

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM - PROJECT PROGRESS REPORT FORM**

Project Name: _____

Program Year: _____

Date Submitted: _____

Grantee Name: _____

Project Title: _____

Date of Grant Agreement Execution: _____

Grant Agreement Ending Date: _____

Please use additional pages as needed to clearly outline the status of the Project
Please refer to Section 8. Project Implementation and Disbursement of Grant Funds

1. Please briefly describe the Scope of Work accomplished to date and clearly indicate any variations from the timeline on the original application.

2. Please note any unusual or significant conditions or problems encountered which may affect the closing date of your project (Please see **Section 8.3 Project Extension Request**):

3. Will you be submitting an Extension Request Form? Yes No

Signature of Project Coordinator

Date

Submit form to :
Adams County Parks, Recreation and Green Space Grant Program
670 Old Harrisburg Road, Suite 100
Gettysburg, PA 17325

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM**

**Pre-Settlement Report Form for
Conservation Easements or Fee Simple Acquisition**

Refer to Section 8.1.3 Pre-Settlement Requirements

Project Name: _____

Program Year: _____

Date Submitted: _____

Grantee Name: _____

Date of Grant Agreement Execution: _____

Grant Agreement Ending Date: _____

Proposed Settlement Date: _____

1. Describe the completion of the Scope of Work and the Project and indicate any variations from the original application:

2. Describe any differences between your original cost estimates and the actual costs of project activities:

3. Describe the benefits achieved by the project. Include benefit to protection of wildlife habitat, water resources, natural resources, historic or cultural resources and agricultural resources, increased recreational opportunities and public access, and local economic benefit.

4. Attachments

Copy of the HUD-1 Settlement Statement (**See Section 5.6 Eligible Project Match**)

Attach all required Pre-Settlement Documents as outlined in the **Applicant Procedural Checklist (See Appendix A1)**

ATTESTATION STATEMENT

I/we attest, under penalties of perjury, that this organization has complied with the provisions of the grant and that all information reported to the Adams County Commissioners, Adams County Parks, Recreation and Green Space Grant Program is correct.

Grant Award Amount: \$ _____ Date of Signatures: _____

SIGNATURES:

Applicant:	Printed Name of Applicant and Title:
Secondary Applicant (if applicable):	Printed Name of Secondary Applicant and Title:
Secondary Applicant (if applicable):	Printed Name of Secondary Applicant and Title:
Program Coordinator	Printed Name of Program Coordinator
Program Solicitor:	Printed Name of Program Solicitor:

Submit forms to:

Adams County Parks, Recreation and Green Space Grant Program
670 Old Harrisburg Road, Suite 100
Gettysburg, PA 17325

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM
PROJECT EXTENSION REQUEST FORM**

Project Name: _____ **Program Year:** _____

APPLICANT INFORMATION

Legal Name of Applicant: _____

Mailing Address: _____

Phone Number: _____

()

Fax Number: _____

()

Email Address: _____

CONTACT INFORMATION:

Project Coordinator: _____

Title: _____

Mailing Address: _____

Phone Number: _____

()

Fax Number: _____

()

Email Address: _____

Date of Original Project Approval: _____

Date(s) of Previous Extension Approval(s): _____

Expiration Date of Approval(s): _____

Current Projected Project Completion Date: _____

See Section 8 Project Implementation and Disbursement of Grant Funds. Specifically please see Section 8.1 Land - Conservation Easement or Fee Simple Acquisition Projects or Section 8.2 Park and Recreation Projects as they relate to your Project Extension Request.

Grant awards shall be expended within a three (3) year time period from the date of funding approval by the ACC. The Grant Agreement shall identify the expiration date of the grant. If an extension beyond this expiration date is necessary, the grant applicant shall request an extension.

Provide a detailed timeline of delays in conjunction with documented justification describing the extenuating circumstances or unusual project requirements that are beyond the control of the Applicant. Add attachments as necessary for a complete request description.

SIGNATURES

Applicant understands that:

- 1. approval is based on the information provided with this request;
- 2. any changed conditions are to be immediately brought to the attention of the Program Coordinator; and
- 3. approved projects remain subject to all previous requirements for accountability, completion and closure.

I, on behalf of the Applicant, hereby make the above Extension Request and understand that such request does not obligate the Adams County Commissioners to approve this request.

Printed name of person making the request for Applicant

Signature of person making the request for Applicant

Date

Recommendation of the Adams County Green Space Program Coordinator

- Extension request recommended for approval
- Extension request recommended for approval subject to specified conditions (attached)
- Extension request recommended for rejection

Signature of Program Coordinator

Date of Action

Action by the Adams County Commissioners

- Extension request approved
- Extension request approved subject to specified conditions (attached)
- Extension request rejected

Chairman, Adams County Commissioners

Date of Action

The granting of the above extension in no way relieves the Applicant of the responsibility of conformance with all other requirement of the Adams County Green Space Grant Program Guidelines.

