



PARK PARTNERSHIP PROGRAM

FY 2015-2016

IT STARTS IN
PARKS

Parks Use Only Received: _____ Postmarked: _____ Application No: _____

PARK PARTNERSHIP PROGRAM

PURPOSE The purpose of the Marion County Park Partnership Program is to assist local groups with up to a 50 / 50 match in developing recreation facilities and playgrounds for use by all the citizens of Marion County establishing public, private and non-profit partnerships. Total funding provided is \$60,000 per year (\$30,000 for recreational facilities and \$30,000 for playground facilities).

ELIGIBILITY This program is limited to fixed capital improvements which meet Federal ADA Guidelines.

- **Examples of PRIMARY eligible items** are construction of courts, ballfields, recreational lighting, playgrounds, picnic facilities, fishing piers and other recreation oriented facilities. **Eligible SUPPORT** facilities include restrooms, parking, signage, water systems, irrigation and drinking fountains. Professional services such as environmental permitting and engineering services are also eligible. Playground initiative funding will only be used for playground equipment, safety surface and access walks to the equipment.
- **Examples of ineligible items** include maintenance and operating equipment, remediation/repair of existing fields, mowers, bats, balls, food service machines, paper products, field marking supplies, replacement light bulbs, storage facilities, uniforms and salaries.
- **Eligible groups** include non-profit groups operating or proposing to operate recreation facilities, Municipal Services Taxing Units and community centered public school sites.

PARAMETERS

1. The group requesting funding must have legal control of the land on which improvements will be built and must provide a public easement to the County prior to funds being reimbursed. Upon grant award, the requesting group must enter into an agreement to make the improved facilities available to all the residents of Marion County through the useful life of the equipment or facilities provided or refund a pro-rated amount of the cost of developing the improvements.
2. The community group receiving funds shall be a Florida chartered non-profit corporation that can legally perform the tasks proposed in the application for funds. Public school sites must be open to the public during daylight hours when school is not in session. Municipal Services Taxing Units may apply for funding if the facilities provided are available to all citizens of Marion County.
3. The group will be expected to develop and maintain the park facilities at their expense. Assistance provided by the County will be up to 50 percent of the total cost of grant elements. A contractor quote is required to determine the estimated cost of the requested improvements. The group is strongly encouraged to solicit community sponsors for labor and materials to fulfill their match requirement. The nature of the assistance requested from the County shall be clearly stated and shall include development needs and how facilities will be maintained in the future.

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4. The group must provide a budget of the organization that includes both expenses and revenue. In addition an organizational chart of how the group is operated separate from the listing in the articles and bylaws.
5. Eligible projects include new playgrounds, ballfields, trails, courts, water access, lighting and the correction of health / safety deficiencies at existing facilities. All projects must provide ADA accessibility and meet Federal ADA Guidelines.
6. No funds will be allocated without a master plan of facilities proposed for the site. A copy of the Organization's or Facility Owner's master plan must be included in the application. All facilities must meet all current requirements of codes, ordinances and laws. Plans must be reviewed by the Parks and Recreation Department to assist in meeting this requirement. This includes a drawing of existing facilities/amenities, requested facilities/amenities and future facilities/amenities. These drawings must show documentation of ADA accessibility.
7. Projects will be evaluated based upon the County interest in having recreation facilities in the area proposed, the availability of other like facilities in the area, the demonstrated demand for facilities, the commitment of the community group and the group's past activities toward the completion of the project. Additional consideration will be given for projects that are in quadrants of Marion County that have less recreation facilities and those projects that have not received funding in the past.
8. Reasonable fees may be charged by community groups to recover capital and operating costs. However, in no case can basic costs for the use of ballfields exceed \$35 per hour or \$50 per game, whichever is less. Additional services such as lighting, chalking or special mowing may be charged for over and above the basic charge. Playgrounds must be available free of charge to all County residents.
9. Expenditures funded by the County shall be processed through the Marion County Purchasing system via the Parks and Recreation Department.
10. The community group must maintain insurance and hold the County harmless for any liability for recreation facilities unless otherwise provided for and specifically requested. Marion County Board of County Commissioners must be listed as an additional insured on the community group's liability policy. If a self-insured Governmental Agency provide a letter stating the Agency is self-insured.
11. All playground equipment must conform to "Standard Consumer Safety Performance Specification for Playground Equipment for Public Use"(ASTM F-1487-95). Parks staff will assist applicants with equipment selection and inspections.

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12. All facilities must be open to all County residents. Upon project completion, all facilities must have a sign of the project placed in a prominent location recognizing the Park Partnership Program and the contribution of the Marion County Board of Commissioners.
13. A minimum of three quotes from different contractors/vendors/suppliers for the Project will be required. All code requirements and permit requirements are to be met and included in the quote.
14. All applicants must submit a W9 (IRS form).
15. All applicants must submit a copy of their insurance naming MCBOCC as an added insured within five (5) days after being recommended for award
16. All projects must meet current ADA access requirements and be approved by the Parks and Recreation Department.

