



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: [ ] MICHIGAN NATURAL RESOURCES TRUST FUND [ ] CLEAN MICHIGAN INITIATIVE
(Please select one) [ ] 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)

Table with 3 columns: 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

**POST COMPLETION SELF-CERTIFICATION REPORT - CONT'D**

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

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**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

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Is a fee charged for use of the site or facilities? If yes, please provide fee structure. Yes No

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

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**COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)**

**POST COMPLETION SELF-CERTIFICATION REPORT - CONT'D**

**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

\_\_\_\_\_  
*Grantee Authorized Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
Date

**Please be sure to upload the completed Post Completion Report and plaque photographs to the 5-Year Recreation Plan in MiGrants.**