

**COUNTY OPPORTUNITY GRANT PROGRAM
2008**

**APPLICATION FOR ACQUISITION, DEVELOPMENT AND
REHABILITATION PROJECTS**

**OREGON PARKS AND RECREATION DEPARTMENT
725 Summer St. NE, Suite C
Salem OR 97301-5397
(503) 986-0711**

Website: <http://egov.oregon.gov/OPRD/GRANTS/county.shtml>

APPLICATION CHECK LIST

Name of Project Applicant: _____

Type of Project: _____

A completed application for a County Opportunity Grant includes an Application Packet and Attachments. Please indicate in the space at the left of each item that it has been enclosed.

COMPLETED APPLICATION PACKET:

_____ All pages have been filled out, including the date and signature of an authorized official.

ATTACHMENTS TO APPLICATION PACKET:

_____ Park Boundary Map

_____ Vicinity Map

_____ Construction Drawings (Excludes Planning Projects)

_____ Planning Department Certification

_____ Property Deed/Lease Agreements

_____ Preliminary Title Report and/or Appraisal (Acquisition projects only)

NUMBER OF COPIES TO SUBMIT:

_____ Submit **one copy** of the application packet, property deed/lease agreements, Planning Department Certification, and for acquisitions, one copy of the preliminary title report and/or an appraisal.

_____ Submit **nine (9)** copies of the park boundary map, vicinity map and construction drawings.

DO NOT PUT THEM IN NOTEBOOKS OR FOLDERS. STAPLE IN UPPER LEFT HAND CORNER.

Please Note: If any document on this checklist is missing from the application, it will be rejected -- no exceptions.

**GRANT APPLICATION
COUNTY OPPORTUNITY GRANT PROGRAM**

Project Name:	County Sponsor:		
Contact Person Name:			
Address:			
Telephone Number:			
Acquisition <input type="checkbox"/>	Development <input type="checkbox"/>	Rehabilitation <input type="checkbox"/>	Planning <input type="checkbox"/>
Brief Description of Project: _____ _____ _____			

DEVELOPMENT, REHABILITATION AND PLANNING COST ESTIMATES

Work Elements	Contracts	Labor	Materials/Misc	Total Costs
TOTAL COSTS	\$	\$	\$	\$

SOURCE OF FUNDING

COUNTY OPPORTUNITY GRANT PROGRAM FUNDS (Match 50%, or 75% for counties under 30,000 population)	\$
LOCAL MATCH	
Local Budget (Cash purchases, contracts, etc)	\$
Local Force Account (agency forces, equipment)	\$
Other Sources or Revenue Sharing (Identify Source)	\$
Donations (Identify Source)	\$
Other	\$
TOTAL COSTS	\$

CONTINUED ON NEXT PAGE

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PROJECT SITE/LOCATION/DESCRIPTION:

Site Name:	Township, Range, Section
Property Owner:	City/Town:
Site Description:	
OREGON LEGISLATORS:	
State Senator:	District #
State Representative	District #

As an authorized representative of the County, I certify that the applicant agrees that as a condition of receiving County Opportunity Grant Program assistance, it will comply with all applicable local, state and federal laws relating to Civil Rights. These laws include but are not limited to: (a) Title VI of Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin; (b) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination of the basis of handicap; (c) the Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; (d) the Americans with Disabilities Act of 1990, which prohibits discrimination based on disability - both in the private and public sector; and applicable regulatory requirements to the end that no person in the United States shall, on the grounds of race, color, national origin, handicap or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity conducted by the applicant.

Signature of Authorized Official

Date

Telephone Number

Email Address

COUNTY OPPORTUNITY GRANT PROGRAM APPLICATION

(1) COUNTY PARKS OVERVIEW

In the space provided below, describe your county parks system, including:

- size of system/number of parks;
- attendance figures, if available;
- predominant uses of county parks system (camping, day use etc.);
- location, size and major uses of the particular park associated with your grant request.

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(2) PROJECT DESCRIPTION

In the space provided below, describe your proposed project. Include the following information:

- where the project is located, the work to be done, who will do the work, and who will provide supervision;
- the start and end dates of the project;
- **for acquisitions only**, explain any interim uses of the property and the estimated start date of campground development.

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(3) NEED/BENEFITS OF THE PROJECT

In the space provided below, explain the need for, and benefits of, the project, including:

- what local or regional need it meets and who the primary users of the project will be;
- any social, economic or other benefits resulting from the project;
- how it meets needs identified in the Oregon Outdoor Recreation Plan (SCORP).
- If your county has an exceptional need for a grant, such as a limited parks operating budget, the lack of public camping opportunities within the county, or the overall lack of county parks and recreation areas and facilities, please explain.

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(4) PLANNING AND PUBLIC INVOLVEMENT

In the space provided below, describe any planning and public involvement efforts that led to the selection of the project, including:

- citizen involvement through public workshops, meetings or hearings;
- involvement of county parks board or local citizens' committees;
- development of a park master plan or other county parks plans;
- other public involvement.

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(5) ENVIRONMENTAL ASSESSMENT

In the space provided below, describe any adverse, or beneficial, environmental impacts resulting from the project. Include answers to the following questions:

- Is the site in a flood plain or does it involve a wetland?
- Are there any threatened or endangered species on the site?
- Are there historic or cultural sites involved?
- What agencies or persons did you contact to determine environmental impacts? (Please list agencies/persons contacted).

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(6) ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

Please answer all questions below about accessibility for people with disabilities:

(a) Does your county have an ADA Transition Plan?

(b) What is the topography of the project site (flat, hilly, rough, uneven, etc.)?

(c) What is the surface of existing or proposed parking areas? How many parking spaces are (or will be) allocated for people with disabilities?

(d) What is the slope and surface of any roads or trails that will be used as accessibility routes to various parts of the park?

(e) If you are developing campsites, what percent will be accessible? Describe the length, width, and surface material at the sites, and accessible amenities at the sites. What is the distance to the nearest accessible restroom and potable water?

(f) Do existing restrooms and/or shower buildings at the park meet ADA guidelines? If not, what are your plans for making them accessible?

(g) If you are developing new day use facilities within campgrounds (picnic areas, shelters, fishing docks, playgrounds etc.) how will they be made accessible?

(h) How does your park system address special accessibility concerns/needs for people with sight or hearing impaired disabilities?

(7) SOURCE OF FUNDING

In the space provided below, provide additional information about the sources of funding that will be used as the local match. Include the following:

- how firm is your local match -- have the matching funds been committed to this project by your board or commission?
- describe any in-kind donations (volunteer labor, donated materials, etc.) in the project;
- discuss your agency's ability to meet long-term maintenance costs for the project.

(8) Sustainability

Describe your intent, strategies, documentation of results, and long-term management plans for sustainability in your project.