



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF STATE PARKS  
**LAND AND WATER CONSERVATION FUND CFDA 15.916**  
**PROJECT APPLICATION (PAGE 1 of 16)**

**DIVISION OF STATE PARKS USE ONLY**

PROJECT #

**QUESTIONS 1-8: GENERAL INFORMATION**

1. NAME OF AGENCY OR ORGANIZATION REQUESTING GRANT FUNDS			
MAILING ADDRESS	CITY	STATE	ZIP
RECEIVING OFFICIAL NAME AND TITLE			
EMAIL ADDRESS		PHONE NUMBER	
2. UNIQUE ENTITY IDENTIFIER (UEI)			
3. APPLICATION PREPARER			
EMAIL ADDRESS		PHONE NUMBER	
4. PROJECT CONTACT PERSON		TITLE OF PROJECT CONTACT PERSON	
EMAIL ADDRESS		PHONE NUMBER	
5. US REPRESENTATIVE		DISTRICT	
6. STATE REPRESENTATIVE		DISTRICT	
7. STATE SENATOR		DISTRICT	
8. REGIONAL PLANNING COUNCIL			

**QUESTIONS 9-11: PROJECT SPONSOR'S BACKGROUND & PRIOR PERFORMANCE [10 POINTS]**

9. PROJECT APPLICANT IS: <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> LOCAL PARK AND RECREATION DEPARTMENT <input type="checkbox"/> PUBLIC SCHOOL DISTRICT		
10. PROJECT SPONSOR'S ORGANIZATION DETAILS: HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE? (Indicate number of years; if less than a year, give date organization was established.)		WHAT IS THE ORGANIZATION'S ANNUAL OPERATING BUDGET? (Please indicate)
DOES THE ORGANIZATION EMPLOY FULL-TIME STAFF? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, designate how many.)		DOES THE ORGANIZATION EMPLOY PART-TIME STAFF? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, designate how many.)
DOES THE ORGANIZATION HAVE A BOARD WITH OVERSIGHT RESPONSIBILITIES? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, designate how many members.)		DOES THE ORGANIZATION HAVE VOLUNTEERS? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, designate how many.)
11. PRIOR PERFORMANCE- HAS THE PROJECT SPONSOR RECEIVED A GRANT FROM THE MISSOURI DEPARTMENT OF NATURAL RESOURCES (DNR) WITHIN THE LAST 10 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, designate how many.)		
IF YES, DOES THE SPONSOR HAVE A DNR GRANT CURRENTLY OPEN? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, designate how many projects, the grant program and project number.)		
WITHIN THE LAST 10 YEARS, HAS THE SPONSOR HAD TO WITHDRAW A DNR PROJECT AND DE-OBLIGATE FUNDING OR CONVERT LWCF PARK LAND? <input type="checkbox"/> NO <input type="checkbox"/> YES		
WITHIN THE LAST 10 YEARS, HAS THE SPONSOR HAD TO ASK FOR AN EXTENSION TO COMPLETE THEIR PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, indicate how many.)		
IF PROJECT SPONSOR HAS HAD TO REQUEST AN EXTENSION OR WITHDRAW A PROJECT WITHIN THE PAST 10 YEARS, OR CONVERT LWCF PROPERTY, PLEASE PROVIDE AN EXPLANATION.		



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**QUESTIONS 12-28: PROJECT LOCATION AND LWCF BOUNDARY INFORMATION [10 POINTS]**

12. NAME OF THE PARK

ADDRESS/LOCATION OF THE PROPOSED PROJECT SITE

CITY

COUNTY

STATE

ZIP

TOWNSHIP, RANGE, SECTION

LATITUDE (decimal degree)

LONGITUDE (decimal degree)

13. LEGAL DESCRIPTION OF THE PROPOSED LWCF BOUNDARY (attach additional pages, if needed)

14. IS THE PROPOSED LWCF BOUNDARY THE SAME AS THE BOUNDARY OF THE PARK/RECREATION AREA AS IT EXISTS IN TOTALITY?

☐ NO ☐ YES (If no, please explain any area proposed for exclusion and why, and ensure that it is clearly depicted on the proposed LWCF map.)

15. IS THIS AN EXISTING LWCF-PROTECTED PARK/RECREATION AREA?

☐ NO ☐ YES

IF YES, WHAT IS THE CURRENT  
LWCF ACREAGE FOR  
THE ENTIRE SITE?

IF NO, WHAT IS THE TOTAL ACREAGE  
THAT WILL BE ENCUMBERED UNDER  
LWCF IF FUNDING IS AWARDED?

