

**East Bay Regional Park District
MEASURE WW LOCAL GRANT PROGRAM**

Applications Accepted February and March each year.

PROJECT APPLICATION

PROJECT NAME	AMOUNT OF GRANT REQUESTED \$
	Estimated TOTAL PROJECT COST (Grant and other funds) \$
GRANT APPLICANT (Agency and Address)	PROJECT ADDRESS
	Expected Date of Completion:

Grant Applicant's Representative Authorized in Resolution

Name / Title	E-mail Address	Phone
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Person with grant administration responsibility for Project (if different from authorized representative)

Name / Title	E-mail Address	Phone
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Scope of Work:

<p>Tenure – Project is _____ Acres</p> <p>_____ Acres owned in fee simple by Grant Applicant</p> <p>_____ Acres available under an permanent easement.</p> <p>_____ Acres available under a lease</p> <p>Other (explain) _____</p>	<p>For Acquisition Projects:</p> <p>_____ Acres to be acquired in fee simple. (Provide purchase agreement and appraisal for approval prior to acquisition.)</p> <p>_____ Acres to be acquired under public access easement. (Provide copy of easement for approval prior to acquisition.)</p> <p>Other (explain) _____</p>
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I certify that the information contained in this Project application is accurate and I further certify that this Project is consistent with the park and recreation element of the applicable city or county general plan, park district and recreation plan, or appropriate recreation planning document.

Application Submitted by	Title
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Date

**East Bay Regional Park District
MEASURE WW LOCAL GRANT PROGRAM
APPLICATION CHECKLIST**

Project Name: _____

Contract Number: _____

Applicant: _____

Project Amount: _____

#	✓	<u>Item</u>	<u>Description</u>
1	<input type="checkbox"/>	Project Application Form.	The Project Application form must be completed and signed by the Grantee's authorized representative.
2	<input type="checkbox"/>	Cost Estimate with Sources of Additional Funding	Prepare estimate that closely reflects the project documentation (i.e. bid items, staff time, purchase, materials, etc.)
3	<input type="checkbox"/>	CEQA Certification Form	At the time of Application, the Applicant must provide a <u>CEQA Certification Form</u> along with either a Notice of Exemption or Notice of Determination stamped by the county clerk.
4	<input type="checkbox"/>	Land Tenure	Provide evidence of ownership or site control. For fee title submit an assessors map and records search listing. For less than fee title provide a property map and copy of the full agreement.
5	<input type="checkbox"/>	List Leases or Agreements.	Provide a <u>list</u> of all <i>other</i> leases, agreements, etc., effecting Project lands or the operation and maintenance thereof, in addition to those relevant to land tenure (if applicable).
6	<input type="checkbox"/>	Project Location Map	Provide a map (city or county) with enough detail to allow a person unfamiliar with the area to locate the Project. On-line mapping and directions from 2950 Peralta Oaks Court, Oakland, CA 94605 could fulfill this requirement.
7	<input type="checkbox"/>	Site Plan	For Projects involving Development, provide a drawing or depiction indicating what improvements the Applicant will make, and where the improvements will be located on the property. For Projects involving Acquisition, provide an Acquisition map outlining the acreage and parcel number(s) to be acquired.
8	<input type="checkbox"/>	Photograph	Provide a photograph of the Project site.
9	<input type="checkbox"/>	List Require Permits	Provide a <u>list</u> of all required permits, if applicable. Examples include: building permit, grading permit, water quality, BCDC, Dept. of Fish & Game, etc.)

**East Bay Regional Park District
 MEASURE WW LOCAL GRANT PROGRAM
 SAMPLE COST ESTIMATE**

(Line items listed are for sample purposes only. Applicant should use line items that most accurately reflect the back up documentation to be provided at close out.)

Project Name: _____

Contract Number: _____

Applicant: _____

<u>#</u>	<u>CONSTRUCTION COSTS</u>	<u>AMOUNT</u>
1	Land Acquisition	\$
2	Bid Items (Provide separate lines for each bid item.)	\$
3	Materials	\$
4	In-house Labor	\$
5	In-house Equipment	\$
6	Rental Equipment	\$
7	Construction Support	\$
	SUBTOTAL	\$

	<u>PRE-CONSTRUCTION COSTS (20% Limit)</u>	<u>AMOUNT</u>
8	Consultants	\$
9	In-house Staff Time	\$
10	Title & Escrow Fees	\$
11	Permit Fees	\$
	SUBTOTAL	\$

GRAND TOTAL \$

	<u>FUNDING SOURCES</u>	<u>AMOUNT</u>
	WW Local Grant	\$
	Other Funds	\$
		\$
	GRAND TOTAL	\$

East Bay Regional Park District
MEASURE WW LOCAL GRANT PROGRAM
CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)
Compliance Certification Form

Applicant:

Project Name:

Project Address: _____

When was CEQA analysis filed for this project? Date: _____

What document(s) was filed for this project's CEQA analysis: (check all that apply)

- Initial Study Categorical Exemption Negative Declaration Mitigated Negative Declaration
 Environmental Impact Report Other _____

Please attach the Notice of Exemption or the Notice of Determination as appropriate stamped by the county clerk.

