*Revised 1/17*



Camden County Open Space, Farmland, Recreation, and Historic Preservation Trust Fund

 2021

Application for Recreation Facility Enhancement

Project Funding

# I. Applicant Information Date: \_\_\_\_\_\_\_\_\_\_\_\_

1. Project Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Borough/Organization)

 Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Person for this application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Land Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Best time to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicant’s organization status: \_\_\_\_\_ Municipal Government

 \_\_\_\_\_ Tax-exempt nonprofit organization

*(Attach both IRS* *and New Jersey charitable registration letters.)*

If not a designated 501 C (3) organization, explain tax-exempt status:

1. If other than a municipality, please provide your organization’s Mission Statement or a brief narrative on the purpose of your organization.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you included a copy of the required municipal resolution in support of this application?

\_\_\_Yes \_\_\_ No

If no, is a resolution pending?

## \_\_\_Yes \_\_\_ No

 F. Source of Applicant’s operating funds. Check all that apply.

\_\_\_Member Dues/Fee \_\_\_ State \_\_\_County \_\_\_Municipal \_\_\_Other

# II. Facility Information

##  A. Project Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

 Present Zoning \_\_\_\_\_\_\_\_\_ Block Number(s) \_\_\_\_\_\_\_\_\_ Lot Number(s)\_\_\_\_\_\_\_\_

 Block Number(s) \_\_\_\_\_\_\_\_\_ Lot Number(s)\_\_\_\_\_\_\_\_

 Block Number(s) \_\_\_\_\_\_\_\_\_ Lot Number(s)\_\_\_\_\_\_\_\_

 Total Acreage \_\_\_\_\_\_\_\_\_\_

 Amount of funding requested from the Camden County Open Space Trust Fund (maximum $25,000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. Briefly describe the tasks to be completed using these funds, i.e. construction of bike path; installation of lights, etc.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. Does the proposed project serve to advance the goals of the County’s Bicycling and Multi-Use Trail Master Plan or lie within, or proximate to the County Greenway Network?

(You can view both the *Camden County Bicycling and Multi-Use Trail Master Plan* and the *Camden County Open Space and Farmland Preservation Plan* at [www.camdencounty.com)](http://www.camdencounty.com/)

 \_\_\_Yes \_\_\_ No

 If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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D. 1) The applicant: (Check all that apply)

 \_\_\_\_ owns the property

\_\_\_\_ leases the property *(Attach a copy of the lease)*

 \_\_\_\_ does not own or lease the property

 \_\_\_\_ municipally owned property

* 1. Year first owned or leased \_\_\_\_\_\_\_\_\_\_\_\_

* 1. If leased, years remaining on the lease \_\_\_\_\_\_\_\_\_\_\_\_

* 1. Owner *(if other than applicant):*

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Lessor *(if different from the owner):*

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Holder of mortgages or liens on the property, if any:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount of mortgage of lien $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# III. Project Budget

Include budget information for only those tasks to be undertaken using Camden County Trust Fund monies. Please indicate if funds have already been secured.

 Task Applicant\* County Municipal State Other \*\* Share Share Share Share

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_   |  $\_\_\_\_\_ $\_\_\_\_\_ $\_\_\_\_\_ $\_\_\_\_\_  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_   |  $\_\_\_\_\_ $\_\_\_\_\_ $\_\_\_\_\_ $\_\_\_\_\_  |
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|  TOTALS $\_\_\_\_\_  |  $\_\_\_\_\_ $\_\_\_\_\_ $\_\_\_\_\_ $\_\_\_\_\_  |

 \* Organizations other than municipalities; value of in-kind services applies.

 \*\* Specify source: Private or group donations, charitable foundation, etc.

# IV. Accessibility to the Population

1. Does your recreation site have direct access from public roads?

 \_\_\_Yes \_\_\_ No

Road name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does public transportation serve the location? \_\_\_Yes \_\_\_ No

Bus Route # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there alternative means of access to the site, i.e. bikeway, pedestrian walk, etc.?

\_\_\_ Yes \_\_\_No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is this facility readily available for use by County residents outside the municipality/organization when not in use by the municipality/organization?

\_\_\_Yes \_\_\_ No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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V. Usage by All Age Groups and Users

 Does your Recreation Facility Enhancement Project provide recreational opportunities for:

1. Children under 12 Yes \_\_\_\_\_\_ No \_\_\_\_\_\_
2. Children 12 - 17 Yes \_\_\_\_\_\_ No \_\_\_\_\_\_
3. Adults Yes \_\_\_\_\_\_ No \_\_\_\_\_\_
4. Seniors Yes \_\_\_\_\_\_ No \_\_\_\_\_\_
5. Handicapped Accessible Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

# VI. Unique Facility

Does your Recreation Facility Enhancement Project provide a unique facility not available elsewhere?

 \_\_\_Yes \_\_\_ No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# VII. Environmental Considerations

1. Do you provide adequate protection of the environmental resources that are located in proximity to the recreation facility enhancement site (i.e. wetlands, transition areas, stormwater control).

\_\_\_Yes \_\_\_ No

 Please describe: *(use additional sheets, if needed, marked “Enclosure # 1”):*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does your Recreation Facility Enhancement Project incorporate quality native species or otherwise appropriate landscaping?

 \_\_\_Yes \_\_\_ No \_\_\_ Not Applicable

 *(if yes, please include a list of plants and/or a landscape plan marked “Enclosure # 2”)*

1. Does your Recreation Facility Enhancement Project include green infrastructure/technology? i.e energy efficient lighting, recycled materials, porous paving, water conservation systems, etc.

 \_\_\_Yes \_\_\_ No

Please describe: *(use additional sheets, if needed, marked “Enclosure # 3”):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# VIII. Community and Financial Support

1. Is your Recreation Facility Enhancement Project consistent with the adopted Municipal Open Space Master Plan?

\_\_\_Yes \_\_\_ No

 *(if yes, please provide supporting information marked “Enclosure # 4”).*

1. Does your Recreation Facility Enhancement Project have community

(non-governmental) support?

 \_\_\_ Yes \_\_\_ No

  *(if yes, please provide Public Hearing statements and/or endorsements by organized*

 *groups marked “Enclosure # 5”)*

# IX. Narrative

Please provide a project narrative which includes: 1. a summarized description of the proposed enhancement(s); 2. the amount of funding requested from the Camden County Open Space Preservation Trust Fund (based on a certified engineering cost Estimate); and 3. any other pertinent information, i.e. site plan, photos, product descriptions, etc. *(Mark this “Enclosure # 6”)*

# X. Funding History

Have you previously been awarded a funding for a Recreation Facility Enhancement Project from the Camden County Open Space Preservation Trust Fund?

 \_\_\_ Yes \_\_\_ No

 Name of project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year(s) awarded/Round \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL amount awarded from Open Space funding $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Facility funding history (other than Open Space funding)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Acting as duly authorized representative for the applying organization, I am submitting this request for assistance from the Camden County Open Space, Recreation, Farmland and

Historic Preservation Trust Fund. (PLEASE NOTE, SIGNATURE MUST BE

NOTARIZED)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Individual Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Name of Individual (typed or printed) Title

NOTARY:

(OP-APPL-REC17)



 

Camden County Open Space, Farmland, Recreation, and Historic Preservation Trust Fund

Please return:

FIVE (5) copies of the attached application:

* 1 application must be signed with an original signature, witnessed and notarized, to:

Camden County

Division of Open Space

1301 Park Blvd.

Cherry Hill, NJ 08002

# (856) 858-5241