**Durham County Matching Grants**

A Program of the

**DURHAM OPEN SPACE & TRAILS COMMISSION**

**APPLICATION**

Note: Please review the Durham County Matching Grants Program Guidelines and Application Instructions carefully before filling out the application. The completed application may be submitted electronically (preferably as ***one attachment*** in PDF format) to:

 Program Administrator: Brendan Moore: brmoore@dconc.gov

919-560-7957

Alternatively, two copies of the completed application can be mailed to:

 Durham County Open Space Division

 Attn: Brendan Moore

 201 East Main Street, 5th Floor

 Durham, North Carolina 27701

**Application (and all related materials) Deadline: 5:00pm on Wednesday, November 12, 2025**

***This is a firm deadline. Our team is very happy to provide any assistance or guidance; however, please allow ample time for help while still honoring all deadlines.***

**All text entry fields should automatically expand as needed.**

**When completing this application, you are encouraged to attach additional sheets as necessary**.

GENERAL INFORMATION

Date: Click or tap to enter a date.

1. Name of Organization: Click or tap here to enter text.
2. Website: Click or tap here to enter text.
3. Mailing Address: Street: Click or tap here to enter text.

 City: Click or tap here to enter text.

 Zip Code: Click or tap here to enter text.

1. Contact Persons for this grant request (Primary and Secondary):

 Primary Contact: Click or tap here to enter text.; Secondary: Click or tap here to enter text.

1. Position in Group:

 Primary Contact: Click or tap here to enter text.; Secondary: Click or tap here to enter text.

1. Contact Phone Number:

 Primary Contact: Click or tap here to enter text.; Secondary: Click or tap here to enter text.

1. Contact Email Address:

 Primary Contact: Click or tap here to enter text.; Secondary: Click or tap here to enter text.

1. Organization’s Chief Official: Click or tap here to enter text.

 Title: Click or tap here to enter text.

1. Is your organization recognized as a non-profit organization by:
	1. The State of North Carolina: Yes [ ] No [ ]
	2. The Internal Revenue Service: Yes [ ] No[ ]  Federal Tax I.D. No: Click or tap here to enter text.

**PROJECT INFORMATION**

Click or tap here to enter text.

1. Please provide a summary of the proposed grant project. *View this question as a two-minute primary explanation of the project* (attach graphics or design if appropriate):
2. Proposed project location (Include specific address(es) and any details)

Click or tap here to enter text.

1. Please describe how project objectives contribute to one or more of the five goals adopted by the Open Space and Trails commission (found in the Introduction of the Guidelines).

Click or tap here to enter text.

1. Who will be the typical users of this project? Please describe the target market and area and estimate the frequency of use. Please be as specific as you can.

Click or tap here to enter text.

1. Does the project involve land acquisition? Yes[ ] No[ ] If yes, provide “An Offer to Purchase and Contract” or letter of intent (see Guidelines, Section II B1). If yes, provide a brief description of any special ecological features of the property and attach supporting information if available.

Click or tap here to enter text.

1. Does the project involve capital (long-term) improvements? Yes[ ] No[ ] If yes, does your organization own the land on which the improvements are proposed? Yes[ ] No[ ] If no, and the land is publicly owned (such as a school playground), please provide written verification that the owner supports your organization’s proposed plans. Explain your organization’s relationship to the landowner and attach any agreements on your organization’s use of the land.

Click or tap here to enter text.

1. Will the project, as proposed in this application, complete your organization’s plans as currently envisioned or are additional phases anticipated for the future? Complete[ ] or Additional phases anticipated[ ] Describe additional phases.

Click or tap here to enter text.

1. Any project funded through the Matching Grants Program must be publicly accessible. How will the proposed project provide for public access? Are any specific constraints to public access anticipated? See General Criteria 5, Section I B and the discussion of public access in Section V C of the Guidelines.

Click or tap here to enter text.

1. Will a fee be charged for its use? Yes [ ] No[ ]
	1. If yes, will a fee be charged: for the customary users? Yes [ ] No[ ]  $0.00
	2. If yes, will a fee be charged: for the public? Yes [ ] No[ ]  $0.00
2. If approved, when is the project scheduled to: Start: Click or tap to enter a date.

 End: Click or tap to enter a date.

(*Grants will be awarded and contracts completed approximately six months after the application deadline.)*

## ORGANIZATION INFORMATION

1. How long has your organization been in existence? Click or tap here to enter text.
2. Approximately how many members does it have? Click or tap here to enter text.
3. What is its approximate annual budget, and what are the sources of these funds? $0.00

Click or tap here to enter text.

