

Cattaraugus County Youth Baseball Field Project

GRANT APPLICATION FORM

PART 1. OVERVIEW

Several Youth Baseball Fields in Cattaraugus County are in dire need of repair, maintenance and/or upgrades. The Cattaraugus County Legislature has created a grant program to help offset the costs of these repairs. This funding is available to Youth Baseball Organizations to be used exclusively for the repair, maintenance and upgrade of fields within Cattaraugus County.

PART 2. APPLICANT INFORMATION

Name: _____

Address: _____

Contact Person: _____

Telephone: () _____ E-Mail: _____

PART 3. FIELD INFORMATION

Location of Field: _____

Legal Owner of Field: _____

Field Contact Person: _____

Address: _____

Telephone: () _____ E-Mail: _____

PART 4. PROJECT INFORMATION

Project Name: _____

Project Time Frame: _____ Total Project Budget: _____

Summary Project Description (attach additional page if necessary):

SUMMARY Project Costs

Repair \$ _____

Maintenance \$ _____

Upgrade \$ _____

_____ \$ _____

Total \$ _____

Sources of Funds

Amount Requested \$ _____

Funds Provided by Applicant \$ _____

Other Funding Sources \$ _____

_____ \$ _____

Total \$ _____

PART 5. REQUIRED EXHIBITS

Exhibit A - Project Information: Complete description of the proposed project

Exhibit B – Complete Itemized Budget: Source of all project costs shown in Part 4 of this application (vendor quotes, negotiated prices, engineer's or contractor's estimates, catalog prices, etc)

Exhibit C – Describe how the project will benefit the area

Exhibit D – Affirmation of agreement from the owner of the real property upon which the field is situated, or if the field is municipally owned, a resolution adopted by the governing board of the municipality authorizing said project

PART 4. DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud Cattaraugus County, New York and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving grant monies. This grant request may be withdrawn at any time prior to a formal contract, offered by Cattaraugus County, New York. However, this application is being submitted in good faith as a request for grant funds.

Name of Organization

Authorized Signature

Date

Printed Name and Title

No person in the United States shall, on the ground of race, color, creed, religion or national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Community Development Block Grant funds.

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of _____)
)ss
County of _____)

On the _____ day of _____ in the year 20____ before me, the undersigned, a Notary Public in and for said state, personally appeared _____ to me known or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature of Notary Public

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State of _____)
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County of _____)

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Signature of Notary Public