16. WILL THIS PROPOSAL CREATE A NEW PARK/RECREATION AREA WHERE NONE PREVIOUSLY EXISTED?

☐ NO ☐ YES (If yes, please explain.)

17. IF THIS IS AN EXISTING LWCF-PROTECTED PARK/RECREATION AREA, HAS THE PARK NAME CHANGED SINCE THE LAST GRANT?

☐ NO ☐ YES (If yes, please explain.) ☐ N/A

18. IS THE PROJECT LOCATED IN A FEMA SPECIAL FLOOD HAZARD AREA (include a copy of the floodplain map to affirm your answer and include your permit if required)?

☐ NO ☐ YES (If yes, please explain and confirm that you have met applicable federal insurance requirements and include proof of insurance.)

19. IS YOUR SITE CONTIGUOUS WITH OR CONNECTED TO ANY FEDERALLY OWNED RECREATION AREA?

☐ NO ☐ YES (If yes, please explain.)

20. IS YOUR SITE PART OF A LARGER LAND MANAGEMENT AREA, SUCH AS A GREENWAY OR REGIONAL RECREATION AREA?

☐ NO ☐ YES (If yes, please explain.)

21. DESCRIBE THE EXISTING SITE CONDITIONS OF THE PARK , INCLUDING UNSAFE AND HAZARDOUS CONDITIONS. PLEASE INCLUDE PHOTOGRAPHS OF THE PROJECT AREA.



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22. EXPLAIN HOW THE SITE IS SUITABLE FOR THE TYPE(S) OF OUTDOOR RECREATION BEING PROPOSED.

23. DOES THE SITE INCLUDE ANY FEATURES THAT VISUALLY DETRACT FROM THE OUTDOOR RECREATION EXPERIENCE OR THAT REPRESENT A POTENTIAL PUBLIC SAFETY HAZARD?  
☐ NO ☐ YES (If yes, please explain and describe whether this project will help address those concerns.)

24. PLEASE PROVIDE THE NAME OF THE PROPERTY OWNER AS STATED ON THE DEED  
(If there are multiple deeds associated with the property, please provide information for each parcel along with a copy of each deed.)

25. WHAT IS/WILL BE THE APPLICANT'S TYPE OF OWNERSHIP/CONTROL OF THE PROPERTY?

☐ FEE SIMPLE

☐ LESS THAN FEE SIMPLE (Explain what rights the applicant has and what agency holds the underlying fee simple ownership.)

☐ LEASE OF AT LEAST 25 YEARS (Include a copy of the lease with the application.)

IF YOU HAVE A LEASE, DOES THE LEASE INCLUDE A PROVISION FOR RECORDING THE RECREATION USE LEASE AMENDMENT?

☐ NO

☐ YES

(If no, please explain.)

26. PLEASE LIST ALL PRESENT EXISTING AND REASONABLY ANTICIPATED LIENS OR MORTGAGES OR BOTH, ON THE PROPERTY, AND THE EFFECT ON THE RECREATIONAL EASEMENT THAT WILL BE REQUIRED.

27. ARE THERE ANY RIGHT-OF-WAY, EASEMENTS, OR REVERSIONARY INTERESTS WITHIN THE PROPOSED LWCF BOUNDARY AREA?

☐ NO

☐ YES (If yes, please explain and show them on the LWCF Boundary Map.)

28. HOW DID YOU DETERMINE IF THERE WERE ANY RIGHTS-OF-WAY, EASEMENTS, LIENS/MORTGAGES, OR REVERSIONARY INTERESTS?

☐ I HAD A TITLE SEARCH CONDUCTED WITHIN THE LAST SIX MONTHS. ATTACHED IS A COPY OF THAT SEARCH.

☐ I CONTACTED THE COUNTY RECORDER OF DEEDS OFFICE TO FIND OUT WHAT WAS RECORDED. INCLUDED IN THIS APPLICATION IS A COPY OF ALL RECORDED ENCUMBRANCES; AND I CHECKED WITH THE CITY TO FIND OUT IF THERE WERE ANY ENCUMBRANCES IN THEIR RECORDS THAT MAY NOT HAVE BEEN RECORDED (such as utility easements, road rights-of-way, or liens).

