

LWCF Basic Facts and Assurances

Local Government Name:

Federal Employer I.D. Number: 56-

County:

Local Government Contact Person for the Grant:

Name:

Title:

Organization:

Mailing Address:

City/State/Zip:

Telephone:

E-mail:

(must be an employee of the sponsoring local government)

Local Government Manager:

Name:

Title:

Mailing Address:

City/State/Zip:

Telephone:

E-mail:

Chief Elected Official:

Name:

Title:

Mailing Address:

City/State/Zip:

Type of Project:

☐ Land Acquisition Only

☐ Development Only (construction or renovation)

☐ Land Acquisition and Development

Site Control (check all that apply):

☐ Owned by local government

☐ To be obtained with this land acquisition project

☐ Has been obtained for this land acquisition project using an approved waiver that expires on this date: _____.

☐ Leased by applicant for 25 years or more

☐ Easement

Costs rounded to nearest dollar:

LWCF funds requested: \$ _____ .00

Local government's matching funds: \$ _____ .00

Total cost of project \$ _____ .00

Project Name:

Certification and Approval by Local Governing Board

I hereby certify the information contained in the attached application is true and correct and the required dollar-for-dollar matching funds will be available during the project period. This application has been approved by the local governing board.

Chief Elected Official

(Print or Type Name and Title)

(Signature/Date)

If two local governments are applying together, this form must be completed and signed by each local government. One applicant must be identified by adding "primary sponsor" in the "Local Government Name" section.

This form must be complete in its entirety for your application to be considered