

GREENSPACE EQUITY PROGRAM Appraisal Funding Grant for Proposed Acquisition Projects Application and Project Agreement

	GRI	EENSPACE EQUITY PR	ROJECT # DNR Use Only
A. PROJECT INFORMAT	TION: Please fill out all	sections of the form complet	ely unless otherwise indicated.
Project Name:			
Street Address:			
City/Town:		County:	Zip:
County Tax Map:	Grid:	Parcel:	Lot:
SDAT Account Identifie District-Subdivision-Account	r: Number or Ward-Section-Blo	ck-Lot (as applicable)	
MD Legislative District: Click here to find the 2022 Leg		· 1-47)	
Confirm the location of Funding: Click here for map to ve		appraised is eligible fo	or Greenspace Equity Program
Overburdened	Underserved	Both Overburden	ed and Underserved
Project Period From: To:		Date of Board of Public W Estimated Date of Comple	Vorks Approval (DNR Use Only) etion of Appraisal
B. PROJECT FUNDING:			
Funds may only be used to ob with qualifications consistent w statutes and regulations. Appli a Greenspace Equity Program	vith industry standards a cant will use the informa	and all applicable Local, State ation obtained from the appra	e, and Federal

%

100 %

% (Specify Source/Type) _

FUNDS REQUESTED:

TOTAL PROJECT COST:

OTHER FUNDS:

	Please complete all questions. Do not just refer to an attached document without e question in the space provided below.
	(Please summarize the proposed property to be appraised for acquisition in 2-3 rate sheet to provide a further narrative of the project as needed.)
Describe how the prunderserved commu	oposed property if acquired would serve overburdened and/or inities.
	oposed property if acquired would improve the conservation value ovide conservation benefits to overburdened and/or underserved
	must be maintained for public use in perpetuity according to the grant. How will the property be managed and funded for the ired?
	and Authorization: Eligible applicants include a land trust or nongovernmental in an overburdened community or an underserved community where a project is a county or municipality.
Applicant:	Federal ID #
Contact Name:	Title:
Department:	Organization:
Mailing Address:	
Phone Number:	Cell Phone:
Email Address:	
I agree to complete the Project de	of the Applicant, I have read the requirements of the Greenspace Equity Program and escribed herein in accordance with all applicable Local, State and Federal laws, h the attachments included herewith and made a part thereof.
Print Name:	Title/Organization:
Signature:	Date:

PROGR	AM ADMINISTRATIVE REVIEW (DNR Use Only)			
Date:	By:			
Departme	ent of Natural Resources – Greenspace Equity Program Approval:			
BPW App	roval Date: BPW Agenda Item Number:			
Signature:	:			
Revised 08/2	5			
	Accompanying Document Checklist:			
	Area map (i.e. street map with the project location clearly identified)			
	Current Deed and/or Property SDAT			
	Pre-Project photos			
	Nongovernmental Organization:			
	Land Trusts			
	Select one and provide documentation:			
	☐ Is a Qualified Organization under s.170(H)(3) of the Internal Revenue Code and any regulations adopted under that section;			
	$\hfill \Box$ Has executed a Cooperative Agreement with the Maryland Environmental Trust; or			
	$\hfill \square$ Is an affordable housing land trust as defined in s.14-501 of the Real Property Article.			
	Articles of Incorporation, Bylaws, etc.			
	Business SDAT (Click here, print the "General Information" tab of the applicant(s))			
	Succession Plan (Required if governmental agency is not an applicant)			
	(In the event the land trust ceases to exist or can no longer own or manage the property or steward the easement, please identify how the responsibility will be transferred to another viable and eligible entity.)			