PROCESS

1. Applications can be submitted in person or by United States postal mail to the Parks and Recreation Department 111 SE 25 Avenue, Ocala, Florida 34471. Applications **must be received by July 31** of each year. Should July 31 fall on a weekend date then completed applications will be due the Friday before July 31 at 5:00 p.m. No email applications will be accepted. **Please do not staple or bind your application.** Please use only a binder clip on the application.
2. The Parks and Recreation Department will review the applications for completeness. Applicants may be asked for corrected deficiencies by August 15th.
3. The Parks and Recreation Department will rank the projects and submit the list to the Parks and Recreation Advisory Council (PRAC) with recommendations for funding at their annual August meeting. Funding recommendations will be adjusted based on the number of eligible applicants.
4. The Parks and Recreation Department will submit final recommendations to the Board of County Commissioners for consideration at their first meeting in October.
5. Successful applicants will be required to enter into an agreement to provide the facilities for public use, maintenance and insurance, which will be executed by the Board of County Commissioners at their first meeting in November.
6. The Parks and Recreation Department will reimburse the group for up to 50 percent of the goods and services invoiced, not to exceed the total grant award.

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7. All projects must be completed and invoiced by September 15 of the award year to receive funding.

8. All reimbursement requests must provide the following: a copy of the invoice showing the materials purchased or work performed; a copy of the paid cancelled check for the invoice or a bank statement indicating the check number, amount paid, company paid. If a credit card is used to pay for the approved materials a credit card receipt is required indicating the date paid, materials purchased, company paid and the amount paid. Invoices will not be considered for payment. All requests must be paid in full prior to submitting for a reimbursement .
9. A minimum score of 50% must be attained for funding consideration.
10. Organizations awarded a Park Partnership grant will be required to submit a W9 (IRS form) within ten (10) days of grant award notification. In addition all correct information for reimbursement (Name of Organization, Contact Name, Contact Address, Contact phone number, Contact fax number, and Contact email) must be provided to the Parks and Recreation Administration Office.
11. A meeting is scheduled for **Wednesday, July 22, 2015 at 4 p.m.** in the Parks and Recreation building (111 SE 25th Av, Ocala) for all applicants wishing to apply for a partnership grant. This meeting will provide a clear understanding of the requirements and in particular the ADA requirements that must be met to receive funding. Attendees with their proposed plans will have the opportunity to receive additional points on their score sheet.

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REQUIRED DOCUMENTATION CHECKLIST & POINTS AWARDED

1. Completed application (30 points max.)
(Should include Articles of Incorporation or Resolution if a municipal application; Proof of current Liability Insurance; Ownership or Control Documents for the property; Annual Budget showing expenses and revenues; and Quotes from Contractors)
 - A. Each applicant shall submit six (6) completed copies of the Application. (1 for each PRAC member and 1 Office). **NO** 3-ring binders or staples. Use of binder clips is preferable.
 - B. Each applicant must provide a copy of their Operating Budget. This includes both revenues and expenses.
 - C. Each applicant must submit typed driving directions and a map to the project site. Use 111 SE 25th Av – Ocala as the starting point for directions.
 - D. Each applicant must provide a copy of the Ownership or Control Documents for the property.
 - E. Each applicant must provide an organizational chart identifying the non-profit chain of command. This is separate from the Articles of Incorporation.
 - F. Each applicant must provide written physical characteristics of the site.
 - G. Each application must provide contractor quotes for the project.
 - H. Each applicant must provide a breakdown of the primary and secondary amenities
 - I. Each applicant must meet County Maintenance Standards. (How often maintenance is performed – daily, weekly, monthly, etc.)
 - J. Maintenance meets County Standards – How many times maintenance will be performed.
2. ADA Compliance in the identified Adopted Master Plan (45 points max.)
 - A. Provide a plan showing the ultimate goal for the development of the site. Include a proposed time line of a minimum of 5 years. This should be both a written narrative description and a drawing/picture. All projects must meet federal ADA guidelines and be approved by Marion County Parks and Recreation Department.
 - B. Applicant must meet with Park and Recreation Department liaison
 - C. Applicant attends scheduled meeting to review plans.
3. First Time Applicant (5 points max)
 - A. If not a first time applicant indicate when you received funding from or were awarded a Park Partnership grant.
4. Each application must provide a copy of their W9 -IRS form (5 points max)
5. Operations & Maintenance (10 points max.)
 - A. Each applicant must provide a statement of how their property and/or facility will operate and how it is to be maintained and who will perform the duties.
6. Pre-Application Meeting (5 points max)
 - A. Attendance at the scheduled ADA application review meeting to review requirements and expectations (**WEDNESDAY, JULY 22, 2015 AT 4 P.M. IN THE PARKS ADMINISTRATION OFFICE – 111 SE 25TH AV, OCALA**)

Total Points (100 maximum)

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PARK PARTNERSHIP APPLICATION

Limit all answers to the space provided unless otherwise stated. Keep your answers simple while fully answering the question. All submissions must be completed on the current year application form. Application should be typed.

