



# LAND AND WATER CONSERVATION FUND (LWCF) FINAL COMPLIANCE ONSITE INSPECTION REPORT

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

*This inspection report is required by authority of the Land And Water Conservation Fund (LWCF)  
Act of 1965, as amended, and the Michigan Department of Natural Resources (DNR).*

Grantee	Grant Number	Sub Number 15.916	Grant Expiration Date
Pass-Through Recipient	Site Name		

**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?  YES  NO, If "NO", explain:  
\_\_\_\_\_
2. Is the workmanship satisfactory?  YES  NO, If "NO", explain:  
\_\_\_\_\_
3. Were precautions taken to assure protection of the natural features of the site?  N/A (not applicable),  YES  NO, If "NO", explain:  
\_\_\_\_\_
4. Is the site in conformance with Accessibility Standards? (as indicated on the Checklist for Submission of Plans, Specifications and Bid Documents for Recreation Grant Development Project, PR1911)  N/A (not applicable),  YES  NO, If "NO", explain:  
\_\_\_\_\_
5. Is the site in conformance with universal design principles, if applicable?  N/A (not applicable, )  YES  NO, If "NO", explain:  
\_\_\_\_\_
6. Are there health and/or safety hazards on or near the site?  YES  NO, If "YES", explain:  
\_\_\_\_\_
7. Have approved 6 (f) (3) boundaries remained intact, as agreed upon in the project agreement?  YES  NO, If "YES", explain:  
\_\_\_\_\_
8. Are there indications of vandalism or other deterioration?  YES  NO, If "YES", explain:  
\_\_\_\_\_
9. Is the required LWCF plaque in place in accordance with grant agreement conditions?  YES  NO  
Is the plaque (s) situated in conspicuous locations?  YES  NO, If "NO", explain:  
\_\_\_\_\_  
  
Where are the plaque (s) located? \_\_\_\_\_
10. Is the facility accessible to the people it was designed to serve?  YES  NO, If "NO", explain:  
\_\_\_\_\_
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 plaque, 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 return this completed Report to:***  
**LWCF Grant Payment Officer**  
**Grants Management**  
**Michigan Department of Natural Resources**  
**PO Box 30425**  
**Lansing, MI 48909-7925**

**This report will ultimately be forwarded  
to the US National Park Service.**