, Salem, Springfield, Stanfield, Troutdale, Umatilla, Wilsonville) |
| Project type: | <input type="checkbox"/> Group Day-Use | <input type="checkbox"/> Outdoor Sports Field |
| | | <input type="checkbox"/> Camping and Alternative Camping Opportunities |
| B. Oregon's Physical Activity Crisis: Is your project for the development of close-to-home non-motorized trail opportunities in a County whose population does not meet the US. Center for Disease Control (CDC) physical activity guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No County: _____ | | Counties include: Baker, Columbia, Crook, Douglas, Harney, Hood River, Josephine, Morrow, Tillamook, Umatilla, Wallowa |

| | |
|---|---|
| C. Needs Assessment | |
| 1. Statewide Need: Does the project include one or more statewide priorities in the project proposal? * <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CLOSE-TO-HOME PRIORITIES | DISPERSED-AREA PRIORITIES |
| <input type="checkbox"/> Non-motorized trails | <input type="checkbox"/> Non-motorized trails |
| <input type="checkbox"/> Sports and playfields | <input type="checkbox"/> Group campground and facilities |
| <input type="checkbox"/> Land acquisitions | <input type="checkbox"/> Nature study/wildlife watching sites |
| <input type="checkbox"/> Picnicking/day-use facilities | <input type="checkbox"/> Overnight camping facilities |
| <input type="checkbox"/> Nature study/wildlife watching sites | <input type="checkbox"/> Interpretive displays |
| 2. County Level Need: – From page 49 of Oregon’s LWCF Grants Manual locate your county and list county level need. (Either Close-to-Home or Dispersed-Area Priorities) * | |
| CLOSE-TO-HOME PRIORITIES | DISPERSED-AREA PRIORITIES |
| a. | a. |
| b. | b. |
| c. | c. |
| <p>*Note: If the project is located within an urban growth boundary use the close-to-home area priorities. Projects outside of these areas use the dispersed area priorities. A map clearly identifying the project location and Urban Growth Boundary or unincorporated community boundary or Tribal community boundary drawn on it must be submitted in order to receive points.</p> | |
| 14. FIRST TIME AWARD: Have you ever received funding from OPRD administered grant programs? <i>Grant programs include the federal Land and Water Conservation Fund, Local Government Grant, County Opportunity Grant, Recreational Trails Grant or All-Terrain Vehicle Grant Programs</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15: SCORP YOUTH CRITERIA: Priority will be given to the development of innovative natural play areas which are conducive to youngsters learning about and interacting with nature targeting youth 11 years of age and younger. Describe how your natural play area project encourages youth to be physically active and connects youth with nature. | |
| 16. SCORP AGING POPULATION CRITERIA: Within the next decade, 15 percent of Oregon’s population will be over the age of 65 and by 2030 that number will be 20 percent. Walking is the top outdoor recreation activity engaged in by the Boomer and Pre-Boomer populations. Priority will be give to acquisition and development of non-motorized trail opportunities. Describe how your project will serve Oregon’s aging population with the development of non-motorized trail opportunities. | |

17. LOCAL NEEDS AND BENEFITS

A. Local Need: Describe to what extent project satisfies priority needs, as identified in a current local planning document (park and recreation master plan, or city or county comprehensive plan?)

B. Need for Recreational Variety: Describe to what extent does project provide a more balanced mix and wider variety of park and recreation opportunities/facilities within the project sponsor's jurisdiction or intended project service area?

18. OVERALL SITE SUITABILITY CRITERIA

A. Site Suitability Evaluation: Describe to what extent the site is suitable for the proposed development project.

B. Design Suitability Evaluation: Describe to what extent the site or project design minimizes negative impacts on the environment and surrounding neighborhood.

C. Sustainability Evaluation: Describe to what extent the site or project design will result in a well-designed, managed, and sustainable facility.

19. FISCAL CONSIDERATION CRITERIA

A. Fiscal Review

To what extent is the project cost comparable to other facilities of its type in geographic area?

To what extent is the project justifiable in terms of the quantity and quality of recreation opportunities the facility will provide?

To what extent has the project sponsor budgeted enough money to successfully complete the project?

Have matching funds been budgeted and committed to the project? Yes No

20. NEED FOR MAJOR REHABILITATION OF EXISTING OUTDOOR RECREATION FACILITIES

A. Does your proposed project meet the definition of "major rehabilitation"? Yes No
Major rehabilitation involve the repair, restoration, or reconstruction of eligible recreation area and facilities which is necessitated by one or more of the following:
If yes, check all that apply.

- The recreation area or facility is beyond its normal life expectancy
- The recreation area or facility is destroyed by fire, natural disaster, or vandalism
- The recreation area or facility does not meet health and safety codes/requirements
- The recreation area or facility requires rehabilitation to ensure critical natural resource protection
- The recreation area or facility does not meet access requirements of the Americans with Disabilities Act
- Changing recreational needs (e.g. changes in demographics within the service area) dictate a change in the type or recreation area or facility required.

Describe how your project qualifies as a "major rehabilitation" project.

Note: Rehabilitation projects do not involve routine maintenance, or repair work. Routine maintenance/repair includes work such as cleanup, painting, and minor repairs of buildings, structures, equipment and utilities merely maintaining portions of such facilities in a sound and useful state.

21. PUBLIC INVOLVEMENT

A. Public Participation: OPRD encourages public involvement efforts that focus specifically on the need, priority, and public support for your project (e.g. workshops, public input meetings, surveys) Describe how the public was involved in the planning for your project.

22. LONG TERM COMMITMENT TO MAINTENANCE: Describe your plans to operate and maintain area and/or facility once the project has been completed. How will future maintenance be funded? How much do you expect to spend annually or number of hours needed to maintain area and/or facility?

Note: Where appropriate provide letters of support or signed memoranda of understanding to demonstrate commitment to maintenance.

23. APPLICANT SIGNATURE

As an authorized representative of _____, I certify that the project sponsor agrees that as a condition of receiving federal Land and Water Conservation Fund assistance, I will comply with all applicable local, state, and federal laws and regulations.

This application has been prepared with full knowledge of and in compliance with the Oregon Administrative Rules Chapter 736, Division 8, For the Distribution of Land and Water Conservation Fund Assistance to Units of Local Government and State Agencies for Public Outdoor Recreation, Oregon's LWCF Grants Manual and the National Park Service LWCF Grants Manual.

I also certify that to my best knowledge, information contained in this application is true and correct. I will cooperate with OPRD by furnishing any additional information that may be requested in order to execute a State/Local Agreement, should the project receive funding assistance.

| | |
|------|-------|
| Name | Title |
|------|-------|

| | |
|-------------------------------------|------|
| Authorized Representative Signature | Date |
|-------------------------------------|------|

| | |
|------------------|------------|
| Telephone Number | Fax Number |
|------------------|------------|