**QUESTIONS 29-34: PROPERTY MANAGEMENT AND STEWARDSHIP [10 POINTS]**

29. WHO WILL MANAGE AND OPERATE THE SITE?

30. IS THIS PROPERTY A PUBLIC SCHOOL, RESERVOIR OR A STATE WILDLIFE AREA?

☐ NO

☐ YES (If yes, how often will the public have access to the proposed recreation site; what kinds of restrictions to public outdoor recreation will occur?)

31. ARE THERE ANY PRE-EXISTING OR PLANNED INDOOR FACILITIES ON-SITE THAT WOULD NOT THEMSELVES BE ELIGIBLE FOR LWCF GRANT FUNDING AND NEED A PUBLIC FACILITY REQUEST OR SHOULD BE EXCLUDED FROM THE LWCF BOUNDARY?

☐ NO

☐ YES (If yes, describe and explain how/if the structure(s) support public outdoor recreation and include square footage of each building.)

32. ARE THERE ANY PRE-EXISTING OR PLANNED RESOURCE MANAGEMENT PRACTICES (I.E., TIMBER MANAGEMENT, GRAZING, ETC.)?

☐ NO

☐ YES (If yes, describe the nature of the practice, the anticipated duration, and how the practice supports outdoor recreation.)



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33. ARE THERE ANY PRE-EXISTING OR PLANNED USES ON-SITE THAT ARE INCOMPATIBLE WITH LWCF REQUIREMENTS THAT SHOULD BE EXCLUDED FROM THE LWCF BOUNDARY?  
☐ NO      ☐ YES (If yes, describe the nature of the use and ensure it is clearly depicted on the proposed LWCF boundary map; clarify whether the future intent is for the area to become subject to LWCF once the use is terminated, or if the intent is for the use to continue within the park in perpetuity.)

34. PROVIDE A DETAILED POST-COMPLETION PLAN OF HOW THE PROJECT WILL BE MANAGED AND MAINTAINED IN PERPETUITY.

**QUESTION 35-52 ACQUISITION OF REAL PROPERTY [QUESTION 35-58 ARE WORTH 20 POINTS]**

35. WILL REAL PROPERTY BE ACQUIRED AS PART OF THIS PROJECT (including purchase or donation)?

☐ NO      ☐ YES (If no, skip to question 54.)

36. WHY IS THIS ACQUISITION (whether attained via purchase or donation) NEEDED?

37. DESCRIBE THE EXISTING RESOURCES AND FEATURES OF THE SITE THAT MAKE IT DESIRABLE FOR PUBLIC OUTDOOR RECREATION.

38. PARCEL NAME

39. PARCEL SIZE

40. PARCEL VALUE

41. ANTICIPATED ACQUISITION DATE

42. ☐ A STATE-CERTIFIED REVIEW APPRAISER HAS REVIEWED THE APPRAISAL AND HAS DETERMINED THAT IT WAS PREPARED IN CONFORMITY WITH THE UNIFORM APPRAISAL STANDARDS FOR FEDERAL LAND ACQUISITIONS.  
☐ A QUALIFIED PROFESSIONAL HAS PREPARED A WAIVER VALUATION FOR THIS PROPERTY IN CONFORMITY WITH 49 CFR 24.102(C)(D)(II).

43. FROM WHOM IS THE PROPERTY BEING PURCHASED?

44. ARE ANY BUILDINGS OR STRUCTURES BEING PURCHASED ALONG WITH THE PROPERTY?  
☐ NO      ☐ YES (If yes, please describe what is planned for these structures and whether the grant-funded project includes the value of these structures.)



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45. HOW WILL THE SITE BE MADE OPEN AND ACCESSIBLE FOR PUBLIC OUTDOOR RECREATION USE (signage, entries, parking, site improvements, allowable activities, etc.)?

46. WHEN WILL ACCESS TO THE SITE FOR PUBLIC OUTDOOR RECREATION BECOME AVAILABLE?

47. DESCRIBE DEVELOPMENT PLANNED FOR THE SITE(S) IN ORDER TO ALLOW THE ACQUISITION AREA TO BE OPENED FOR PUBLIC OUTDOOR RECREATION, AS THIS WILL IMPACT THE NATIONAL HISTORIC PRESERVATION ACT AND NATIONAL ENVIRONMENTAL POLICY ACT COMPLIANCE, FOCUS ON WHAT YOU REASONABLY EXPECT TO ACCOMPLISH IN THE FIRST THREE YEARS.

48. IF DEVELOPMENT WILL BE DELAYED BY MORE THAN THREE YEARS FROM GRANT CLOSE, EXPLAIN WHY THIS ACQUISITION IS STILL A PRIORITY FOR GRANT FUNDING AT THIS TIME AND DESCRIBE THE OPPORTUNITIES THE PUBLIC WILL HAVE TO USE THE SITE IN THE INTERIM.

