



Longview Parks and Recreation Department Neighborhood Park Grant Application

Application deadline: February 12, 2021

**PLEASE SUBMIT EIGHT (8) COPIES OF THIS APPLICATION AND
EIGHT (8) COPIES OF ANY SUPPLEMENTAL MATERIALS**

| | | |
|------|--------------|------------------|
| Date | Project Name | Project Location |
|------|--------------|------------------|

| | |
|--------------------------|--------------------------|
| Applicant (organization) | Contact Person and Title |
|--------------------------|--------------------------|

| | |
|--|-----------------------------------|
| Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is your IRS Tax ID#? |
|--|-----------------------------------|

| | |
|---------|----------------|
| Address | City/State/Zip |
|---------|----------------|

| | | |
|---------------|---------------|---------------|
| Daytime Phone | Evening Phone | Email Address |
|---------------|---------------|---------------|

Project Description.

(Applicants are encouraged to attach additional pages including schematic drawings, site location drawings, maps, pictures, and photographs.)

Project Relationship to Grant Rating and Instruction Criteria

(On a separate sheet of paper please explain how this project responds to the eight rating criteria listed in the application process. Addressing the eight criteria will enable the Parks and Recreation Advisory Board to evaluate the importance of the project against others that request funding. *Failure to address the criteria will result in an incomplete application and request denial.*)

- Need:** Does the community have a need for this project? (Consider whether there are similar or complementary facilities in the area/community)
- Community Impact:** Who will benefit from the project? Provide approximate number, range, and diversity of those likely to be served by or benefit from the project? Do they represent a significant underserved population?
- Access:** Upon completion, what will the availability of the project be to the public during the year?
- Financial Responsibility:** What is the potential life span of the project? What will the maintenance and replacement requirements of the project be, both immediate and long-term?
- Cost Benefit:** Do the benefits outweigh the cost of the project? (Benefits include economic impact and community development, additional opportunities for play in the community, and reduction in youth related social problems.)
- Compliance:** Does the project comply with the City of Longview's historic preservation plan, park and recreation comprehensive plan, and other city policy initiatives?
- Readiness to Proceed:** How soon after the grant is approved can the project begin? (Discuss how quickly the applicant can complete the project by demonstrating availability of the required financial match; permits being secured; and availability of needed labor.)
- Funding:** What are the applicant's potential sources of funding? (Please list all cash and in-kind goods and services) Are they already secured? Does the applicant identify partnership arrangements and what value does the partnership(s) bring to the project?

Project Budget and Funding

ESTIMATED BREAKDOWN OF THE PROJECT

| | | | |
|---|---------------------------------|----|---|
| Provide Quotes and List of Supplies | COST OF PAID SUPPLIES | \$ | % |
| Provide Quotes and Business Information | COST OF PAID SERVICES | \$ | % |
| Provide Estimated Number and Hours | HOURS OF VOLUNTEER LABOR | \$ | % |
| Provide Quotes and List of Supplies | COST OF DONATED SUPPLIES | \$ | % |
| Provide Quotes and Business Information | COST OF DONATED SERVICES | \$ | % |
| TOTAL COST OF THE PROJECT: | | \$ | |

TOTAL CASH/DONATIONS AT TIME OF APPLICATION - READINESS TO PROCEED

| | | |
|---|----|---|
| SECURED APPLICANT CASH: | \$ | % |
| *(Monetary value of all donations) SECURED APPLICANT DONATIONS: | \$ | % |
| *(Monetary value: 1 Hour = \$15.00) VOLUNTEER LABOR DONATION COMMITMENT: * | \$ | % |
| _____ # of Volunteers X _____ # of Hours Donated = _____ Total Hours of Volunteer Labor Donations | | |

TOTAL OF SECURED FUNDING/DONATION FOR THE PROJECT: \$

*** If the total of secured funding, including donations, does not equal the total cost of the project please provide below the timeline and steps that will be taken to ensure readiness to proceed.**

APPLICANT REQUEST: **50%** REIMBURSEMENT OF EXPENDED FUNDS

Applicants may use cash, in-kind donations and services, and volunteer labor hours to account for the total cost of the project. **Matching grant funds are only available for reimbursement on actual expenditures spent on supplies and services and not on donated items or labor.**

GRANT FUNDS REQUESTED FROM CITY OF LONGVIEW: \$

ADDITIONAL PROJECT QUESTIONS

| | | | |
|---|---|-------|------|
| Will fees be charged in connection with using this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: | Multi-year project? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe) | | |
| Anticipated Start Date: | Anticipated Date of Completion: | | |
| Application completed by (print and sign name) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Title</td> <td style="width: 50%;">Date</td> </tr> </table> | Title | Date |
| Title | Date | | |

Please return this application by February 14, 2020 to:

City of Longview
Parks and Recreation Department
2920 Douglas St.
Longview, WA 98632

**NEIGHBORHOOD PARK
GRANT PROGRAM
ESTIMATE WORKSHEET**



ORGANIZATION: _____ **PROJECT NAME:** _____

This worksheet is to help you fill out the “Estimated Break Down” portion on the Project and Funding Page. Once all totals have been applied on the estimate worksheet, they can then be transcribed in the totals.

Please summarize all of your **estimated project expenses** in the table below. (Out of Pocket Expenses)
Attach all quotes/invoices that coincide with each line item.

| EXPENSES TO BE PURCHASED BY APPLICANT | | |
|---------------------------------------|-------------|------|
| VENDOR | DESCRIPTION | COST |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

Please summarize **all donations of goods and services estimated** for the project.
Please indicate if they have been secured or if you will be seeking out the donation.

| IN-KIND CONTRIBUTIONS - SUPPLIES AND/OR LABOR | | | |
|---|-------------|-------|-------------|
| VENDOR | DESCRIPTION | VALUE | SECURED Y/N |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

NEIGHBORHOOD PARK GRANT **ESTIMATE WORKSHEET** - VOLUNTEER COMMITMENT

| DATE | PRINTED NAME | WORK DESCRIPTION | HOURS COMMITTED | SIGNATURE |
|-------------------------------|--------------|------------------|-----------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL NUMBER x \$15.00 | | | | |

* Volunteer Labor is calculated at \$15 per hour. Volunteer Register must match dollar amount provided for in project total.
 * Additional registers are available upon request if more pages are needed.

| TOTAL PROJECT SUMMARY | | |
|----------------------------|-------------------------|-----------|
| A. | TOTAL EXPENDITURES | \$ |
| B. | TOTAL IN-KIND DONATIONS | \$ |
| C. | TOTAL VOLUNTEER LABOR | \$ |
| TOTAL PROJECT COST: | | \$ |

Transfer all totals from the two "Estimate Worksheets" to the table on the left for a summary of the total project cost, then transfer totals to the Project Budget and Funding page.

| TOTAL REQUEST FOR REIMBURSEMENT | |
|---------------------------------|-----------|
| REQUEST: | \$ |

By my signature below, I certify the information I provided on and in connection with this form is true, accurate, and complete. I also understand that any false statements or deliberate omission on this document or attached documents I submit for the Neighborhood Park Grant Program may be grounds for disqualification for reimbursement.

| ORGANIZATION NAME | PRINTED NAME: | SIGNATURE: | DATE: |
|-------------------|---------------|------------|-------|
| | | | |