**Maryland Department of Natural Resources**

**Land and Water Conservation Fund (LWCF)**

**Limited Grant Round Federal FY25**

**Preliminary State Application**

**To apply, please:**

1. Read the LWCF Competitive Grant Announcement and the Open Project Selection Process Criteria for State Government Projects documents, found on the [LWCF webpage](https://dnr.maryland.gov/land/Pages/LWCF-Grants.aspx), which provide information about the requirements and commitments of LWCF assistance and the selection criteria.
2. Complete the following form, the **Preliminary State Application**.
3. For development projects: Gather the additional required documents listed below:
	1. **Site development plan** indicating all anticipated improvements. This can be a marked-up version of the LWCF boundary map.
	2. **SDAT record(s) or deed(s)** showing ownership by State. Consult the LWCF manual for guidance on projects situated on properties with less than fee simple ownership.
4. Email the application form and required documents to Molly Pickel (molly.pickel@maryland.gov) with the subject, “LWCF Grant Application: [Department Name], [Name of Grant].”

**Preliminary applications are due by 5 p.m. on June 28, 2024**

If you have questions, please contact Molly Pickel

molly.pickel@maryland.gov | 443-223-4302.



**1. PROJECT INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of project | Acquisition |  | Development |  | Combination |  |
| Project Title |  |
| Estimated Total Project Cost |  |
| Estimated Total LWCF Request |  |

**2. PROJECT SITE**

|  |  |
| --- | --- |
| Street Address or Coordinates |  |
| City/Town |  | County |  | Zip Code |  |
| SDAT Account Identifier(s) |  |
| District-Subdivision-Account Number or Ward-Section-Block-Lot (as applicable). Please list all parcels included in the acquisition or park and attach separate sheet if necessary. |

**3. APPLICANT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Entity |  |  |  |
| Contact Name |  |
| Street Address |  |
| City/Town |  | County |  | Zip Code |  |
| Phone Number |  | Email Address |  |

**4. PROJECT DETAILS:** The [LWCF Public Viewer](https://maryland.maps.arcgis.com/apps/webappviewer/index.html?id=32d958c1790d40289a251cf34a289348) can help determine the answers to this question.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the project site previously received LWCF assistance? | Yes |  | No |  |
| If yes, please list the LWCF Project Number(s) and Title(s): |
|  |

*The sections below can be expanded as needed. You may also attach a separate sheet with this information, using the headers listed below.*

**5. PROJECT DESCRIPTION:** Please explain the proposed project and be specific about what is included. Consider ways in which the project **meets recreational needs, preserves ecological value,** and **creates a unique experience for users**. Provide all the information that you feel is necessary to explain and justify the project. Attach a separate sheet, if necessary.

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| --- | --- | --- |
| **6. CONSERVATION VALUE:** What is the conservation value of this project? How will the ecological value of the land be affected?

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**7. ALIGNMENT WITH STATE LPRP:** Please briefly explain how the proposed project advances goals identified in the state of Maryland’s Land Preservation and Recreation Plan (LPRP). Those goals are included in the box below for your reference. Your project is not required to meet all of these goals; you may delete any that are not applicable.

|  |
| --- |
| 1. *Promote the Benefits of Outdoor Recreation and Conservation of Natural Lands*
2. *Increase Access to Open Spaces and Waterfronts*
3. *Improve What’s Already Available*
4. *Develop an Informed Stewardship Culture*
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**8. PROJECT TIMELINE AND READINESS:** LWCF projects must be completed within three years of the start date assigned by the National Parks Service. Please provide an estimated timeline for the completion of your project. You can use the estimated start date of March 1, 2025 or provide estimates (e.g. 2-3 months) of how long each step of the project will take. Please be as specific as possible about the duration of different elements of the project. For acquisitions, please provide evidence that you are ready to acquire the property (e.g. have a current Yellow Book appraisal or there is a purchase agreement completed). For development, please indicate any work, such as design or master planning that is already complete, as well as any permits you anticipate needing. |
|  |

|  |  |  |
| --- | --- | --- |
| **9. PUBLIC ENGAGEMENT:** Please provide a description of prior public comment/engagement or an explanation of how public comments/engagement will be conducted prior to the start of the project

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**10. PUBLIC ACCESS AND ADA-ACCESSIBILITY:** Please briefly describe the public access that will be available on the property and note any restrictions or limitations, both prior and subsequent to development. Please note that acquisitions will need to have public access within three years of acquisition. Please indicate any ways in which ADA-accessibility is being incorporated.

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**11. ITEMIZED DETAILED COST ESTIMATE:** Please provide estimates of the project budget with as much detail as possible. At least 50% of the project must be funded by matching funds. If your project is split 50/50 between LWCF and Match funds and it is allowable by your matching funds, it is recommended that each budget item be split 50/50. Please see the LWCF manual for a detailed description of allowable and non-allowable costs. Use the narrative section to add detail (e.g. if the budget item is picnic tables, detail how many tables will be included and whether they will be under a pavilion or scattered throughout the park).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Total Cost** | **LWCF Share** | **Match Share** | **Narrative** |
| **Administrative and legal expenses** |  |
| Item |  |  |  |  |
| **Land, structures, rights-of-way, appraisals, etc.** |  |
| Item |  |  |  |  |
| **Relocation Expenses and Payments** |  |
| Item |  |  |  |  |
| **Architectural and Engineering Fees** |  |
| Item |  |  |  |  |
| **Project Inspection Fees** |  |
| Item |  |  |  |  |
| **Site Work** |  |
| Item |  |  |  |  |
| **Demolition and Removal** |  |
| Item |  |  |  |  |
| **Construction** |  |
| Item |  |  |  |  |
| **Equipment** |  |
| Item |  |  |  |  |
| **Miscellaneous** |  |
| Item |  |  |  |  |
| **Total** |  |  |  |  |

**Are there any pre-award design/engineering costs anticipated?**

**How was this budget developed?**

**Are there any items not included in this budget that contribute to the project (e.g. previous planning, design, outreach efforts)?**

**What are the sources and amounts of your matching funds?**

**Additional Notes:**

**STATE GOVERNMENT AUTHORIZATION**

As the authorized representative, I read the LWCF Manual and the Federal FY25 LWCF Grant Application Information document and I agree to perform all work in accordance with the LWCF Act of 1965 and Manual. Some of these agreed to terms include items such as:

1. Understanding that land assisted with LWCF, either through acquisition or development, is to be protected and maintained in public outdoor recreation in perpetuity.
2. No agricultural leases or profit from agriculture of any kind may exist on the 6(f) property.
3. Structures not in direct support of public outdoor recreation are not allowed on the 6(f) property.
4. All development and acquisition projects must be completed within three years from the provided start date. Only expenditures incurred within the approved LWCF project period are eligible for reimbursement. Grantees do not receive funds at the time of approval. The applicant must incur 100 percent of the total project cost; submit evidence of eligible expenditures throughout project implementation and payment thereof; and request reimbursement from MD DNR after the project has been completed and National Park Service has officially closed the grant.

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*Signature of Authorized Unit Applicant Director Date*

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*Print Name Print Title*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Authorized Land Unit Manager Date*

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*Print Name Print Title*