49. IS THIS ACQUISITION AN ADDITION TO AN EXISTING PARK OR OTHER RECREATION AREA?

☐ NO ☐ YES (If yes, how will it support and enhance that existing park.)

50. IS THE PROPERTY BEING ACQUIRED UNDER THREAT OF CONDEMNATION?

☐ NO ☐ YES (If yes, please explain.)

51. WAS THE PROPERTY LISTED FOR PUBLIC SALE?

☐ NO ☐ YES (If yes, please explain how the property owner was made aware of the grant sponsor's interest in the property.)

52. DOES THIS PROJECT INVOLVE DONATED PROPERTY?

☐ NO ☐ YES (If yes, include evidence that the seller was offered the fair market value of the property as just compensation and willingly chose/ is choosing to donate the property instead; if the donation is subject to a waiver of retroactivity, the evidence must pre-date the donation; please explain.)

**QUESTION 53-58: PROJECT DEVELOPMENT AND SCOPE OF WORK [QUESTION 35-58 ARE WORTH 20 POINTS]**

53. WHAT IS THE NAME OF THIS PROJECT?

54. WHAT NEW FACILITIES WILL BE CONSTRUCTED AS PART OF THE PROJECT?



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55. WHAT EXISTING FACILITIES WILL BE RENOVATED OR REPLACED (specify which) AS PART OF THE PROJECT? PLEASE INDICATE WHEN THE PROJECT WAS INITIALLY CONSTRUCTED AND WHEN IT WAS LAST RENOVATED. IF THE PROJECT WAS CONSTRUCTED OR RENOVATED USING LWCF FUNDS, PLEASE INDICATE YEAR(S) AND PROJECT NUMBER(S).

56. WHAT GENERAL SITE IMPROVEMENTS (i.e., demolition, site preparation, landscaping, utilities, habitat improvements, etc.) WILL BE COMPLETED AS PART OF THIS PROJECT?

57. WHAT IS THE ANTICIPATED LIFESPAN OF THE FACILITIES THAT WILL BE FUNDED AS PART OF THIS PROJECT?

58. PROVIDE A DETAILED PROJECT NARRATIVE (This is your opportunity to provide a clear, detailed description of your project as a whole, including information about what is being constructed, renovated and/or acquired, how will the work be completed, as well as anticipated time frame of project from start to finish.)



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**QUESTIONS 59-60: PROJECT NEED [UP TO 5 POINTS]**

59. PLEASE DESCRIBE BOTH THE SHORT- AND LONG-TERM OUTDOOR RECREATION BENEFITS OF THIS PROJECT (Include how the project is beneficial and who it benefits.)

60. PLEASE INDICATE THE SERVICE AREA THIS PROJECT WILL ENCOMPASS. (Select one.)

☐ A SINGLE NEIGHBORHOOD

☐ AN ENTIRE COMMUNITY OR MUNICIPALITY

☐ MULTIPLE NEIGHBORHOODS

☐ MULTIPLE COMMUNITIES OR A REGION

IF THE PROJECT WILL SERVE MULTIPLE NEIGHBORHOODS OR COMMUNITIES, PLEASE DESCRIBE HOW AND TELL WHICH COMMUNITES THE PROJECT WILL SERVE.

**QUESTIONS 61-65: PROJECT PLANNING [UP TO 10 POINTS]**

61. HOW DOES THIS PROJECT ADDRESS THE STATEWIDE COMPREHENSIVE OUTDOOR RECREATION PLAN (SCORP) PRIORITIES (REFERENCE GOAL AND OBJECTIVIES NUMBERS).



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62. IS THE PROJECT IDENTIFIED IN A LOCAL, SCHOOL, REGIONAL, COUNTY AND/OR PARKS COMPREHENSIVE PLAN, MASTER PLAN OR SPECIAL STUDY? IF SO, PLEASE INDICATE PLAN TITLE, YEAR IT WAS APPROVED AND A BRIEF DESCRIPTION OF THE PROJECT'S MENTION. DOCUMENTATION REQUIRED.

EXPLAIN HOW THIS PROJECT FITS AS PART OF ANY OTHER PROJECTS PLANNED FOR THE SAME SITE IN THE NEXT THREE YEARS

63. DESCRIBE THE PROCESS THAT LED TO THE DEVELOPMENT OF THIS PROPOSAL AND HOW THE PUBLIC WAS INVOLVED IN ESTABLISHING THE NEED.  
☐ NO      ☐ YES (If yes, describe what methodology was used and provide the documentation outlined in the Supporting Documentation Checklist.)

