



**Partnerships Matching Funds Program
Fiscal Year 2012 APPLICATION**

Please complete and return

Please Print or Type in All Sections

PARTNER INFORMATION

Name: _____

Name of Primary Contact Person _____

Street _____

2nd Street _____

City _____ Zip Code _____

Home Number _____ Cell Number _____

Business Number _____ Fax _____

(Email Addresses) _____

PARK AND/OR FACILITY INFORMATION

Name of DCR Park/Facility where project is proposed	
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Location of Park/Facility (Town or City)	
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PROPOSED PROJECT INFORMATION

<p align="center">Brief Description of Project</p> <p>If more than one, please list in order of priority. Please attach any additional information if available (e.g., photos, maps, design drawings) to assist in evaluation of application.</p>	
<p align="center">Budget Estimate for Project</p> <p>Please attach any additional budget information.</p>	
<p align="center">Amount of Funds you will Contribute to the Project (\$)</p>	



Partnerships Matching Funds Program Fiscal Year 2011 APPLICATION

Amount of Matching Funds Requested (\$) (Note: DCR will consider a 2:1 match on contributions of up to and including \$25,000., and a 1:1 match on those of more than \$25,000.)	
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PROPOSED PROJECT CATEGORY			
Project Category	CONSTRUCTION	LANDSCAPING	OTHER

PERMITTING			
Permit Required	YES	NO	
If a Permit is required – have you fundraised for the over bidding?	YES	NO	

BIDDING			
Bidding Required	YES	NO	
If your organization has an existing relationship with a Vendor for this project already, are you aware if they are they are on the State's Approved Vendor List?	YES	NO	
You are required to submit three (3) Bids for supplied trades or contractors if they are not currently on the approved Vendor List.			
If the Bid comes in higher than anticipated do you agree to assume up to 50% or more of the overage?			

RIBBON CUTTING EVENT

Are you anticipating a Ribbon Cutting event If YES, please review the Program Standards section on Ribbon Cutting .	YES	NO	
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AGENCY CONTACT HISTORY	
Please list all DCR staff with whom you have communicated regarding this proposed project.	

ADDITIONAL PARTNERS	
Please list any additional partners and their anticipated participation.	

PRIOR PARTNER INFORMATION	
Please list prior projects funded through the FY '05, FY '06 FY '07, FY '08, FY '09 and FY '10 Partnerships Matching Funds Program.	

ADDITIONAL INFORMATION	
Please list information not included above .	