PART I — GENERAL INFORMATION

1. APPLICANT INFORMATION

A. Name of Organization Applicant: _____

B. Federal Employer Identification Number: _____

C. Current Operating Budget: \$ _____
(This is the operating budget for the group/organization requesting grant funds, and not just the facility budget. Both Revenue and Expenses are to be included.)

D. Contact Person: _____ Title: _____
(The contact person is someone who will be in direct contact with Parks and be responsible for administering this grant if awarded)

E. Mailing Address: _____

City/State: _____ Zip Code: _____

Telephone:(352) _____ FAX: (352)_____.

E-mail: _____

I hereby certify that the information provided in this application is true and accurate. I further certify that I possess the authority to apply for this grant on behalf of the applicant.

Signature

Date

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2. PROJECT INFORMATION

A. Name of Project: _____

B. Project Type (Check One): *Project cannot be a combination of recreation and playground*

Recreation Facilities: _____ or **Playground:** _____

_____ On land owned by applicant

_____ On land currently under site control by applicant

Date site control expires: _____

C. PROJECT LOCATION:

Street Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Parcel ID: _____

1. Submit color, on-site photographs for your application, sufficient to depict the physical characteristics of the project area. If an aerial is used it is to be current and must clearly demonstrate and label existing facilities on the site. Photos should show a clear depiction of existing facilities.
2. Location map and directions: Submit a detailed road map precisely locating the project site along with clear written driving instructions from the nearest federal or state highway. **NOTE:** Please confirm that street names listed are the same as those posted on street signs in the area. Map Quest or a similar computer mapping program is recommended for this.

D. COMMISSION DISTRICT IN WHICH THE PROJECT SITE IS LOCATED:

This should be the Marion County Board of County Commissioner's district in which the **project site is located**. If you are not sure of the district, contact your local office of the Supervisor of Elections. **(There is only one.)**

Commissioner: _____ District Number: _____

E. TOTAL NUMBER OF ACRES: _____

F. First Time Applicant: **Yes / No**

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PRIMARY & SUPPORT FACILITIES: *Including, but not limited to, playground equipment, picnic facilities, fishing piers, ball fields, tennis courts, trails, trailheads, restroom/concession stands. Costs of planning and site preparation should be included within the cost of each element. If this is a trail project, list the uses or types of trails. (This section should list the amenities being requested with the grant, the number, a brief description of the amenity, and the cost.)*

Qty	Description	Estimated Cost
New Primary Facilities (see page 2 of application)		
New Secondary Facilities (see page 2 of application)		
TOTAL COST		

4. OPERATION AND MAINTENANCE

A. Provide **a brief description** of how development, programming and maintenance will be provided and **a copy of an agency organizational chart.**
The description is to include the frequency of maintenance (mowing, landscaping, cleaning, etc.)

B. Capability to develop, operate and maintain the project site: **(Please check ONLY one):**

_____ The applicant has a full-time recreation or park department staffed to provide facility development, programming and maintenance. **(10 points)**

_____ The applicant has demonstrated the existence of a full-time ability to provide facility development, programming and maintenance. **(5 points)**

_____ The applicant has other means of providing facility development, programming and maintenance. **(2 points)**

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**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required):	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	<input type="checkbox"/> Exempt payee
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
				-				

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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CHECK LIST

Below is a check list to assist the applicant in submitting required material. Six (6) completed copies are to be submitted.

Include Application Cover Page with submitted documents	
Applicant Information	
Name of Applicant	
Federal Employer ID	
Current Budget (Revenue & Expenses)	
Contact Person	
Mailing Address	
Email	
Signed Application	
W9	
Project Information	
Name of Project	
Project Type	
Ownership/Control of Site	
Expiration Date	
Project Location Map	
Parcel ID	
Color Photos of site	
Location Map & Directions	
Commission District	
Commissioner	
District	
Total number of acres	
First Time Applicant	
Written description of the Physical Characteristics	
Park Partnership Funds Requested	
Grantee Funds Match	
Total Project Cost	
Primary and Support Facilities breakdown	
Operation and Maintenance description – how will they maintain	
Organizational Chart	
Current operation/maintenance meet County Standards (10-5-2)	
Colored photos	
Facility Master Plan	
Articles of Incorporation or Resolution	
Liability Insurance naming MCBOCC as an added insured	
Current Contractor Quotes for project (3)	
Attendance at the application review meeting (July 16 th at 9 a.m.)	

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