Boating Facility and Waterway Access Grant Application

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| ***FOR OSMB USE ONLY*** | | Grant number: |
| Biennium: | Date Received: |

**Refer to the Boating Facility, Waterway Access and Small Grant Procedure Guide for information on facilities, access and education.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **APPLICANT PROJECT TYPE AND LOCATION** *(All applicants must complete)* | | | | | | | |
| Applicant or entity name: | | | | | | | Phone number: |
| If different from above provide Assumed Business Name: | | | | | | | |
| Applicant mailing address: | | | | | City, State, Zip | | |
| Physical address: | | | | | City, State, Zip | | |
| Type of Government  County  City | Applicant:  Port  Parks District | State Agency  Federal Agency | | | | Tribal Government  Other (Specify) | |
| Type of Private Entity Applicant: | | | | | | | |
| Non-profit 501c3 or 501c4  Private  Business Corporation  Professional Corporation  Oregon Limited Liability Company | | | | Oregon Limited Liability Partnership  Foreign Limited Liability Partnership  Business Trust  Other (Specify) | | | |
| Name of Project Manager: | | | | Title: | | | |
| Email: | | | | Phone: | | | |
| Name of Fiscal Point of Contact: | | | | Title: | | | |
| Email: | | | | Phone: | | | |
| Project Name: | | | | Physical Address of Project, Education Activity or Equipment Storage: | | | |
| Brief project statement *(1-4 sentences describing scope of project)* | | | | | | | |
| Latitude (decimal): | | | | Longitude (decimal): | | | |
| Waterbody: | | | | Rivermile: | | | |
| Driving directions-H*ow would a user find this location from a major highway or interstate?* | | | | | | | |
| Project type, check all that apply:  Construction (any ground disturbance)  Education  Construction and Education | | | Property Acquisition  Master Plan  Consultant Services | | | | |

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| 1. **ACCESS SITE AND WATERBODY INFORMATION** (*All applicants requesting construction funds complete. If education project occurs on water or at a public access facility)* |
| Fees: Identify all entrance, parking, day-use, facility or education fees charged to a boater or participant. *Example $3.00/foot or $15/hour* |
| Launch $      Parking $      Day Use $      Moorage $      Boat in Camping$  Training $      Classroom $      On-water $      Rental $ |
| Type of boats using the site: *check all that apply*  Open Motorboat  Jet boat  Cabin cruiser  Pontoon  Drift boat  Sail  Personal watercraft (PWC)  Raft  Kayak  Canoe  Kite/Sail Board  Stand-Up Paddle Board (SUP)  Other |
| Boating activities *per year*  Number of launch/retrievals       Number of boats mooring overnight (Water)  Number of boat-in camping nights (Land) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Identify the months that boating activities take place at the facility or waterbody, using a scale of High (H), Medium(M), and Low (L) for use occurring in the month. *If no activity leave blank* | | | | | | | |
| Month | Boating Activities | | | | | | |
| Fishing | Watersports  (ski/wake) | Cruising | Sailing | Flat water paddling | White water paddling | Other |
| January |  |  |  |  |  |  |  |
| February |  |  |  |  |  |  |  |
| March |  |  |  |  |  |  |  |
| April |  |  |  |  |  |  |  |
| May |  |  |  |  |  |  |  |
| June |  |  |  |  |  |  |  |
| July |  |  |  |  |  |  |  |
| August |  |  |  |  |  |  |  |
| September |  |  |  |  |  |  |  |
| October |  |  |  |  |  |  |  |
| November |  |  |  |  |  |  |  |
| December |  |  |  |  |  |  |  |
| *Please identify Other Boating Activity:* | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identify monthly percentage of use by boat type. Monthly total equals 100% | | | | | | | | | | | | | |
| Month | Boat use for year by boat type | | | | | | | | | | | | |
| Open motor-  boat | Jet boat | Cabin cruiser | Pontoon | Sail | PWC | Drift | SUP | Raft | Kayak | Canoe | Kite/  Sail board |
| January |  |  |  |  |  |  |  |  |  |  |  |  |
| February |  |  |  |  |  |  |  |  |  |  |  |  |
| March |  |  |  |  |  |  |  |  |  |  |  |  |
| April |  |  |  |  |  |  |  |  |  |  |  |  |
| May |  |  |  |  |  |  |  |  |  |  |  |  |
| June |  |  |  |  |  |  |  |  |  |  |  |  |
| July |  |  |  |  |  |  |  |  |  |  |  |  |
| August |  |  |  |  |  |  |  |  |  |  |  |  |
| September |  |  |  |  |  |  |  |  |  |  |  |  |
| October |  |  |  |  |  |  |  |  |  |  |  |  |
| November |  |  |  |  |  |  |  |  |  |  |  |  |
| December |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| Identify any other public or private (available for public use) boating facilities within a 5-mile radius on the same waterbody. This includes ramps, tie-up facilities or marinas. Do not include private homeowner docks. | | | |
|  | Name of Facility | Direction (N, S, E, W) | Distance (Miles) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

