



**Passaic County Open Space, Farmland,
& Historic Preservation Trust Fund
2018 PARK DEVELOPMENT GRANT APPLICATION**

ATTACHMENT CHECKLIST

This checklist is enclosed to ensure that you submit a complete application. Before submitting your application, be sure to run through the following checklist:

- Completed Application**
- Site location map (legible street map)**
- Tax map outlining boundaries of the site and identifying adjacent land uses**
- Conceptual Site Plan** – plans should be prepared by an authorized, licensed professional. Site plans should identify all proposed facilities as well as any existing facilities and improvements
- Cost estimate** – units and quantities, prepared and signed by an authorized, licensed professional
- Projected timeline for completion**
- Breakdown of annual operating expenses after development of the site**
- Permit inquiries** – Applicants with projects requiring permits, grants, or other approvals must contact all applicable permitting agencies to secure permit information and application materials prior to the submission of an application.
- Advertising of public hearing**
- Minutes of public hearing** – portion pertaining to this application only
- Resolution** authorizing the municipality or nonprofit to submit the application
- Photographs of Site**
- FOR NON-PROFIT ORGANIZATIONS**: Please provide a copy of the current IRS determination letter, a copy of the organization's W-9 form (showing EIN) and a copy of the NJ Business Registration Certificate (BRC) – don't have one? Apply online at: <http://www.state.nj.us/treasury/revenue/busregcert.shtml>



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SUBMISSION REQUIREMENTS

- Please submit **one (1) paper copy and one (1) electronic copy** for the following materials:
 - Application Forms
 - Proposals from Professionals, Consultants, Contractors, etc.

- The following materials can be submitted as an electronic copy:
 - All photos as JPEG images
 - All other supporting documentation (preferably in PDF format)

- Submittals shall be bound by paper clip or binder clip only. The use of binders, plastic separators, non-recyclable materials, etc. are strongly discouraged. Submittals will not be evaluated on the basis of the aesthetic of the package.

- Please be advised that handwritten submissions of applications will not be accepted. Fillable PDF forms are available online at our website www.passaiccountynj.org or by emailing the Open Space Coordinator at kathleenc@passaiccountynj.org

Completed Park Development Grant Applications and all required materials, shall be submitted by Friday, March 16, 2018, no later than 4:00PM to:

Kathleen M. Caren, Open Space Coordinator
County of Passaic
Department of Planning and Economic Development
930 Riverview Drive, Suite 250
Totowa, NJ 07512

**For any questions, please contact Kathleen M. Caren, Open Space Coordinator:
kcaren@passaiccountynj.org or 973-569-4049.**



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Project Name: _____ Priority: _____

I. Applicant Information

Type of Organization: Local Government Unit Non-profit

Name: _____

Street Address: _____

Town/State/Zip: _____

Municipality: _____

Chief Executive Officer: _____

Contact Person: _____

Phone: _____

Fax Number: _____

E-Mail: _____

Relationship of applicant to subject property:

Owner

Lease (*Please include copy of the lease with your application*)

 If lease, owner's name: _____

Management Agreement (*If you are a non-profit developing municipal parkland,
include a copy of Resolution approving the project application from the
governing body*)

Other: _____



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II. Project Information

Project Name: _____

Amount Requested: _____

Project Address: _____

Block: _____ **Lot:** _____

Total Area (Acres): _____

Existing Use: _____

Project Description (Please include conformity with local, county, regional, and/or state master plans; and describe, if applicable, any restrictions such as encumbrances, utility easements, etc.):



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III. Project Budget

Soft Costs: \$ _____

Construction Costs: \$ _____

Equipment Costs: \$ _____

TOTAL: \$ _____

IV. Other Sources of Funding

Green Acres Grant/Loan: \$ _____

Passaic County Open Space Trust Fund Grant(s): \$ _____

Local Government Unit Open Space Trust Fund: \$ _____

Local Government Unit Funds: \$ _____

Other: _____ \$ _____

TOTAL: \$ _____

**V. Unexpended Funds from previous Passaic County Open Space,
Farmland, & Historic Preservation Trust Fund Grant Awards**

Project Name	Grant Year	Amount Awarded	Amount Expended	Amount Unexpended



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VI. Certification

The applicant certifies the following:

- a. The filing of this application has been approved by the governing body of the applicant;
- b. The facts, figures, and information contained in this application, including all attachments, are true and correct;
- c. Any funds received will be expended in accordance with the grant agreement to be executed with the County of Passaic; and
- d. The individual signing has been authorized by the organization to do so on its behalf, and by his/her signature, binds the organization to the statements and representations contained in the application.

Acting as a duly authorized representative for the applicant organization, I am submitting this request for assistance from the Passaic County Open Space, Farmland, and Historic Preservation Trust Fund.

Name: _____ Title: _____

Signature: _____ Date _____



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SAMPLE RESOLUTION

A RESOLUTION AUTHORIZING A GRANT APPLICATION TO THE PASSAIC COUNTY OPEN SPACE, FARMLAND, AND HISTORIC PRESERVATION TRUST FUND FOR THE INSERT NAME OF PROJECT BY THE INSERT NAME OF APPLICANT

WHEREAS, the Passaic County Board of Chosen Freeholders (hereafter "Board") provide grants to municipalities and qualified non-profit corporations for the assistance in acquisition, development, stewardship, and historic preservation from the Passaic County Open Space, Farmland, and Historic Preservation Trust Fund (hereafter "Trust Fund"); and

WHEREAS, the INSERT NAME OF APPLICANT desires to further the public interest by obtaining funding in the amount of INSERT DOLLAR AMOUNT from the Board for the County to fund DESCRIBE THE PROJECT at a cost of INSERT DOLLAR AMOUNT; and

WHEREAS, the Board shall determine if the application is complete and in conformance with the scope and intent of the Trust Fund program and the rules and regulations established pursuant to R20170349, and any subsequent Resolutions passed by the Board governing the administration of the Trust Fund; and

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF INSERT NAME AS FOLLOWS:

- 1. The INSERT NAME OF AUTHORIZED OFFICIAL is authorized to make application, provide all required information and documents as required, and correspond as necessary for a grant to the Passaic County Open Space, Farmland, and Historic Preservation Trust Fund;
2. That the INSERT NAME OF AUTHORIZED OFFICIAL is hereby authorized to execute a grant agreement and any amendment there with the County of Passaic for the INSERT NAME OF PROJECT;
3. That, if the funds provided by the County are less than the total project cost specified above, the applicant has the balance of funding necessary to complete the project; and
4. That, the applicant agrees to comply with all applicable federal, State, County, and local laws, rules, and regulations in its performance of the project; and
5. That this Resolution shall take effect immediately.

CERTIFICATION

I, _____(name and title of Secretary or equivalent) do hereby certify that the foregoing is a true copy of a resolution adopted by _____(name of legal body or board) at a meeting held on the _____ day of _____, _____.

IN WITNESS WHEREOF, I have hereunder set my hand and the official seal of this body this _____ day of _____, _____.

_____(name and title of Secretary or equivalent)