**Water Recreation Access Cost-Share Grant**

Official Submission of Application can be found at <https://iowadnr.slideroom.com/#/Login>

* ***General Application Information***
	1. **Applicant**
	2. **Contact Person**
	3. **Email Address**
	4. **Telephone Number**
	5. **Applicant Mailing Address**
	6. **County**
	7. **Project 911 Address (if available)**
	8. **Latitude/Longitude Coordinates:**

*(To find Lat/Long Coordinates: Go to Google Map. Right-click on the primary public access point for the project. Select What's here? In the search box at the top of the page, the coordinates will appear.)*

* 1. **Grant Amount Requested**

*How much money are you requesting for this grant round?*

* ***Water Recreation Access Cost-Share Project Type***
	1. **Project Site Owner**

*571—30.11(452A) Control of project site. In order for a project site to be eligible for a development grant, it must be under the physical control of the grant applicant, either by fee title, lease, management agreement, or easement. The term of a lease, management agreement, or easement must be commensurate with the life expectancy of the proposed development.*

* 1. **Expiration date of Lease, Easement or Agreement**
	2. **Explanation of Agreements and Easements**

*If applicant does not possess all fee title interest in property, please explain. Additionally, explain contractual or joint agreements with other parties for operation and maintenance of the site and facilities.*

* ***General Project Timeline***
	1. **Is the project a portion of a larger, overall project to be implemented over a multi-year period?**
	2. **If yes, estimated years to completion**
	3. **Estimated costs of the overall project**
	4. **Estimated Project Start Date**
	5. **Estimated Project End Date**
* ***General Acquisition Schedule (Complete only if Request is to Acquire Land)***
	1. **Type of Purchase**
	2. **Upload an aerial photo of the property to be purchased.**

*On the aerial photo please indicate the boundary and if there is adjacent public lands, please identify those areas in an alternating color. (Please join multiple pages into 1 pdf to upload if applicable.)*

* 1. **Date waiver of retroactivity granted by the Department**

*Waiver of retroactivity. In case of extreme urgency involving land acquisition, a grant applicant may formally request a written “waiver of retroactivity” which, if granted by the director of the department of natural resources, will permit the applicant to acquire the real property immediately without jeopardizing its chances of receiving a grant. However, the granting of the waiver in no way implies or guarantees that any subsequent grant application covering the acquisition will be selected for funding by the planning committee. The request for the waiver must include justification regarding the urgency of the acquisition, a description of the land to be acquired, and a county map on which the land to be acquired is located. Acceptable justification would include situations in which land is to be sold at auction or by sealed bids or when the landowner requires immediate purchase.*

* 1. **Estimated date of acquisition**
	2. **Number of acres to be purchased**
	3. **Land Acquisition Values**

*Provide estimates of value for columns 2 and 3*

* 1. **Additional Land Acquisition Costs**
	2. **Overall Cost Including Incidental**
* ***General Grant Narrative***
	1. **Project Location**

*Describe the location of the project relative to the county and nearest city. Include section, township and range if rural; give specific street location if urban and 911 address of project location. Include a project location map that highlights the project area and has sufficient detail to allow the area to be easily located by vehicle for on-site monitoring inspections. (6,000-character limit)*

* 1. **Project Description**

*If acquisition, include number of acres and describe the resources and existing facilities/improvements on and adjacent to the property. Also describe its prospective use and management goals. If rare, unique, or high quality representative plan and animal species and communities occur on the site, provide a listing of them.*

*If development, describe the facilities to be constructed, existing facilities in the project area and the natural resources in the area. Include pictures of project as necessary. If this project is part of a larger project, very clearly detail the portion that this application is covering. If this application is for the continuation of a project that previously received a grant or other grants from the Department, provide a status report of the project elements that were previously funded. Explain relationships (both positive and negative) between the project and existing nearby local, state and federal areas. Do not put project justification and benefit statements in this section. Include them in question 5. (6,000-character limit)*

* 1. **Attach Project Location Map**

*On the project location map, outline the boundary of the public land on which the development activity will take place. Within that boundary indicate the specific location of the development. Outline in an alternating color any adjacent public lands to the parcel where the development would take place. (Please join multiple pages into 1 pdf to upload if applicable.) (6,000-character limit)*

* 1. **Development Plan**

*Clearly differentiate between the project being proposed, existing facilities and proposed future development. For development projects, be sure to include dimensions of facilities. For acquisition projects, identify the individual tracts using the parcel numbers listed Acquisition Overview and Schedule. (6,000-character limit)*

* 1. **Attach Project Development Plans**

*Clipped together in one pdf, please include plans and maps. They should include roads, easements, railroads, water features and any other developments on or immediately adjacent to the site. Identify land use types, e.g. residential, row crop, pasture, industrial, commercial, recreation/conservation, etc. Include color pictures as necessary. Clearly show the overall project boundary. Aerial photos should be in color and well-labeled. (Please join multiple pages into 1 pdf to upload if applicable.) (6,000-character limit)*

* 1. **Project Benefits, Needs, Justification, Urgency**

*Describe project justification and need. Make references to any local plan, County REAP plan, current Iowa Statewide Comprehensive Outdoor Recreation Plan (SCORP), Iowa Wildlife Action Plan and other plans that help direct conservation and recreation programs. Do not include entire plans in the application. Identify benefits to be derived from the project in terms of populations being served and resource management/protection. Explain any urgency for development and/or acquisition action that may exist. (6,000-character limit)*

* ***Water Recreation Access Cost-Share Itemized Costs***
	1. **Itemized Costs**

*571—30.9(452A) Cost-sharing rates. All projects approved for assistance will normally be cost-shared at a 75 percent state/25 percent local ratio, except as provided in exceptions listed below.*

*Exceptions to the normal funding formula may occur under the following conditions: 1. Where a local public agency agrees under terms of a long-term agreement to assume maintenance and operation of a department of natural resources water access facility, the approved development or improvements needed on that facility will be funded at 100 percent. 2. Where feasible and practical, the department will provide funds to cover 100 percent of materials needed for a development project if the local subdivision agrees to provide 100 percent of the labor and equipment to complete that development. 3. Where joint use will be made of a project by commercial interests as well as by recreational boaters, only that portion of a project attributable to the use by recreational boaters will be cost-shared through this program. 4. When, at the discretion of the director, some alternate funding level is deemed appropriate.*

*List all items, descriptions of the item and their associated costs to be included in the acquisition and/or development of the proposed project. Include types of construction, dimensions, lengths, capacities, etc. Engineering and appraisal fees may also be included. Each item's itemized cost shall indicate WRAC Grant funding requested and the City/County contribution and match. In-kind services for matching funds must be identified with clear descriptions for the calculations. The itemized cost listing will be the basis for determining what items are eligible for WRAC funding. Items not listed will not be eligible for assistance under the grant agreement.*

* 1. **Are matching funds for this project secured?**
	2. **Opportunity to provide documentation for secured match.**

*This upload is not for letters of general support. This is to document secured funding needed to match the WRAC request.*

* ***Minority Impact Statement***
	1. **I have reviewed the Iowa Code Section 8.11 defining “Minority Persons”**

*“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.*

*“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1): b. As used in this subsection: (1) "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "Disability" does not include any of the following: (a) Homosexuality or bisexuality. (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders. (c) Compulsive gambling, kleptomania, or pyromania. (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.*

*“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.*

* 1. **Please choose the statement that pertains to this grant application.**

*Complete all the information requested for the chosen statement.*

*\* This question has conditional follow-up questions.*

* 1. **I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:**
* ***Certification***
	1. **By checking the box below, I certify that all the information provided in this application is true and correct.**