



LAND AND WATER CONSERVATION FUND (LWCF)
MICHIGAN NATURAL RESOURCES TRUST FUND (MNRTF)
RECREATION PASSPORT (RP)

FINAL COMPLIANCE ONSITE INSPECTION REPORT

Required by authority of the Michigan Department of Natural Resources.

NOTE:
For multi site grants,
complete one report per site

Table with 2 columns: Grantee, Grant Number, Site Name, Grant Expiration Date

FINDINGS: When applicable, elaborate on responses and provide any additional comments deemed appropriate, including required actions (attach additional sheets if necessary):

- 1. Is the completed work in conformance with the grant agreement and applicable amendments?
2. Is the workmanship satisfactory?
3. Were precautions taken to assure protection of the natural features of the site?
4. Is the site in conformance with Accessibility Standards?
5. Is the site in conformance with universal design principles, if applicable?
6. Are there health and/or safety hazards on or near the site?
7. Have approved boundaries remained intact, as agreed upon in the project agreement?
8. Are there indications of vandalism or other deterioration?
9. Is the required MNRTF signage in place in accordance with grant agreement conditions?
10. Is the facility accessible to the people it was designed to serve?

11. List scope items below and check if completed.

YES NO, If "NO", explain:

SPECIFIC COMPONENTS OF PROJECT AGREEMENT	SATISFACTORILY COMPLETED	
1. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach photographs of the completed scope items, installed picture of the sign, and the as-built site plan.

Grantee Representative Name Title

Grantee Representative Signature Date

Prime Professionals Name Title

Prime Professional Signature Inspection Date

Names of Other Person(s) Involved In This Inspection

Please upload this completed Report in MiGrants with your final payment request.