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| 1. **PROPERTY OWNERSHIP AND MANAGEMENT.**   *(All applicants requesting funding for construction, master planning or technical assistance for design, engineering or permitting must complete)* |
| Current Ownership  Site is owned in fee simple by the applicant. How long has the applicant owned the site?       yrs.  Describe any restrictive easements or deed restrictions.  Site is leased by applicant. Number of years remaining on lease.       years  Name of property owner.  Describe other interest in site and tenure:  Identify the applicant’s current management of the site:  Site is managed solely by the applicant.  Site is managed cooperatively with another entity.  Identify the entity (volunteer host, concession, etc.):  Who will maintain the completed project? |

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| --- | --- | --- | --- | --- |
| 1. **PROPOSED PROJECT FUNDING-** *(All Applicants Must Complete)* | | | | |
| **a - administrative match**  *Not eligible for Grant Reimbursement* | | | | |
|  | Applicant | Other | Marine Board | TOTAL |
| Administration | $ | $ | N/A | $ |
| Federal indirect rate (*complete table below*) | $ | $ | N/A | $ |
| Pre-agreement expenses (*complete table below*) | $ | $ | N/A | $ |
| Permit fees | $ | $ | N/A | $ |
| Legal fees | $ | $ | N/A | $ |
| System development charge (SDC) | $ | $ | N/A | $ |
| Other (specify) | $ | $ | N/A | $ |
| **Total Administrative Match** | $ | $ | N/A | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Federal Indirect Rate** | | | |
| Federal Approved Indirect Rate | What is it applicable to? | Total Value | How much is match? |
|  |  | $ | $ |
|  |  | $ | $ |

|  |  |
| --- | --- |
| **Pre-agreement Expenses and Match** *(include documentation)* | |
| Item Description | Value |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B- PROPOSED FORCE ACCOUNT MATCH** | | | | |
| *Complete tables below for each* | Applicant | Other | Marine Board | TOTAL |
| Force account labor | $ | $ | N/A | $ |
| Force account equipment | $ | $ | N/A | $ |
| Force account materials or supplies | $ | $ | N/A | $ |
| **Total Force Account Match** | $ | $ | N/A | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Force Account Labor** | | | |
| Staff | Other | Labor Description | Value |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Force Account Equipment** | | | |
| Owned | Donated | Equipment Description and Purpose | Value |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Force Account Materials or Supplies** | | | |
| Owned | Donated | Material or Supply Description and Purpose | Value |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