SUMMARIZE THE FEEDBACK RECEIVED FROM THE PUBLIC AND HOW IT WAS DETERMINED THAT CONSTITUENTS WANT AND WILL USE THE PROJECT.

64. WHAT DESIGN ELEMENTS ARE INCLUDED THAT CONTRIBUTE TO PRESERVING ENVIRONMENTAL RESOURCES AS PART OF ENSURING A QUALITY OUTDOOR RECREATION EXPERIENCE FOR FUTURE GENERATIONS?





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65. HOW WILL ACCESS REQUIRED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND ARCHITECTURAL BARRIERS ACT (ABA) BEING ADDRESSED FOR EACH ELEMENT OF THE PROJECT?  
DOES THE PROJECT EXCEED THE MINIMUM ADA REQUIREMENTS? IF SO, PLEASE EXPLAIN HOW.

**QUESTIONS 66: PARTNERSHIPS [UP TO 2 POINTS]**

66. LIST ANY CONTRIBUTING PARTNERS OR DONORS INVOLVED WITH THIS PROJECT AND THEIR INTENDED CONTRIBUTIONS. [up to 2 points]  
(A letter of intent to donate from each donor must accompany the application packet; see Supporting Documentation Checklist in the application guide.)

PARTNERS/DONORS	CONTRIBUTION
A.	A.
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G.	G.
H.	H.
I.	I.
J.	J.

**QUESTIONS 67-74: PROJECT BUDGET AND BUDGET DETAILS [UP TO 23 POINTS]**

67. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THERE IS ADEQUATE FUNDING AND MANPOWER TO COMPLETE THE PROJECT WITHIN TWO YEARS?



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68. HOW WAS THE ESTIMATE OF THE PROJECT'S COSTS DERIVED?

69. WHAT ASSURANCES ARE THERE THAT THE ESTIMATED COSTS ARE REASONABLE?

70. DESCRIBE ANY PROJECT ELEMENTS OR COSTS, IF ANY, THAT WILL IMPROVE SITE RESILIENCY AND FACILITY LONGEVITY. IF NONE, WRITE N/A.

71. FOR EACH COST CATEGORY, FILL OUT THE BELOW BUDGET TABLE WITH THE GRANT AMOUNT REQUESTED AND THE MATCHING AMOUNT PROVIDED BY THE PROJECT SPONSOR AND/OR DONOR. (Use whole dollar amounts only; the minimum grant request is \$25,000 and the maximum grant request is \$500,000; the minimum match percentage is 50%.)

COST CATEGORY	GRANT REQUEST	MATCHING FUNDS		TOTAL PROJECT COST
		PROJECT SPONSOR	DONATION (by 3rd party)	
1. Planning/Engineering/Environmental Review (≤ 10% of total project cost)	\$	\$	\$	\$
2. Land/Easement Acquisition	\$	\$	\$	\$
3. Site Work	\$	\$	\$	\$
4. Demolition and Removal	\$	\$	\$	\$
5. Construction	\$	\$	\$	\$
6. Equipment Use	\$	\$	\$	\$
TOTALS	\$ (Not to exceed \$500,000)	\$	\$	\$
MATCHING FUNDS TOTALS		\$		PERCENT OF MATCHING FUNDS

72. WHAT PERCENTAGE OF THE SPONSOR'S MATCH IS SECURED (I.e., Cash-in-hand through donations already received, or funds deposited in an account; in-kind contributions such as force account labor and/or in-house equipment usage; etc.)? AT LEAST 75% MUST ALREADY BE SECURED TO APPLY. PLEASE INDICATE IF THERE ARE FUNDS YET TO BE RAISED AND HOW MUCH, AND DESCRIBE THE PLAN FOR FUNDRAISING. EXPLAIN ANY ALTERNATE PLANS FOR PROVIDING THE REQUIRED MATCH IF FUNDRAISING EFFORTS ARE UNSUCCESSFUL.



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73. ARE ANY ELIGIBLE PRE-AWARD COSTS INCLUDED AS PART OF THE GRANT REQUEST? ☐ NO ☐ YES

If yes, indicate the date from when those costs started being incurred, the funding category/categories, the total amount of pre-award costs anticipated to be incurred before the grant start date, and whether they are included for match purposes or for reimbursement. (Note: these should also be presented in the budget narrative in question 82.)

