**Maryland Department of Natural Resources**

**Program Open Space (POS) Local Grant**

**Acquisition Application and Project Agreement**

|  |  |
| --- | --- |
| **POS PROJECT #** |  |
|  | (DNR Use Only) |

**1. PROJECT INFORMATION:** Please fill out all sections of the form completely unless otherwise indicated.

|  |  |
| --- | --- |
| PARK NAME |  |
| PROJECT NAME |  |

**2. PROJECT LOCATION:** Please identify all applicable parcels.

|  |  |
| --- | --- |
| Street Address: |  |
| City/Town |  | County |  | Zip Code |  |
| County Tax Map |  | Grid |  | Parcel |  | Lot |  |
| SDAT Account Identifier |  | MD Legislative District |  |
| District-Subdivision-Account Number or Ward-Section-Block-Lot (as applicable) |  |
| Deed Liber/Folio |  | Is this project located in a Priority Funding Area? | Yes |  | No |  |

**3. PROJECT DESCRIPTION:** Descriptions are written into the agenda item, which is presented to the Maryland Board of Public Works for approval. Please explain the proposed acquisition and be specific. Why is it being done (future recreation development, natural resource protection/conservation, etc.) and how does it relate to local recreation needs? Is it a new park or does it build upon an existing park area? Provide all of the information that you feel is necessary to explain and justify the project. Attach a separate sheet, if necessary.

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|  |  |  |  |
| --- | --- | --- | --- |
| **4. PROJECT PERIOD:** | From: |  | Date of Letter of Acknowledgement or Letter of Concurrence (DNR Use Only) |
|  | To: |  | Estimated Date of Completion (Must be filled in by Applicant) |

**5. DESCRIPTION OF LAND TO BE ACQUIRED:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| This is a(n): | New Park |  | Addition to an Existing Park |  | Nearest town or community served: |  |
| Deed acres: |  | Ac. | Acres to be acquired with this acquisition: |  | Ac. |
| Existing park acreage: |  | Ac. | Planned ultimate acreage: |  | Ac. |
| How many acres are: | Wooded |  | Ac. | Agricultural |  | Ac. | Floodplain |  | Ac. |
|  | In the Critical Area |  | Ac. | Non-Tidal Wetlands |  | Ac. |
| The topography is flat, steep, sloping or other (describe): |  |
| Road Frontage: |  | Ft. | Paved |  | Unpaved |  |  |
| This property is: | Improved |  | Unimproved |  |  |
| If improved, list all current improvements – identify size, condition, and future use of each improvement: |
|  |

**5. DESCRIPTION OF LAND TO BE ACQUIRED** (Cont.)**:**

|  |  |
| --- | --- |
| Explain Zoning: |  |
| Current Land Use: |  |
| Is the property currently being utilized at its highest and best use? | Yes |  | No |  |  |
| Highest and Best Use: |  | Developable potential - # of lots: |  |
| Subdivided? | Yes |  | No |  | If Yes, # of lots: |  | Average size of lots |  |
| Utilities Available: | Water |  | Sewer |  | Electric |  | Gas |  | Phone |  |  |
| Environmental Hazards: | Yes |  | No |  | If there are any hazards, list them and identify how they will be addressed: |
|  |
|  |

**6. PROJECT DETAILS:**

|  |  |
| --- | --- |
| a. | Benefits derived from this acquisition: |
|  |
| b. | What, if anything, makes this project unique?: |
|  |
| c. | How is this project consistent with the County’s Land Preservation, Parks and Recreation Plan (LPPRP)? |
|  |
| d. | Infrastructure: Will the development planned for this site result in an increased demand on existing infrastructure (roads, utilities, etc.)? | Yes |  | No |  |
|  | If yes, please explain the impact on the infrastructure and how this will be addressed. |
|  |
| e. | Potential Conflicts: Are there any potential conflicting uses or possible non-compatible uses being planned (e.g., road widening, utility easements, etc.) which might require a Land-Use Conversion? | Yes |  | No |  |
|  | If yes, please explain the potential conflicting use and how this will be addressed. |
|  |
| f. | Interim Use: Will there be an interim use on the property prior to park development, including rental, lease, and/or other management techniques? | Yes |  | No |  |
|  | If yes, please describe the interim use in detail. (Note that any interim use must have prior approval by DNR.) |
|  |
| g. | Please describe the public access that will be available on the property and note any restrictions or limitations, both prior and subsequent to park development: |
|  |

|  |  |
| --- | --- |
| **7. SELLER’S NAME:** |  |

|  |  |
| --- | --- |
| **8. TITLE WILL BE HELD BY:** |  |
|  | (Name of County/Municipality, Department) |
|  | Title will be held in fee simple? | Yes |  | No |  | If not, please describe: |  |