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM**

**Request for Disbursement of Grant Funds
Conservation Easement or Fee Simple Acquisition Projects**

INSTRUCTIONS

Please complete all parts of this form that are applicable to your project and submit it, along with any attachments and other required documentation, to:

Program Coordinator, Adams County Parks, Recreation and Green Space Grant Program
Adams County Office of Planning and Development
670 Old Harrisburg Road, Suite 100
Gettysburg, PA 17325

Use a separate form for each project submitted

PROJECT IDENTIFICATION

Grantee:

Project Name:

Program Year:

FEE SIMPLE OR EASEMENT ACQUISITION INFORMATION

PLEASE NOTE IF YOU ARE REQUESTING FUNDS: AT SETTLEMENT or REIMBURSEMENT

Settlement Date	Acreage acquired or under easement	Name of Seller	Purchase Price for Acquisition of Land or Easement
			\$

LIST SOURCES OF PROJECT ACQUISITION FUNDING

Donation Value - Value of Donated Land or Value of Donated Easement	\$
Applicant Match	\$
Federal Program Grant Funds (Specify Program: _____)	\$
State Grant Funds (Specify Program: _____)	\$
Other: _____	\$

TOTAL PROJECT FUNDS FOR MATCH (A)

\$

ELIGIBLE EXPENSES TO ADD TO APPLICANT CASH MATCH

*List the approximate eligible expenses (up to \$5,000) related to the acquisition for local match
Please see section 5.6 (Eligible Project Match) in program guidelines*

Type of Expense	Name of Vendor	Amount
Appraisal		\$
Survey		\$
Legal Fees		\$
Title Search		\$
Title Insurance		\$
Stewardship Endowment		\$

TOTAL ELIGIBLE EXPENSES (B)

\$

TOTAL OF PROJECT MATCH - TOTAL OF (A) + (B)

\$

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM**

**Request for Disbursement of Grant Funds
Conservation Easement or Fee Simple Acquisition Projects**

CERTIFICATION

I certify to the best of my knowledge that information provided on this form and related attachments is true and correct, and that:

1. The project was completed in accordance with the Grant Agreement and is acceptable to the grantee;
2. All project expenditures were made in accordance with the Grant Agreement;
3. All documentation related to the approved project costs shall be kept on file for future auditing purposes. Copies of all documents relative to the administration of the project will be furnished for review and verification upon receipt of a request from the Adams County Parks, Recreation and Green Space Advisory Committee.

SIGNATURES:

Applicant:	Printed Name of Applicant and Title: Date: _____
Applicant Project Coordinator:	Printed Name of Applicant Project Coordinator: Date: _____
Secondary Applicant (s):	Printed Name of Secondary Applicant(s) and Title(s): Date: _____
Secondary Applicant (s):	Printed Name of Secondary Applicant(s) and Title(s): Date: _____

OFFICE USE ONLY

Signature of Program Coordinator:	Printed Name of Program Coordinator:
Payment Authorized by: _____ Date: _____	Grant Amount: \$ _____ Check No: _____

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM**

**Project Completion Inspection Report for
Recreation Facilities or Trail Development Projects**

Project Title: _____

Program Year: _____

Project Completion Date: _____

Grantee Name: _____

Location of Project: _____

Program Representative: _____

Grantee Representative: _____

Scope of Work

Scope of Work as outlined in Grant Agreement: (cut and paste below, or attach)

Has the Scope of Work been fully implemented: Yes No

If no, please outline:

General Observations (please attach photographs as necessary)

Is the site readily identified as a Public Recreation Area? Yes No

If no, please explain:

Are the site and facilities (if applicable) attractive, maintained and inviting to the public?

Yes No

If no, please explain:

Is the site enjoyable, without any health or safety hazards or vandalism problems?

Yes No

If no, please explain:

Are the site and facilities accessible for visitors with disabilities? Yes No

If no, please explain:

Are appropriate signs installed to identify hours of availability and contact information?

Yes No

If no, please explain:

Are members of the public permitted to use the site or facilities? Yes No

If no, please explain:

Please attach additional pages with other information you would like to provide about this Project or the inspection (if anything).

Inspection completed by:

Program Representative

Date

Grantee Representative

Date

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM**

**Request for Disbursement of Grant Funds
Park and Recreation Projects - Advance Payment Request**

Project Name: _____ **Program Year:** _____

INSTRUCTIONS

Submit the completed and signed form to:

Program Coordinator, Adams County Parks, Recreation and Green Space Grant Program
Adams County Office of Planning and Development
670 Old Harrisburg Road, Suite 100, Gettysburg, PA 17325

GRANTEE IDENTIFICATION

Grantee: _____ EIN: _____
Address: _____

ADVANCE PAYMENT REQUEST

Agreement Grant Amount \$ _____
Eligible Advance Payment \$ _____
Percentage of Grant Funds _____ %
Balance for Future Reimbursement \$ _____

I hereby request the Adams County Commissioners to authorize an advance payment for the maximum amount allowable under our project type as outline above. The grantee understands that all advanced payments received must be deposited in a separate account (type of account to be determined by the funding source). The grantee may use interest or other income or accumulations earned on grant funds for approved Scope of Work items. Income earned and expended shall be recorded and reported as part of the closeout documentation. Any unused interest or other income remaining at the completion of the project activities shall be returned to the Adams County Parks Recreation and Green Space Grant Program by check payable to the Adams County Commissioners.