74. BUDGET NARRATIVE: PROVIDE A DETAILED ITEMIZATION OF EACH COST CATEGORY FROM THE BUDGET TABLE.



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**QUESTION 75-82: ENVIRONMENTAL RESOURCES SURVEY [UP TO 10 POINTS]**

THE TABLES BELOW SERVES AS A RECORD OF THE ENVIRONMENTAL RESOURCES PRESENT AT THE SITE, WHETHER THE PROPOSED ACTION IS LIKELY TO HAVE A SIGNIFICANTLY NEGATIVE IMPACT ON THOSE RESOURCES, AND WHETHER FURTHER INFORMATION IS NEEDED TO DETERMINE THE POTENTIAL IMPACT. REVIEW THE LISTED RESOURCES AND IDENTIFY ANY RESOURCES THAT MAY BE SIGNIFICANTLY IMPACTED BY THE ACTION. THE ENVIRONMENTAL RESOURCES SURVEY SHOULD BE COMPLETED WITH PROFESSIONAL INPUT FROM RESOURCE EXPERTS AND IN CONSULTATION WITH RELEVANT LOCAL, STATE, TRIBAL, AND FEDERAL GOVERNMENTS, AS APPROPRIATE.

75. TABLE 1- FOR EACH RESOURCE INDICATE IF POSITIVE IMPACTS OR NEGATIVE IMPACTS ARE ANTICIPATED TO RESULT FROM THE ACTION OR IF FURTHER INFORMATION IS NEEDED TO DETERMINE THE POTENTIAL IMPACT. WRITE THE JUSTIFICATION FOR HOW THE IMPACT WAS DETERMINED.

	HOW WILL THE PROJECT AFFECT THE FOLLOWING RESOURCES?
1.	AIR QUALITY <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
2.	CIRCULATION AND TRANSPORTATION <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
3.	CLIMATE <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
4.	CONTAMINATION OR HAZARDOUS MATERIALS EVEN IF REMEDIATED (Include Hazardous Waste Map.) <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
5.	ENDANGERED SPECIES: (list the proposed, threatened, or endangered species) INCLUDING ASSOCIATED HABITAT (Include IPaC & MO Heritage Reports.) <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
6.	GEOLOGICAL RESOURCES: SOILS, BEDROCK, SLOPES, STREAMBEDS, LANDFORMS, ETC. <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
7.	HISTORIC OR CULTURAL RESOURCES (Include Section 106 review application and letter to SHPO.) <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
8.	INVASIVE SPECIES <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT



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9.	LAND USE PLANS OR POLICIES FROM OTHER AGENCIES <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
10.	LIGHTSCAPES, ESPECIALLY NIGHT SKY <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
11.	MIGRATORY BIRDS AND/OR BALD AND GOLDEN EALGES <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
12.	RECREATION RESOURCES <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
13.	SOCIOECONOMICS: CHANGES TO TAX BASE OR COMPETITION WITH PRIVATE SECTOR <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
14.	SOUND (NOISE IMPACTS) <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
15.	UNIQUE ECOSYSTEMS, SUCH AS BIOSPHERE RESERVES, WORLD HERITAGE SITES, OLD GROWTH FORESTS, ETC. <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
16.	WATER QUALITY AND/OR QUANTITY <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
17.	WATER: COASTAL BARRIER RESOURCES OR COASTAL ZONES <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT



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18.	WATER: MARINE AND/OR ESTUARINE <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
19.	WATER: STREAM FLOW CHARACTERISTICS <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
20.	WATER: WETLANDS AND FLOODPLAIN (Include Wetland and Floodplain Map.) <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT
21.	SOIL SURVEY AND PRIME FARMLAND (Include Soil and Farmland Map.) <input type="checkbox"/> POSITIVE IMPACT <input type="checkbox"/> NEGATIVE IMPACT <input type="checkbox"/> NO IMPACT <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> UNKNOWN IMPACT

76. TABLE 2- THIS IS A LIST OF MANDATORY IMPACT CRITERIA THAT PRECLUDES THE USE OF A CATEGORICAL EXCLUSION. IF YOU ANSWER "YES" OR "?" TO ANY OF THE MANDATORY CRITERIA, YOU MUST DEVELOP AN ENVIRONMENTAL ASSESSMENT OR ENVIRONMENTAL IMPACT STATEMENT REGARDLESS OF YOUR ANSWERS TO TABLE 1.

