

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>  
---	---

**1. APPLICANT INFORMATION**

a. Name of Municipality or County <input style="width: 95%;" type="text"/>	b. Applicant Type <input type="checkbox"/> Municipality <input type="checkbox"/> County
c. Mailing Address <input style="width: 95%;" 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: 95%;" type="text"/>	b. Mailing Address <input style="width: 95%;" type="text"/>	c. Phone Number <input style="width: 95%;" 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

+ 
 
 =

**5. 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

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

- Prioitized 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. 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 Promied 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 \_\_\_\_\_