**Maryland Department of Natural Resources**

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

**Development & Capital Renewal 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) |  |

**3. PROJECT DETAILS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Type of project: | Development |  | Capital Renewal |  |  |
| b. | Is this project located in a Priority Funding Area (PFA)? | Yes |  | No |  |
|  | If this project is not in a PFA, does it serve population from more than one PFA? | Yes |  | No |  |
| c. | Is this project constructing an indoor facility? | Yes |  | No |  |
|  | Is the indoor facility 7,500 square feet or greater? | Yes |  | No |  |
|  | If this is an indoor facility and the facility is 7,500 square feet or greater, please acknowledge the following: |
|  | The facility will meet the equivalent of LEED Green Building Rating System Silver rating. |  | Initial Here |
|  | The facility will incorporate the nonstructural site design practices in the Maryland Stormwater Design Manual in COMAR 26.17.02. |  | Initial Here |
| d. | 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: |
|  |

**4. 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 project and be specific. Why is it being done and how does it relate to local recreation needs? Is it a new development, does it build upon an existing facility, or is it a capital renewal project? 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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| --- | --- | --- | --- |
| **5. 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) |
|  | Please provide a provide a proposed development schedule: |
|  | Design Start Date (if applicable) |  | Design End Date |  |  |
|  | Construction Start Date |  | Construction End Date |  |  |

**6. ITEMIZED DETAILED COST ESTIMATE:** Round to the nearest dollar.

|  |  |  |
| --- | --- | --- |
| ITEM NO. | ITEM DESCRIPTION | ESTIMATED COST |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL DEVELOPMENT COSTS:** |  |

**7. PROJECT FUNDING:**

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

**8. 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. |  |  |

**9. 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 # |  |

**10. LOCAL PROJECT COORDINATOR:**

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

**11. 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