	WILL YOUR PROPOSAL	YES	NO
1.	HAVE SIGNIFICANT NEGATIVE IMPACTS ON PUBLIC HEALTH OR SAFETY?		
2.	HAVE SIGNIFICANT NEGATIVE IMPACTS ON UNIQUE NATURAL RESOURCES OR GEOGRAPHIC CHARACTERISTICS SUCH AS HISTORIC OR CULTURAL RESOURCES; PARK, RECREATION, OR REFUGE LANDS; WILDERNESS AREAS; WILD OR SCENIC RIVERS; NATIONAL NATURAL LANDMARKS; SOLE OR PRINCIPAL DRINKING WATER AQUIFERS; PRIME FARMLANDS; WETLANDS; FLOODPLAINS; NATIONAL MONUMENTS; MIGRATORY BIRDS; AND OTHER ECOLOGICALLY SIGNIFICANT OR CRITICAL AREAS?		
3.	HAVE HIGHLY CONTROVERSIAL ENVIRONMENTAL EFFECTS OR INVOLVE UNRESOLVED CONFLICTS CONCERNING ALTERNATIVE USES OF AVAILABLE RESOURCES?		
4.	HAVE HIGHLY UNCERTAIN AND POTENTIALLY SIGNIFICANT ENVIRONMENTAL EFFECTS OR INVOLVE UNIQUE OR UNKNOWN ENVIRONMENTAL RISKS?		
5.	ESTABLISH A PRECEDENT FOR FUTURE ACTION OR REPRESENT A DECISION IN PRINCIPLE ABOUT FUTURE ACTIONS WITH POTENTIALLY SIGNIFICANT ENVIRONMENTAL EFFECTS?		
6.	HAVE A DIRECT RELATIONSHIP TO OTHER ACTIONS WITH INDIVIDUALLY INSIGNIFICANT BUT CUMULATIVELY SIGNIFICANT ENVIRONMENTAL EFFECTS?		
7.	HAVE SIGNIFICANT ADVERSE EFFECTS ON PROPERTIES LISTED OR ELIGIBLE FOR LISTING IN THE NATIONAL REGISTER OF HISTORIC PLACES AS DETERMINED BY NPS?		
8.	HAVE SIGNIFICANT NEGATIVE IMPACTS TO SPECIES LISTED, OR PROPOSED TO BE LISTED, ON THE LIST OF ENDANGERED OR THREATENED SPECIES OR HAVE SIGNIFICANT IMPACTS ON DESIGNATED CRITICAL HABITAT FOR THESE SPECIES?		
9.	VIOLATE A FEDERAL, STATE, LOCAL, OR TRIBAL LAW OR REQUIREMENT IMPOSED FOR THE PROTECTION OF THE ENVIRONMENT?		
10.	LIMIT ACCESS TO AND CEREMONIAL USE OF NATIVE AMERICAN SACRED SITES ON FEDERAL LANDS BY NATIVE AMERICAN RELIGIOUS PRACTITIONERS OR SIGNIFICANTLY ADVERSELY AFFECT THE PHYSICAL INTEGRITY OF SUCH SACRED SITES?		
11.	CONTRIBUTE TO THE INTRODUCTION, CONTINUED EXISTENCE, OR SPREAD OF NOXIOUS WEEDS OR NON-NATIVE INVASIVE SPECIES KNOWN TO OCCUR IN THE AREA OR ACTIONS THAT MAY PROMOTE THE INTRODUCTION, GROWTH, OR EXPANSION OF THE RANGE OF SUCH SPECIES?		



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77. HAVE THERE BEEN ANY PREVIOUS NEPA DOCUMENTS THAT ARE RELEVANT TO THIS PROJECT OR THIS SPECIFIC SITE?  
☐ NO      ☐ YES (If yes, attach and summarize findings and include page number references below.)

78. EXPLAIN ANY NEGATIVE OR UNKNOWN IMPACTS IDENTIFIED IN TABLE 1 OF THE ENVIRONMENTAL RESOURCES SURVEY, OR ANY BOXES MARKED "YES" IN TABLE 2.

79. HOW WAS THE INFORMATION IDENTIFIED IN THE TABLES DERIVED AND WHAT SOURCES OF DATA WERE USED TO JUSTIFY THE IMPACT SELECTION?

80. WHO CONTRIBUTED TO FILLING OUT THE ENVIRONMENTAL RESOURCE SURVEY (include name, title, agency) AND WHAT QUALIFICATIONS DO THEY HAVE THAT PROVIDE THE NECESSARY RESOURCE EXPERTISE TO DETERMINE IMPACT SIGNIFICANCE?