**9. APPRAISAL VALUES:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | $ |  | $ |  | / | Acre |  |
| (Name of Appraiser) |  | (Appraisal Amount) |  |  |  |  | (Date of Appraisal) |
|  | $ |  | $ |  | / | Acre |  |
| (Name of Appraiser) |  | (Appraisal Amount) |  |  |  |  | (Date of Appraisal) |

**10. APPRAISAL EVALUATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Spread between appraisals: |  | % |
|  | If the value of the high appraisal is more than 20% greater than the low appraisal, please explain: |
|  |  |
| b. | Average of appraisals: | $ |  |  |
|  | If the cost of the acquisition is not equal to the average of the two appraisals, please explain: |
|  |  |
| c. | Is the appraisal value reasonable relative to the area? | Yes |  | No |  | If not, please explain: |
|  |  |
| d. | Are the appraisals more than 12 months old? | Yes |  | No |  | If yes, please explain: |
|  |  |
| e. | The appraisals were performed by licensed real estate appraisers with qualifications consistent with industry standards and all applicable Local, State and Federal statutes and regulations. |  | Initial Here |

**11. PROJECT COSTS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | COST |  | POS AMOUNT |
| a. | LAND COST | $ |  | $ |  |
| b. | COST OF IMPROVEMENTS (if not included in land costs) | $ |  | $ |  |
| c. | INCIDENTAL COSTS (total from itemized list below) | $ |  | $ |  |
|  | Itemize incidental costs (appraisals, title work, surveys, etc.):Note that incidental costs not listed may not be reimbursed. Prepaid taxes refunded to the seller is not an eligible incidental cost. |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |
| d. | TOTAL PROJECT COST | $ |  |  |  |
| **e.** | **TOTAL POS AMOUNT** |  |  | **$** |  |

**12. PROJECT FUNDING:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **POS FUNDS REQUESTED:** | **$** |  |  |  | **%** |  |
| PRIOR POS FUNDS APPROVED: | $ |  |  |  | % |  |
| LOCAL FUNDS: | $ |  |  |  | % |  |
| OTHER FUNDS: | $ |  |  |  | % | (Specify Source/Type) |  |
| **TOTAL PROJECT COST:** | **$** |  |  | **100** | **%** |  |

**13. FEDERAL FUNDS:** (check one of the options below)

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The Applicant certifies that it has received Federal funds for this project. |  |  |
|  | Please indicate type of Federal fund received and amount: |  |
| b. | The Applicant certifies that it has not received Federal funds for this project. |  |  |

**14. APPLICANT INFORMATION:** Note that the Applicant is also the County or Municipality that will be receiving the funding at reimbursement.

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT |  | APPLICANT’S FEDERAL ID # |  |

**15. LOCAL PROJECT COORDINATOR:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| (Print Name) | (Title) | (Department) | (Organization) |
|  |  |  |  |
| (Mailing Address) | (City) | (State) | (Zip) |
|  |  |  |
| (Phone Number) | (Mobile Number) | (Email Address) |

**16. LOCAL GOVERNMENT AUTHORIZATION:**

As the authorized representative of this Political Subdivision, I have read the terms of the “Project Agreement and General Conditions” of the Local Program Open Space (POS) Grants Manual and I agree to perform all work in accordance with the Manual, POS Law and Regulations, all applicable Local, State and Federal statutes and regulations, and with the attachments included herewith and made a part thereof.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| (Signature) | (Print Name) | (Title/Organization) | (Date) |

|  |
| --- |
| **PROGRAM ADMINISTRATIVE REVIEW:** (DNR Use Only) |
| ON-SITE INSPECTION: | DATE |  | BY |  |  |
| DEPARTMENT OF NATURAL RESOURCES – PROGRAM OPEN SPACE APPROVAL: |
|  |  |  |
| (Signature) | (BPW Approval Date) | (BPW Agenda Item Number) |

Revised 06/22