1. Does it have any paid staff members? Yes [ ] No[ ]  If yes, describe:

Click or tap here to enter text.

1. How will your organization provide on-going maintenance and supervision for the proposed project?

Click or tap here to enter text.

1. Is a minimum ten year period of use projected for the capital improvements planned by your organization?

*(See the Section V A of the Guidelines for an explanation of the importance of this question)*

Click or tap here to enter text.

1. Project Budget

Either use the Excel spreadsheet (found online [HERE](http://www.dconc.gov/government/departments-a-e/budget-management-services/durham-open-space-and-trails-commission-matching-grants-program)) submit your Program Budget, or the table below The table below is a blank version of the Project Budget Excel sheet that can be used, however it will not automatically calculate.

|  |  |
| --- | --- |
| **Project Budget Worksheet**: *Provide a budget summary* ***ONLY*** *for the project which a Matching Grant is requested* |   |
|   | Organization Cash in Hand Contribution | Requested Durham County Contribution  | Value of In-Kind Labor Contribution | Donor Contributions | Funding from Other Sources *(be specific)* | **Total Project Budget** | Comments *(Include any additional relevant information, attach another sheet if necessary)* |
| Land Acquisition- *List anticipated expenses, or when used for a match, provide documentation of value* |   |   |   |   |   | $0.00  |   |
| Improvements -*Provide a contractor's written estimate if applicable* |   |   |   |   |   | $0.00  |   |
| Labor- *Expenses for project only, including value of anticipated labor* |   |   |   |   |   | $0.00  |   |
| Supplies- *List anticipated expenses* |   |   |   |   |   | $0.00  |   |
| Other-*(Professional expenses, rentals, etc.) List anticipated expenses* |   |   |   |   |   | $0.00  |   |
| **Total Project Value/Cost** | $0.00  | $0.00  | $0.00  | $0.00  | $0.00  | $0.00  |   |
| **Percentage of Project Budget** | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |   |

## INFORMATION ABOUT THE PROJECT’S MATCHING FUNDS

1. Will the project will use support from other sources (grants, etc.) in addition to Durham County, as included on the Program Budget worksheet under the “Funds from Other Sources” column? Yes [ ] No[ ]
	1. If yes, on a separate sheet of paper please list the source, procedures, requirements, rules, regulations, agreements, timetables, and all other pertinent facts on each source as well as all optional or alternate sources or plans. (See Guideline II D 2 of the Guidelines.)
2. Will the project involve volunteer labor, consultation, or supervision? Please Explain:

Click or tap here to enter text.

1. **BUDGET SUMMARY**

**Total Project Cost**  $0.00

**Organization’s Total Match**  $0.00

**Durham County’s Portion of Project**  $0.00

**(Total Project Cost minus Organization’s Total Match.)** $0.00

### SIGNATURE

I certify that the information in this grant application is accurate to the best of my knowledge.

Click or tap here to enter text.

Click or tap here to enter text.

Name of Contact Person (print)

Name of Chief Official (print)

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Signature Date Signature Date

#### REQUIRED ATTACHMENTS

1. Excel spreadsheet detailing the Project Budget and/or completed table on this application
2. The application form
3. Any site plans and design layouts of the proposed project.
4. If land is not owned by the applicant, a letter by the owner (or appropriate representative of the owner) indicating support for the grant proposal.
5. Documentation of the organization’s non-profit status.
6. The Durham County Tax Map with the project area outlined in red available from <http://maps2.roktech.net/durhamnc_gomaps4/>

For projects which involve land acquisition, or the use of land as part of the applications matching contribution, also include copies of:

1. Value of property, as shown on the assessed value for tax purposes. Optional- To substantiate a value higher than the assessment, attach at least one of the following: a certified appraisal, option to purchase price, or purchase price paid.
2. A property description (survey or plat including deed book and plat map reference).
3. An “Offer to Purchase and Contract” (one copy enclosed in a separate envelope marked CONFIDENTIAL if so desired) or copies of a letter of intent to sell, signed by the property owner.
4. The organization’s latest financial statement or treasurer’s report; or alternatively a description of its record keeping and financial procedures.

***The following are only required if your organization is awarded a matching grant:***

1. A completed VENDOR APPLICATION/BIDDER PROFILE (available at <http://www.dconc.gov/home/showdocument?id=8388> ) if not on file with the County.
2. Certificate of Insurance documenting your organizations insurance coverage as outlined in the Matching Grants Guidelines.