81. LIST ALL REQUIRED FEDERAL, STATE, AND LOCAL PERMITS/APPROVALS NEEDED FOR THE PROPOSAL AND EXPLAIN THEIR PURPOSE AND STATUS.

82. HAS A PHASE I CULTURAL RESOURCE SURVEY WITH SHOVEL TESTING BEEN CONDUCTED WITHIN THE PROJECT AREA?  
☐ NO - DESCRIBE ANY CONSTRUCTION PLANNED AS A RESULT OF THIS PROJECT (including surface area depth).  
☐ YES - ATTACH SURVEY AND SUMMARIZE FINDINGS AND INCLUDE PAGE NUMBER REFERENCES BELOW.



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**SUPPORTING DOCUMENTATION CHECKLIST**

USE THE BELOW CHECKLIST TO ENSURE THE PROJECT APPLICATION IS COMPLETE (for information specific to each item, refer to the LWCF Application Guide).

<input type="checkbox"/> LWCF BOUNDARY MAP	<input type="checkbox"/> LETTER OF INTENT TO LEASE/SELL/DONATE REAL PROPERTY
<input type="checkbox"/> RESOLUTION FROM GOVERNING BODY	<input type="checkbox"/> SCHOOL/COMMUNITY AGREEMENT (If applicable)
<input type="checkbox"/> FINANCIAL ASSURANCE LETTER	<input type="checkbox"/> DOCUMENTATION OF UNDERSERVED POPULATIONS
<input type="checkbox"/> SIGNED LETTERS OF COMMITMENT OR INTENT TO DONATE	<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT
<input type="checkbox"/> PROOF OF LAND OWNERSHIP OR LEASEHOLDER/EASEMENT RIGHTS AND LEGAL DESCRIPTION	<input type="checkbox"/> COPY OF RELEVANT PORTION OF COMPREHENSIVE OR MASTER PLAN
<input type="checkbox"/> E-VERIFY (both state and federal)	<input type="checkbox"/> SHPO CORRESPONDENCE AND CULTURAL RESOURCE SURVEYS
<input type="checkbox"/> IPAC AND MISSOURI HERITAGE REPORTS AND CORRESPONDENCE FROM USFWS AND MDC.	<input type="checkbox"/> FLOODPLAIN MAP (REQUIRED) & PROOF OF FLOOD INSURANCE (if applicable)
<input type="checkbox"/> PHOTOGRAPHS OF THE PROJECT AREA	<input type="checkbox"/> APPRAISALS, REVIEW APPRAISALS, AND/OR WAIVER VALUATION (if applicable)
<input type="checkbox"/> ENVIRONMENTAL REVIEW MAPS AND REPORTS (Wetland, Hazardous Waste, etc.)	<input type="checkbox"/> TITLE SEARCH (Include copy of all easements, or encumbrances.)

**CERTIFICATION OF RESPONSIBLE PERSON**

A RESPONSIBLE OFFICIAL FROM THE SPONSORING AGENCY MUST SIGN AND DATE THE APPLICATION. APPLICATIONS WITHOUT SIGNATURE WILL NOT BE SCORED.

"I hereby certify that the information contained in this application packet is true and correct to the best of my knowledge. I understand that the application will be rated solely on the information provided on the application and in the enclosed supporting documentation. The submission of incorrect information and the lack of required documentation can result in this application being withdrawn from consideration for funding."

SIGNATURE	TITLE
PRINTED NAME	DATE

**MAIL COMPLETED APPLICATION**

Submit two (2) copies of the application and supporting documentation to the Grants Management Section (address below):

**Missouri Department of Natural Resources**  
**Division of State Parks**  
**Grants Management Section**  
**Attn: LWCF Planner**  
**PO Box 176**  
**1659 E. Elm St.**  
**Jefferson City, MO 65102-0176**

**Application packets must be postmarked on or before Nov. 14, 2025. For questions about an application packet or the process, call (573) 751-8661 or (573) 751-0848 or email [mspgrants@dnr.mo.gov](mailto:mspgrants@dnr.mo.gov).**

<i>Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>May we share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Would you like to receive information and assistance regarding the agency's veteran services?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>For information visit <a href="http://mostateparks.com/CitizensMilitaryService">http://mostateparks.com/CitizensMilitaryService</a>, or send an email to <a href="mailto:moparks@dnr.mo.gov">moparks@dnr.mo.gov</a> or call 800-344-6946.</i>	