



Eligible Partner Application

For information regarding the City's policies and procedures for Eligible Partner Project funding, please see City Council Policy 2018-CCP-01.

** Required Field*

Please complete the following information. Once complete, please combine this application and all attachments into one PDF document and e-mail to CentennialPlanning@Centennialco.gov.

| | | |
|--|-------------------------|-------|
| 1. Applicant Information | | |
| *Applicant Name and Organizational Status (<i>Title 32 special district, Colorado school district, etc.</i>): | | |
| *Designated Individual: | Contact Title/Position: | |
| *Mailing Address: | | |
| *City: | *State: | *Zip: |
| *Email: | | |
| *Phone: | | |
| 2. Project Information | | |
| *Name of Project: | | |
| Location of Project (<i>*Please attach two maps – one showing the vicinity within/near Centennial and one showing close proximity and proposed site plan – if applicable</i>): | | |
| *Description of Project: | | |
| *Project Timeline (<i>please attach document</i>): | | |
| *Project Photos (<i>Please attach up to three photos that are representative of existing conditions or proposed project</i>): | | |
| 1. Project Funding *The Eligible Partner must commit matching funds of: (matching funds may not include Arapahoe County Open Space grant funding or in-kind services). Ten percent for projects costing up to \$100,000.00 or Twenty-five percent for projects exceeding \$100,000.00 | | |
| *Total Project Cost: | | |
| *Amount Requested: | | |
| *Applicant Match (<i>amount and percentage</i>): | | |
| Grant Funds, including amount(s) and source(s) (<i>if applicable</i>): | | |
| Documentation of other Funding Commitment(s) (<i>if applicable</i>): | | |

2. *Narrative Questions *(please attach additional sheets if necessary)*

1. Provide a project narrative. Include scope, history, and general characteristics.

2. Describe how the project will serve the City of Centennial. Describe how the project will serve and account for a variety (type) of users.

3. Describe the educational opportunities the project will feature.

4. Describe how the project incorporates ADA and Universal Design Principles.

5. Describe the types of recreational facilities the project will contain. List the specific amenities and acknowledge whether similar facilities are located near the project site. Describe any unique recreational facilities within the project.

6. Describe how the project connects to the greater recreation system. List and describe any trail, public facility, or park connections.

7. Please list the [priorities and recommendations](#) from the Trails and Recreation Plan that your project achieves and explain how the project achieves each.

8. Discuss your organization's capacity to maintain the project once implemented. Identify who will be responsible for maintenance. Estimate annual costs to maintain the site/project and explain how maintaining this project site will impact your organization's budget.

3. Required Attachments

Please indicate below which attachments are being provided with the application. Attach each at the end of this document. Handwritten attachments will not be accepted.

| | | | |
|--------------------------|--------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Vicinity Map | <input type="checkbox"/> | Close Proximity Map |
| <input type="checkbox"/> | Proposed Site Plan | <input type="checkbox"/> | Project Timeline |
| <input type="checkbox"/> | Project Photos | <input type="checkbox"/> | Other |

4. *Applicant Acknowledgement

As a duly authorized representative for the Applicant organization, I certify that, by submitting this form, the information contained herein is true and correct to the best of my knowledge. I further certify that I have reviewed City Council Policy No. 2018-CCP-01 Concerning Open Space and Conservation Trust Fund Requests for Eligible Partner Projects.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

| Office Use Only | | |
|--|---|----------------|
| Date Received: | Date Staff Review: | Reviewed By: |
| Information Missing: | Administrative Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| Open Space Advisory Board Recommendation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | |
| Council Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | Funds Awarded: |