Lead Agency CEQA Contact Information:

Agency Name:

Contact Person

Street Address

City, State, Zip Code

Phone: _____

Email: _____

Certification:

I hereby certify that the Lead Agency listed above has determined that it has complied with the California Environmental Quality Act (CEQA) for the project identified above and that the project is described in adequate and sufficient detail to allow the project's construction or acquisition.

I certify that the CEQA analysis for this project encompasses all aspects of the work to be completed with grant funds.

Certification Submitted by

Title

Date

**East Bay Regional Park District
MEASURE WW LOCAL GRANT PROGRAM**

PAYMENT REQUEST FORM

1. PROJECT TITLE	2. PROJECT NUMBER
3. APPLICANT	
4. PAYMENT REQUEST NUMBER	

5. PAYMENT INFORMATION	
a. Grant Project Amount	\$ _____
b. Funds Received To Date	\$ _____
c. Available (<i>a. minus b.</i>)	\$ <u> \$0.00 </u>
d. Amount of This Request	\$
e. Remaining Funds After This Payment (<i>c. minus d.</i>)	\$ <u> \$0.00 </u>

6. SEND PAYMENT TO:	
AGENCY NAME	
STREET ADDRESS	
CITY/STATE/ZIP CODE	
ATTENTION	

7. I represent and warrant that I have full authority to execute this payment request on behalf of the Grantee. I declare under penalty of perjury, under the laws of the State of California, that this report, and any accompanying documents, for the above-mentioned Grant is true and correct to the best of my knowledge.

CERTIFIED AND SUBMITTED BY 	TITLE	DATE
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FOR EAST BAY REGIONAL PARK DISTRICT USE ONLY

PAYMENT APPROVAL 	DATE
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East Bay Regional Park District
 MEASURE WW LOCAL GRANT PROGRAM
IN-HOUSE LABOR COSTS SUMMARY FORM

Applicant: _____
 Project Name: _____
 Payment Request Number: _____

Project Amount: _____
 Project Number: _____

Name	Unit Performing Work	Pay Date	Description	Amount Construction	(20% Max.) Amount Pre- Construction
Subtotal				\$0.00	\$0.00

East Bay Regional Park District
 MEASURE WW LOCAL GRANT PROGRAM
IN-HOUSE EQUIPMENT COSTS SUMMARY FORM

Project Amount: _____
 Project Number: _____
 Payment Request Number: _____

Applicant: _____
 Project Name: _____

(20% Max.)

Type of Equipment	Caltrans Code	Dates Used	Hours Used	Rate	Amount Construction	Amount Pre-Construction

Subtotal

\$0.00

\$0.00

East Bay Regional Park District
 MEASURE WW LOCAL GRANT PROGRAM
PROJECT COSTS SUMMARY FORM

Applicant: _____
 Project Number: _____
 Payment Request: _____

Project Amount: _____
 Project Name: _____

Check Number	Date	Recipient	Description	Amount Construction	(Max. 20 %) Amount Pre- Construction
Subtotal				\$0.00	\$0.00
Subtotal from Labor Costs Summary Form (if applicable)				\$0.00	0
Subtotal from Equipment Costs Summary Form (if applicable)				\$0.00	0
Total				\$0.00	\$0.00
Grand Total				\$0.00	

**East Bay Regional Park District
MEASURE WW LOCAL GRANT PROGRAM
PROJECT STATUS REPORT**

Agency: _____

Master Contract Amount: _____

Master Contract Number: _____

Ending Date:

June 30th, report due July 31st

December 31st, report due January 31st

Date Report Submitted: _____

#	Project Number	Project Amount	Project Name	Approval Status	Expended to date Pre-Construction	Expended to date Construction	Expected Completion Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Subtotal	\$0.00	\$0.00
Total Grant Funded Expenditures to Date		<u>\$0.00</u>
Unexpended Grant Amount		<u>\$0.00</u>
Total Contract Amount		\$0.00

East Bay Regional Park District
MEASURE WW LOCAL GRANT PROGRAM
PROJECT CERTIFICATION FORM

Grantee: _____
Project Number: _____
Project Name: _____
Project Amount: _____

Grantee Contact (for audit purposes):

Name: _____
Address: _____

Phone: _____
E-mail: _____

Required Documentation (unless previously provided)

FOR ALL CONTRACTS

LAND ACQUISITION

- | | |
|---|---|
| <input type="checkbox"/> Summery List of Bidders | <input type="checkbox"/> Appraisal Report |
| <input type="checkbox"/> Notce of Award by Governing Body | <input type="checkbox"/> Final Escrow Closing Statement |
| <input type="checkbox"/> Contract Agreement | <input type="checkbox"/> Grant deed or final agreement |
| <input type="checkbox"/> Final payment to contractor (cancelled checks) | <input type="checkbox"/> Title insurance policy (issued to participant) |
| <input type="checkbox"/> All Change Orders | <input type="checkbox"/> Cancelled checks |
| <input type="checkbox"/> Notice of Completion or Final Acceptance | |

Submit Actual Final Budget for the Project, along with list of all additional sources of funding used on the project.

Certification:

I hereby certify that all grant funds were expended on the above named Project, that the Project is complete, and final payment has been made for all work done. I certify that no other payment was received for work funded by this grant.

Certification Submitted by

Title

Date