SIGNATURES

Applicant Signature: _____ Date: _____
Printed Name of Applicant and Title: _____

Applicant Project Coordinator: _____ Date: _____
Printed Name of Applicant Project Coordinator: _____

Secondary Applicant(s): _____ Date: _____
Printed Name of Secondary Applicant(s) and Title(s): _____

OFFICE USE ONLY

Signature of Program Coordinator: _____ Printed Name of Program Coordinator _____

Payment Authorized by: _____
Date: _____

Grant Amount: \$ _____
Check No: _____

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM**

**Request for Disbursement of Grant Funds
Park and Recreation Projects - Partial Payment Request**

Project Name: _____ **Program Year:** _____

INSTRUCTIONS

Partial payments will be authorized only after the grantee has received the Adams County Commissioners approval and/or written approval of specific eligible Project costs. The grantee must request partial payments in writing and such requests should be based upon the estimate of funds required to meet current needs.

Partial payments may be authorized by the Adams County Commissioners (on a disbursement drawdown basis) up to 90% of the grant funds or approved costs (whichever is less), dependent upon your project completion schedule.

Submit the completed and signed form to:

Program Coordinator, Adams County Parks, Recreation and Green Space Grant Program
Adams County Office of Planning and Development
670 Old Harrisburg Road - Suite 100, Gettysburg, PA 17325

Keep a copy of the submission for your files.

GRANTEE IDENTIFICATION

Grantee: _____ EIN: _____
Address: _____

PARTIAL PAYMENT REQUEST

Agreement Grant Amount	\$	_____
Less Advance Payment	\$	_____
Less Previous Partial Payment	\$	_____
Eligible Payment	\$	_____
Balance for Future Reimbursement	\$	_____

I hereby request a partial payment in the amount of \$_____ and certify to the best of my knowledge that the information provided on this form is true and correct, and that:

1. This request is based on an estimate of funds required to meet current needs in accordance with the Grant Agreement.
2. Add documentation related to the approved project costs and this payment request. All documentation will be kept on file for future auditing purposes.

SIGNATURES

Signature of Local Project Coordinator: _____ Date: _____
Printed Name of Local Project Coordinator: _____

OFFICE USE ONLY

Signature of Program Coordinator: _____ Date: _____
Printed Name of Program Coordinator: _____

**ADAMS COUNTY PARKS, RECREATION AND GREEN SPACE
GRANT PROGRAM**

Disbursement of Grant Funds

Final Payment Request - Park and Recreation Projects

Project Name: _____

Program Year: _____

INSTRUCTIONS

1. Complete Sections I, II, III & IV. Complete Section IV only if Non-Cash was used for a portion of the required match. Please ensure that all project costs are reported.
2. Provide the Consultant's Certification Letter, as required in Section II. (Development Projects Only)
3. Sign and date this form in Section III - Certification.
4. **Submit the completed and signed form to:**
Program Coordinator, Adams County Parks, Recreation and Green Space Grant Program
Adams County Office of Planning and Development
670 Old Harrisburg Road - Suite 100, Gettysburg, PA 17325
5. Keep a copy of the submission for your files.
6. Contact the Program Coordinator if you should require assistance with completion of this form and/or to schedule a Final Site Inspection.

SECTION I - GRANTEE and PROJECT IDENTIFICATION

Grantee: _____

Project Title: _____

Address: _____

Contract Expiration: _____

SECTION II - CONSULTANT CERTIFICATION (Development Projects Only)

Attach a letter from your consultant and/or municipal engineer certifying that the final construction was completed in accordance with the plans and specifications, and that the contract/professional services agreement has been paid in full.

SECTION III - CERTIFICATION

I certify to the best of my knowledge the above information provided on this form and related attachments is true, correct, and that:

1. The project was completed in accordance with the Grant Contract and is acceptable to the Grantee.
2. All project expenditures have been paid and were made in accordance with the Grant Agreement.
3. The Grantee will maintain the site in an acceptable manner (development projects only).
4. The Grantee will not discriminate in the use of the site or facilities.
5. All project documentation and copies of the invoices/certificates for payment, cancelled checks, change orders, timesheets, etc. must be submitted for review and verification with payment request to Adams County.

SIGNATURES

Signature of Local Project Coordinator and Date: _____

Printed Name of Local Project Coordinator: _____

Signature of Program Coordinator and Date: _____

Printed Name of Program Coordinator: _____

SECTION IV - FISCAL INFORMATION

Agreement Grant Amount \$ _____

Eligible Grant Amount \$ _____

Less Previous Payment(s) \$ _____

Balance for Final Payment \$ _____

Liquidation of Remaining Balance (-) \$ _____