

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

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

Amount Requested      Applicant's Match      Total Project Cost

+ 
 
 =

**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

Applicant Name  
\_\_\_\_\_

# Estimated Project Cost

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

## 1. DEVELOPMENT COSTS

Park Name	Line Item	Cost
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL</b>		\$ _____

## 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

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

## 5. LIST YOUR PROJECTS IN PRIORITY ORDER

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

## 6. CHIEF EXECUTIVE OFFICER

a. Name _____	b. Title _____
c. Phone Number _____	d. Email _____

## 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. CASH VALUE**

How will you pay for your project?

Available Funds	\$	_____
In-Kind Labor	\$	_____
In-Kind Equipment Use	\$	_____
+ Value of Land	\$	_____
<hr/>		
Total Cash Value	\$	_____

**2. PROMISED DONATIONS**

a. Is completion of your project dependent upon the promise of the following:

None     Donated Cash     Donated Labor     Donated Materials     Donated Equipment Use

b. If one or more are selected, please indicate the donation value below:

Donated Cash	\$	_____
Donated Labor	\$	_____
Donated Materials	\$	_____
+ Donated Equipment Use	\$	_____
<hr/>		
Total Donations	\$	_____

**3. TOTAL COST**

CASH VALUE                      DONATIONS                      Grand Total  
\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**4. CHIEF EXECUTIVE OFFICER**

a. Name _____	b. Title _____
c. Phone Number _____	d. Email _____

e. Signature of Chief Executive Officer

Signature \_\_\_\_\_ Date \_\_\_\_\_