

NOTICE: Use of this form is required for any application to apply for a State Park and Forest grant under 27.016, Wis. Stats, Wis. Adm. Code NR 51, Subchapter XVI. The Department will not consider your application unless you complete and submit this application form. Information provided will be used to determine eligibility for grants and to monitor compliance with terms of the grant agreement. Personally identifiable information is not intended to be used for other purposes and may be made available to requesters under Wisconsin's Open Records law (ss. 19.31–19.39, Wis. Stats.) and requirements.

*Mail application and any attachments to your state Property Manager.*

Application Information	
State Property Name	Project Name
Name of Friends Group	Name and Title of contact person authorized to act for Friends Group— <i>attach letter of designation if not authorized in by-laws of Friends Group</i>
Employer Identification Number	
Address of Friends Group	E-mail Address
	Telephone Number (including area code)
	Fax Number

Description of operation and maintenance activities that will be undertaken with grant funds (who, what, where, how and why). You may attach your description if you prefer.

Is this consistent with the property master plan?  Yes  No    Is this consistent with the 6 year plan?  Yes  No

Administrative Rules governing this grant application state that priority shall be given to activities which accomplish any of the goals listed below. Please check any of the priorities that this project achieves and briefly explain why if not self-explanatory.

- a. Maintains or operates department approved interpretive programs.
- b. Maintains accessibility for people with disabilities.
- c. Maintains a restoration or rehabilitation project that uses native flora or fauna or both.
- d. Provides special events, programs, public information or marketing strategies consistent with the goals for the property
- e. Maintains or operates basic facilities already provided at the property

Date Work to Begin:

Date Work to End:

**REQUIRED ATTACHMENTS**

- Detailed cost estimate
- Letter of Authority to act on behalf of Friends Group (if not stated in by—laws)
- Copy of IRS determination letter confirming the tax exempt status of your group under 26 USC 501(c)(3)
- Financial Records showing availability of matching funds

**STATE PARK & FOREST HERITAGE  
TRUST GRANT APPLICATION**

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PROJECT COST ESTIMATES			
	Total	Applicant share (66.67%)	Friends Group Grant Share (33.33%)
Materials, Supplies	\$		
Services	\$		
Labor, Salaries, Fringe Benefits	\$		
Equipment	\$		
<b>TOTAL</b>	\$	\$	\$

Cost Estimate obtained through:  Quote  Applicant's Estimate  Other (Describe):

Work to be performed by (check all that apply):

Private Company Contract(s)  Friends Group/Volunteers  Staff  Other

Certification: I certify that to the best of my knowledge and belief, the information in this application is true and correct.  
 Check this box to declare that you wish the DNR to withhold personal identifiers collected on this form from disclosure on any list of 10 or more individuals that the DNR is requested to provide to another person. [s.23.45, Wis Stats.]

Signature of contact person authorized to act for Friends Group	Date
Print or Type Name	Title

REGIONAL SIGN OFF			
Consistent with the property master plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consistent with the 6 year plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Manager Signature	Printed or Typed Name	Date	
Consistent with the property master plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consistent with the 6 year plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
District Park Supervisor Signature	Printed or Typed Name	Date	

**Submit Package to Lavane Hessler – LF/6, Department of Natural Resources, PO Box 7921, Madison, WI 53707**

CENTRAL OFFICE SIGN OFF	
Has group previously received this grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have all reporting requirements been met for previous grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consistent with the property master plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consistent with the 6 year plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Bureau of Parks and Recreation	Bureau of Facilities and Lands
_____	_____
(Signature)	(Signature)
_____	_____
(Printed or Typed Name)	(Printed or Typed Name)
_____	_____
(Date)	(Date)