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| --- | --- | --- | --- | --- |
| **C- PROPOSED cash Match** | | | | |
|  | Applicant | Other\* | Marine Board | TOTAL |
| Property acquisition cost | $ | $ | $ | $ |
| Construction contract | $ | $ | $ | $ |
| Materials Purchased | $ | $ | $ | $ |
| Equipment Rental | $ | $ | $ | $ |
| Eligible permit fees | $ | $ | $ | $ |
| Federal indirect rate\*-  (*complete table below*) | $ | $ | $ | $ |
| Consultant contract  *(attach copy of contract)* | $ | $ | $ | $ |
| Other: | $ | $ | $ | $ |
| Total Cash Match | $ | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Federal Indirect Rate** | | | |
| Federal Approved Indirect Rate | What is it applicable to? | Total Value | How much is match? |
|  |  | $ | $ |
|  |  | $ | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D-Total proposed project funding** | | | | |
|  | Applicant | Other | Marine Board | TOTAL |
| Total Administrative Match **(from A)** | $ | **$** | N/A | $ |
| Total Force Account Match **(from B)** | $ | $ | N/A | $ |
| Total Cash Match **(from C)** | $ | $ | $ | $ |
| **Grand total** | $ | $ | $ | $ |

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| --- | --- | --- | --- |
| **E- “other” source, type and amount of (non-applicant) Contributions** | | | |
| Grant/Loan Agency | Name of Grant/Loan | Approved Y/N | Amount of Grant |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |
| --- | --- |
| Cash Contributions by | Amount of Contribution |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

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| **F- BUDGET PRORATION DESCRIPTION** |
| Describe how the budget was prorated between recreational boating and non-boating uses. Attach an itemized budget or estimate illustrating the proration*.* |

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| **5- PROJECT NARRATIVE DESCRIPTION-** *(Applicants requesting funds for construction, property acquisition, master planning and technical assistance for design, engineering or permitting must complete)* |
| This section is your opportunity to sell your project. Do not assume that Marine Board staff will know the answers to the questions. You have onsite knowledge and experience related to the project location that must be conveyed in your responses. Provide clear and concise responses to each question. |
| **A.** Describe the project purpose, how long have the issues existed, what measures have been taken to address the concerns or issues and how will the proposed project resolve the issues? |
| **B.** Describe the specific actions, materials or equipment that will be completed or donated by the applicant and others. Include limitations for these contributions and how that is factored into the overall project. |
| **C.** Describe all non-boating uses and activities occurring at the site, the proximity of the activities to the boating facility portion of the overall site. (picnicking, camping, trails etc.) and plans to make other facility improvements or modifications. |
| **D.** Briefly describe the history of the boating facility property. |
| **E.** Describe how the project relates to local or regional plans to meet current and future public recreation needs and the needs of the boating public. Identify if the project is included in a Master Plan, Resource Management Plan or other plan. If project location is on the Willamette River, identify how it meets Goal 15 Willamette River Greenway. |
| **F.** Describe the project implementation and completion timeline. |
| **G.** Identify if this project will result in a change of use at the facility or waterbody. |
| **H.** Describe what opportunities have been provided to involve the public in decisions resulting in this proposed project. |
| **I.** Describe past performance on OSMB grants. If you have not received a previous grant from OSMB describe past performance with Oregon State Parks, Oregon Dept. of Fish and Wildlife or other state or federal agency awarded grant. |
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| 1. **PROJECT NARRATIVE DESCRIPTION –** *(Applicants requesting funds for education, educational support or technical assistance not for design, engineering or permitting must complete).* |
| This section is your opportunity to sell your project. Do not assume that Marine Board staff will know the answers to the questions. You have project knowledge and experience that must be conveyed in your responses. Provide clear and concise responses to the questions. |
| **A**. Describe the goal, need and anticipated outcomes of the project or program. |
| **B**. Describe if your project or program is identified in any education, business, local, or regional plans? |
| **C**. Describe who is the target audience, how you will engage them to obtain their participation and how the project or program is providing opportunities to underserved communities. |
| **D**. Describe how waterway and boating safety is incorporated into the project or program. |
| **E.** Describe the specific actions, materials or equipment that will be completed or donated by the applicant and other. Include any time, availability or other limitations for these contributions and how that is factored into the overall project. If answered under Section 5 leave blank. |
| **F.** Describe the useful life and how it was determined for any products, materials or equipment obtained as part of the grant. |
| **G.** Does the proposed project or program occur at a public recreational boating facility? If yes, describe the frequency of use, number of participants and any agreements you have with the facility owner. |
| **H.** Describe past performance on OSMB grants. If you have not received a previous grant from OSMB describe past performance with Oregon State Parks, Oregon Dept. of Fish and Wildlife or other state agency awarded grant. If answered under Section 5 leave blank. |
| **I.** Describe the project implementation and completion timeline. If answered under Section 5, leave blank*.* |

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| 1. **PUBLIC SUPPORT OR OPPOSITION** *(All applicants must complete***)** | | |
| **Identify specific public support and opposition to the proposed project:**  *Note: this section is part of the grant ranking criteria-include emails and letters with application* | | |
|  | **Supporters Name** | **Opponents Name** |
| Adjacent landowners: |  |  |
| Users groups: |  |  |
| Neighborhood association |  |  |
| Local government: |  |  |
| State/federal government: |  |  |
| Legislator/congressional: |  |  |
| General Public |  |  |
| Other (specify): |  |  |

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| 1. **LAND USE, CULTURAL, HISTORIC AND ENVIRONMENTAL APPENDICES***--(All applicants requesting funds for construction must complete Appendix A, B and C. Applicants requesting funds for property acquisition must complete Appendix A through D.* |
| Appendix A-Land Use Compatibility Statement form  Appendix B- Historic and Cultural Resources form  Appendix C- Natural Resources form  Appendix D- Property Acquisition form |

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| **9- APPLICATION SIGNATURE AND CERTIFICATION** *(All applicants must complete)* |
| Applicant Signature and Certification Application is hereby made for the activities described above, together with attachments. I certify that I am familiar with the information contained in the application and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority, including the necessary requisite property interests, to undertake the proposed activities.  I also certify that the Applicant’s governing body is aware of this request and has authorized the person identified as the official representative of the Applicant to act in connection with this application and subsequent project as well as to provide additional information as may be required.  By signing below, I affirm the Applicant’s intention to enter into a Cooperative Facility Grant Agreement and agree to comply with Oregon State Marine Board’s program rules, policies, and guidelines as well as all applicable federal, state, and local laws relating to this proposal, additional conditions applicable to an approved Boating Facilities Grant, and the resulting project.   |  |  | | --- | --- | |  |  | | Print/Type Name | Title | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Applicant Signature | Date | |

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| **ATTACHMENTS** (*Are the following items attached to this application?)* | | | | |
| **Required For:** | Acquisition | Consulting | Construction | Education |
| Cover letter |  |  |  |  |
| Photos of project site, existing condition |  | If applicable |  |  |
| Map or Aerial of project site (Assessor’s Map) |  | If applicable |  | If applicable |
| Design or Plans | If applicable | If applicable |  |  |
| Cost estimate |  |  |  |  |
| Permit-*attach either application with letter noting acceptance or actual permit as approved by regulatory agencies.* |  | If applicable |  |  |
| Wetland Delineation Report |  | If applicable |  | If applicable |
| Tribal Consultation Letter/Email |  | If applicable |  |  |
| Consultant contract | If applicable |  | If applicable | If applicable |
| Pre-agreement documentation |  |  |  |  |
| Federal indirect rate documentation |  |  |  |  |
| Letters/emails of support |  |  |  |  |
| Informational Brochure and/or website | If applicable | If applicable | If applicable |  |
| Education or Business Plan | If applicable | If applicable | If applicable |  |
| Facility owner site operation agreement | If applicable | If applicable | If applicable |  |
| Land Use Compatibility Statement (LUCS) **Appendix A** |  | If applicable |  |  |
| Historical, Cultural, Archaeological Resources form, **Appendix B** | If applicable | If applicable |  |  |
| Natural Resources form, **Appendix C** | If applicable | If applicable |  | If applicable |
| Property Acquisition form, **Appendix D** |  | If applicable | If applicable | If applicable |

For more information about completing this application refer to the [Boating Facility, Waterway Access & Small Grant Procedures Guide](https://www.oregon.gov/osmb/boating-facilities/Documents/Boating_Facility_Grant_Procedure_Guide.pdf) found on our website, [www.oregon.gov/osmb/boating-facilities](http://www.oregon.gov/osmb/boating-facilities) .

For questions contact Janine Belleque, Boating Facilities Manager, 503-378-2628, [janine.belleque@oregon.gov](mailto:janine.belleque@oregon.gov)

Submit completed application and documentation to Jennifer Peterson, Facilities Administrative Assistant, 503-378-2727, [Jennifer.peterson@oreogn.gov](mailto:Jennifer.peterson@oreogn.gov)

**APPENDIX A**

Land Use Compatibility Statement (LUCS)

A Land Use Compatibility Statement (LUCS) is used to ensure that proposed projects are consistent with local land use requirements.

**Section 1- Applicant and Site Information (to be completed by applicant)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant/Entity Name: | | | | |
| Project Manager Name | | | | Phone: |
| Project Name: | | | | |
| Project Address: | | | | City, Zip |
| Latitude | | Longitude | |  |
| Township | Range | | Section | Tax Lot: |
| Project Description: | | | | |

**Section 2- To be completed by City or County Planning Official**

**Determination of Compliance with Local Land Use Requirements.**

|  |
| --- |
| The project property is located  Inside City Limits Outside City Limits  Inside UGB  Outside UGB |
| Current Comprehensive Plan Designation:       Current Zoning: |
| Does the project require land use review to determine compliance with land use regulations?  Yes No |
| If **No**, it means that no local land use review is needed. **Skip to Planning Official Information below**.  If **Yes**, what is the status of the land use application:  Approved  Denied Under Review  Not Yet Received |
| List file numbers: |
| Is this decision final:  Yes  No |
| Comments: |

|  |  |
| --- | --- |
| Jurisdiction: | |
| Planning Official Name and Title: | |
| Mailing Address: | |
| City, Zip: | |
| Phone: | Email: |
| Planning Official Signature Date: | |

**Appendix B**

Historical, Cultural, Archaeological Resources Form

*CULTURAL RESOURCES PROTECTION LAWS: Applicants involved in ground-disturbing activities should be aware of federal and state cultural resources protection laws. ORS 358.920 prohibits the excavation, injury, destruction, or alteration of an archaeological site or object, or removal of archaeological objects from public and private lands without an archaeological permit issued by the State Historic Preservation Office. 16 USC 470, Section 106, National Historic Preservation Act of 1966 requires a federal agency, prior to any undertaking, to consider the effect of the undertaking that is included on or eligible for inclusion in the National Register. For further information, contact the State Historic Preservation Office at 503-378-4168, extension 232.*

*Please answer the following to the best of your ability.*

1. Are there any historic, cultural or archaeological sites or resources on the site? If yes answer the questions below.
2. Describe how the proposed work may affect these resources and identify proposed measures to mitigate any impacts (*NOTE: Do not divulge the location of archaeological sites or objects here. Archaeological site information is exempt from the public records disclosures and must be kept confidential pursuant to both federal and state laws.)*

1. Describe the natural condition prior to modifications or settlement:

1. Describe the land-use history, when it was first settled or modified, and the depth of ground disturbance or fill:

1. Describe the current land use and condition. Identify any natural agents (e.g., sedimentation, vegetation, inundation) or cultural agents (e.g., cultivation) that might affect the ability to discover cultural resources:

1. Explain whether you or anybody else knows of cultural resources in or near the project area:
2. Provide the SHPO reference number of the cultural resources survey or report that was completed for this project site.
3. Have you consulted with Tribal Governments regarding this project? *Attach documentation of consultation. Identify specific Tribal Government(s) and contact person(s)*

Tribal Government Name Phone

5. Have you consulted with State Preservation Office? *Attach documentation of consultation.* Yes  No

**Appendix C**

Natural Resources Form

*Please answer the following to the best of your ability.*

**Part 1: Wetland Water Resources**

1. Do you know if wetlands are present?  Yes  No
2. Has a wetland delineation been completed?  Yes  No
3. Describe the type and condition of wetlands present. Are they tidal or fresh, disturbed or not, permanent or seasonal, etc.?

1. Describe the type of work to be done and the size and extent of the area affected:

1. Describe where the proposed work will be in relationship to any wetlands and any impacts on wetland resources:

1. Describe any past restoration or planned restoration at the project property or nearby on the same waterway:
2. Describe the location, type, and amount of compensatory mitigation work to be completed or anticipated for permits:

**Part 2: Water Resources**

1. Has the US Army Corps of Engineers permit been approved?  Yes  No

Number       Date approved        
  
If no, give date application was submitted.

1. Has the Department of State Lands permit been approved?  Yes  No

Number       Date approved        
  
If no, give date application was submitted.

If applications have not been submitted, complete the following questions.

1. Identify any fish or aquatic species federally listed as threatened or endangered:

1. List any consultations, biological opinions (provide copy), Endangered Species Act (ESA) Section exemptions, or other ESA related activities that may apply to this project:

1. Describe how the project may impact the migration, spawning, rearing, or habitat of affected salmon, eulachon, or sturgeon species and the mitigation measures that will be used to reduce adverse effects on protected species and their habitat:

1. Describe how the project may impact the migration, feeding, or habitat of other threatened or endangered species and the mitigation measures that will be used to reduce adverse effects on the species and their habitat:

1. Have you consulted with the local Oregon Department of Fish and Wildlife (ODFW)?

Name of ODFW local biologist:       Phone     .

**Part 3: Upland Resources**

1. Are there any protected upland species or habitat on this site?

* + 1. Identify any listed species and where the proposed work will be in relationship to the species and any impacts.
    2. Describe how the project may impact the protected plan or animal species including changes to their habitat. Identify the mitigation measures that will be used to reduce adverse effects on the species and their habitat.

Identify other permits, permissions, certifications, etc., required for this project and the approval status:

1. Title:       Approval status:       Approval date:      

2. Title:       Approval status:       Approval date:

3. Title:       Approval status:       Approval date:

4. Title:       Approval status:       Approval date:

5. Title:       Approval status:       Approval date:

6. Title:       Approval status:       Approval date:

**Appendix D**

Property Acquisition Form

*Please answer the following to the best of your ability.*

Appraisal completed:  Yes  No Date of Appraisal:       Type of appraisal:

Appraised value of property: $       Assessed value: $       Acreage:

Current ownership:  Private  Public Agency  Other (Specify)

Willing seller:  Yes  No Name of Seller (unless confidential):

Acquisition Method:  Purchase  Eminent Domain  Transfer  Condemnation  Donation

Current Zoning:       Will property need to be rezoned?  Yes  No

1. Describe what is located on the site and how the site is currently being used:

1. Is the applicant prepared to initiate within two years from the purchase, design, permitting and construction of boating facility improvements Yes  No  *If* ***NO*** *answer the following questions*:
2. Reasons for immediate acquisition of property.

1. Facilities to be developed and timeline for development.

1. Describe how non-boating use will be removed from the property purchased with boating funds, the project date. If non-boating use on the property is not terminated within three years from date of acquisition, then conversion requirements may apply.

1. Type of public recreation access to be provided during the interim period.

1. Demonstration that income derived during the interim period will be used on the project site.

1. Attach supporting documentation.