



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

2024 Application for Recreation Facility Enhancement Project Funding

Applications Must Be Received By 4/30/24

I. Applicant Information

Date: _____

A. Project Facility Name _____

Name of applicant _____
(Borough/Organization)

Street Address _____

City _____ State _____ Zip _____

B. Contact Person for this application _____

Title _____

Land Phone # _____ Cell Phone # _____

Email _____ Fax # _____

Best time to contact _____

C. 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:

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

E. 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.

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)

___ Yes ___ No

If yes, please describe: _____

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

2) Year first owned or leased _____

3) If leased, years remaining on the lease _____

4) Owner (if other than applicant):

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **Fax #** _____

5) Lessor (if different from the owner):

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **Fax #** _____

6) 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.

<u>Task</u>	<u>Applicant*</u> <u>Share</u>	<u>County</u> <u>Share</u>	<u>Municipal</u> <u>Share</u>	<u>State</u> <u>Share</u>	<u>Other **</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
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

A. Does your recreation site have direct access from public roads? Yes No

Road name(s) _____

B. Does public transportation serve the location? Yes No

Bus Route # _____

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

Yes No

Please describe: _____

D. 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: _____

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: _____

VII. Environmental Considerations

A. 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**”):

B. 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**”)

C. 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**”):

VIII. Community and Financial Support

A. 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**”).

B. 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) _____

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:

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Making It Better, Together.

<p>Camden County Open Space, Farmland, Recreation, and Historic Preservation Trust Fund</p>
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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

Attention: Janina Nelson