



PUBLIC OUTDOOR RECREATION GRANT
POST-COMPLETION SELF-CERTIFICATION REPORT

This information required under authority of Part 19, PA 451 of 1994, as amended;
the Land and Water Conservation Fund Act of 1965, 78 Stat. 897 (1964); and Part 715, of PA 451 of 1994, as amended.

GRANT TYPE: (Please select one) [] Michigan Natural Resources Trust Fund [] Clean Michigan Initiative
[] Land and Water Conservation Fund [] Recreation Passport [] Bond Fund

GRANTEE:

PROJECT NUMBER: PROJECT TYPE:

PROJECT TITLE:

PROJECT SCOPE:

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Name of Agency (Grantee) Contact Person Title

Address Telephone

City, State, ZIP Email

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? If yes, please describe change(s). []Yes []No

Has any portion of the project site been converted to a use other than outdoor recreation? If yes, please describe what portion and describe use. (This would include cell towers and any non-recreation buildings.) []Yes []No

Are any of the facilities obsolete? If yes, please explain. []Yes []No

SITE QUALITY

Is there a park entry sign which identifies the property or facility as a public recreation area? If yes, please provide a photograph of the sign. If no, please explain. []Yes []No

Are the facilities and the site being properly maintained? If no, please explain. []Yes []No

Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism. []Yes []No

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Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.

Yes No

GENERAL

Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)

Yes No N/A

Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.

Yes No

Is a fee charged for use of the site or facilities? If yes, please provide fee structure.

Yes No

What are the hours and seasons for availability of the site?

COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

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CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Please print	<i>Grantee Authorized Signature</i>	Date
Please print	<i>Witness Signature</i>	Date

**Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**