

Collin County Parks and Open Space Project Funding Assistance Program Application

PROJECT APPLICATION

Project Information:	
Legal Name of Entity:	Authorized Project Representative:
Federal Tax Identification Number:	Telephone Number:
Project Title:	Email Address:
The categories below are listed in order of the Board's priorities for funding consideration. Please check the one that describes your project.	Complete Mailing Address:
Land Acquisition for Parks and Open Space	
Regional Trail Connector or Trail Project	
Facilities (Capital) Improvements for Parks and Open Space	
Brief Description of Project Including Parcel(s)	Address or Property ID:
Funding and Timing Information:	
Amount of Funding Requested (Cannot be more than 50% of total project costs):	Projected Start Date of Project (Must be within 6 months of executed ILA)
Total Project Costs:	Projected End Date of Project:
Previous Funding:	
Has the Collin County Parks Foundation Adviso elements/phases of this project? If so, when ar	

PROJECT COSTS AND ELEMENTS

Legal Name of Entity:

Project Title:

ltem No.	Description	U/M	Quantity	Unit Cost	Total	Requested Amount	Match Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	Project Total						

The items listed in "Requested Amount" should total the amount of funding being requested on page 1 of application. The items listed in "Match Amount" should equal or exceed the total "Requested Amount".

The value of in-kind specialized services will be determined by Collin County based on the usual and customary rates and values for services proposed. For in-kind, non-specialized services, Collin County will use the calculations updated annually by Independent Sector, Inc. as a guideline to determine the value of volunteer time. This value is calculated from the average hourly earnings of all non-agricultural workers as determined by the U.S. Bureau of Labor Statistics and is updated annually. https://independentsector.org/resource/value-of-volunteer-time/

Prepared By:	Title:
Phone Number:	Date Prepared:
E-Mail Address:	Disiost Funding Assistance Discuss

AUTHORIZED SIGNATURE

(Signatory must have contract signing authority):

By signing this document, I am certifying that the certifications, assurances, and deliveries included in this application have been reviewed, that to the best of my knowledge all certifications are true and correct and that all required deliverables are included in the application.

I understand that if awarded, applicants will be asked to enter into an Interlocal or Funding Agreement with Collin County that will outline provisions required for the project.

I certify that this application has no false statements and that I understands that signing this application with a false statement is a material breach of contract and shall void the submitted application and any resulting contracts.

I certify that I have carefully reviewed the Project Narrative and to the best of my knowledge, all activities are technically feasible and can be satisfactorily completed within the time frame proposed.

I certify that to the best of my knowledge, the proposed activities and the expenses outlined in the Project Costs and Estimates are reasonable and necessary to accomplish the project objectives, and the proposed expenses are consistent with the costs of comparable goods and services. I will adhere to financial administration and reimbursement procedures.

I assure that if funded, the Authorized Project Representative will comply with the requirements of providing updated action plan/project timeline/progress reports at the end of each quarter (March, June, Sept, Dec), will provide before, during and after photos, and promptly notify the Parks Foundation Advisory Board of any changes in plans.

I assure that if funded, the park or proposed improvements will be accessible to all Collin County residents.

I assure that if funded, I will comply with all applicable requirements of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101-12213.

Printed Name:	Title:
Phone Number:	E-Mail Address:
Signature:	Date: