



Luzerne County Act 13 Grant Application 2018-2019

All entered text should be Arial, 12 point, single spaced.

PART 1: APPLICANT INFORMATION

Project Title:

Applicant Organization:

Address:

Phone:

Fax:

Website:

Are you a:

Municipality

Non-profit organization

Federal ID#:

Are you registered with the PA Department of State Bureau
of Charitable Organizations? Yes No

Contact Name:

Title:

Direct Phone:

Email:

Type of Application:

- Implementation
- Education, Outreach, Promotion

Have you (your organization or municipality) received a prior Act 13 Grant Award?

- Yes No

If Yes, what year?

Applicant Request Amount:

Total Project Cost:

PART 2: PROJECT SUMMARY, CHALLENGE, TIMELINE & PARTNERS

A. Project SUMMARY: Provide a short concise description of your project.

(Please limit to 600 characters)

B. Project CHALLENGE: What is the specific challenge or need that this project will address. Please provide a detailed description of the project. Describe how this project will enhance and improve recreation and/or conservation in Luzerne County. Who are your partners in this work and how are/will they be involved?

(Please limit to 5000 characters)

C. Project TIMELINE: Please provide a month by month timeline for your project

Expected **start** date:

Expected **end** date:

Please provide a SHORT description of activities by month

May 2019

Jun 2019

Jul 2019

Aug 2019

Sep 2019

Oct 2019

Nov 2019

Dec 2019

Jan 2020

Feb 2020

Mar 2020

Apr 2020

May 2020

Jun 2020

Jul 2020

Aug 2020

Sep 2020

Oct 2020

D. Project PARTNERS: Please list at least 1 but no more than 5 partners who/that will be actively involved with your project. For example, partners may provide project planning, assistance, funding and/or in-kind services. List each partner's name, contact, phone, email and a short description of their role in your project.

1. Partner Name
Phone & Email:
Description of role in your project:

2. Partner Name
Phone & Email:
Description of role in your project:

3. Partner Name
Phone & Email:
Description of role in your project:

4. Partner Name
Phone & Email:
Description of role in your project:

5. Partner Name
Phone & Email:
Description of role in your project:

PART 3: INTEGRATION:

Describe how your project is consistent with, or advances, any state, regional, county, local or municipal recreation plans, trail plans or other approved organization plans; specifically the **Open Space, Greenways and Outdoor Recreation Master Plan for Lackawanna and Luzerne Counties:**

http://www.lackawannacounty.org/uploads/final_plan.pdf

OR

DCNR's Pennsylvania Statewide Comprehensive Outdoor Recreation Plan 2014-19:

<http://www.apps.dcnr.state.pa.us/parecplan/parecplan.pdf>

Please identify the plan(s) and explain how your project supports and/or implements the recommendations in this/these plan(s). Please provide the plan name, section and page #(s) of recommendation.

PART 4: PROJECT GOALS, ACTIVITIES AND OUTCOMES

Applicant projects should reflect the intent of the Act 13 Marcellus Legacy Fund; distributed annually to all Pennsylvania Counties to be used for recreation and conservation planning, acquisition, development and repair of greenways, recreational trails, open space, natural areas, community conservation and beautification projects, community and heritage parks.

NOTE: Project Goals, Activities and Outcomes should reflect the type of project applied for: Implementation or Education, Outreach, Promotion. Projects may report from 1 to 3 goals. Goals are specific things that the project will achieve. Activities are the collection of actions that advance the goal(s). Outcomes should be quantifiable/measurable.

Goal 1:

Activities:

Outcome(s):

Goal 2:

Activities:

Outcome(s):

Goal 3:

Activities:

Outcome(s):

PART 5: BUDGET

Proposed Budget: Please provide a total project budget; both expenses and expected income. Show how much of each line item will be covered by or originate from this Luzerne County Act 13 Grant.

A. EXPENSES: List all expenses related to this project. Indicate which will be supported, in part or whole, by this grant request.

EXPENSES			
Explanation of expense.	Act 13 Grant	Other Funding Source(s)	TOTAL
Staff Expenses: Include benefits as a % of salary if appropriate.	\$	\$	\$
Operational Expenses:			
TOTALS	\$	\$	\$

B. INCOME: List all expected income from both cash and in-kind sources. Include the Act 13 Grant amount where indicated.

INCOME			
Source	Amount	Cash or In-Kind	Secure or Pending
Act 13 Grant	\$	Cash	Pending
TOTAL	\$	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx

C. Total Act 13 Grant amount:

PART 6: ATTACHMENTS

Please attach:

- Letters of support and/or commitment of project assistance from all partners listed in Part 2. D. (funding and/or in-kind services).
- Letter of current registration with the PA Bureau of Charitable Organizations and/or IRS letter. (if applicable)

Additional comments:

Luzerne County – Administration Only

_____ Date Application Received

_____ Date Reviewed

_____ Date Notified Awarded/Declined

_____ Signed Paperwork Received