

<p>FUN Park Grant</p> <h2 style="margin: 0;">Cover Sheet</h2> <p>Outdoor Recreation Grants Program Arkansas Department of Parks, Heritage and Tourism</p>	<p>DATE RECEIVED -- FOR INTERNAL USE ONLY</p>
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1. APPLICANT INFORMATION

<p>a. Name of Municipality or County</p> <input style="width: 90%;" type="text"/>	<p>b. Applicant Type</p> <p><input type="checkbox"/> Municipality <input type="checkbox"/> County</p>
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<p>c. Mailing Address</p> <input style="width: 90%;" type="text"/>	<p>d. Population (https://local.arkansas.gov/index.php)</p> <input style="width: 60%;" type="text"/>
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2. APPLICATION PREPARER'S INFORMATION

<p>a. Name</p> <input style="width: 90%;" type="text"/>	<p>b. Mailing Address</p> <input style="width: 90%;" type="text"/>	<p>c. Phone Number</p> <input style="width: 90%;" type="text"/>
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3. PROJECT INFORMATION

a. Park(s) to be Developed

Park Name

Physical Address

b. Proof of Ownership

Deed Lease Letter of intent to donate Letter of intent to sell

4. ESTIMATED FUNDING

a. Amount Requested Applicant's Contribution (Optional) Total Project Cost

 + =

b. I agree to complete the project if the estimated costs exceed the grant amount

Yes No

5. CHIEF EXECUTIVE OFFICER

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

e. Signature of Chief Executive Officer

Signature _____ Date _____

Project Narrative

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

1. EXISTING PARK DESCRIPTION

Does your city or community presently have one or more public parks? Yes No

If yes, what facilities exist in your park(s)?

If yes, who maintains the facilities that exist in your park(s)?

2. BENEFITS EXPECTED

Provide an explanation of how each facility within the FUN Park will be developed:

3. CHIEF EXECUTIVE OFFICER

a. Name

b. Title

c. Phone Number

d. Email

e. Signature of Chief Executive Officer

Signature _____

Date _____

FUN Park Grant

Applicant Name

Estimated Project Cost

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

1. DEVELOPMENT COSTS

Line Item	Cost
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>

2. REQUIRED COSTS

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

3. OPTIONAL COSTS

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

4. TOTAL COST

Development	+	Engineering	+	Administration	=	Grand Total
\$ <input type="text"/>		\$ <input type="text"/>		\$ <input type="text"/>		\$ <input type="text"/>

5. LIST YOUR PROJECTS IN PRIORITY ORDER

Prioritized Line Items	
1. <input type="text"/>	5. <input type="text"/>
2. <input type="text"/>	6. <input type="text"/>
3. <input type="text"/>	7. <input type="text"/>
4. <input type="text"/>	8. <input type="text"/>

6. CHIEF EXECUTIVE OFFICER

a. Name <input type="text"/>	b. Title <input type="text"/>
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c. Phone Number <input type="text"/>	d. Email <input type="text"/>
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e. Signature of Chief Executive Officer

Signature _____ Date _____