



**Public Administration Department
Parks and Recreation Division**

12 East Fourth Street • Duluth, Minnesota • 55805-3895
218-730-4300 • www.duluthmn.gov/parks/index.cfm

An Equal Opportunity Employer

Dear Applicant:

The City of Duluth, through the Parks and Recreation Division and the Parks Commission, is proud to be able to again offer this grant opportunity for Neighborhood Playground Equipment Revitalization. On our behalf, I would like to welcome your neighborhood in applying for this community grant.

These grants will match your neighborhood's funds, dollar for dollar, up to a maximum of \$15,000, for the purchase of new playground equipment or the repair of existing equipment in existing, recognized city parks and clubhouse locations in the City of Duluth. This grant will reimburse approved expenses after the proper documents are submitted. These grant funds were made possible by a City Council resolution (09-0439R) passed in June 2009.

Additional requirements for these grant funds are that only verifiable cash deposit contributions raised by your neighborhood will be matched. We cannot accept pledge amounts. Also, your neighborhood group must contribute no less than 50 hours of volunteer labor to aid in the site preparation and equipment installation or repair.

Your organization will need to cover all costs of the project except for the site preparation and supervision of the installation provided by the City. The City cannot be responsible for cost overruns or additional expenses. You will also need to coordinate your construction schedule with the City's Maintenance Operations division three months in advance.

Please read through the attached application information and submit your proposal to the City of Duluth Parks Commission. Your application will first be reviewed by their Parks and Facilities Committee. If you meet the minimum requirements, then a representative from your group may be asked to make a five minute presentation to this committee. Finally, your request will be passed on to the Parks Commission and then the City Council for final approval. Applications may be submitted any time during the year.

Thank you for your interest in this innovative opportunity. Please contact me if you have any questions.

Sincerely,

Kathleen Bergen
Manager
Parks and Recreation
218-730-4309
kbergen@duluthmn.gov



CITY OF DULUTH PARKS & RECREATION COMMISSION
Grant Application and Project Proposal Form for the
Neighborhood Playground Equipment Revitalization Program

Date of Application: _____

Organization Requesting Funding: _____

only existing recognized city parks and clubhouse locations will be eligible for grant funds

Project Title: _____

1. Project Description: _____

2. Project Location: _____

REQUESTING ORGANIZATION:

3. Organization Name: _____

4. Type of Organization: Corporation (legally incorporated) _____ Unincorporated _____

Other (specify): _____

5. State in which state your organization is legally organized: _____

6. Status: For Profit _____ Non-Profit _____

7. Corporate address: _____

8. IRS Taxpayer Identification Number: _____ Tax Code: _____

9. Officers or others legally entitled to commit the Organization

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Other: (specify) _____

10. Contact Person

Name: _____ Email: _____

Address: _____

Telephone: W _____ H _____ C _____

11. Name the streets/avenues that describe the boundaries of your organization: _____

PROJECT FUNDS REQUESTED:

12. Type of Assistance: **Matching Grant – fund distribution will be as reimbursement for approved expenses**

- a) \$15,000 limit with an equal dollar match required
- b) Match must be verifiable cash deposits – will not accept pledge amounts or in-kind
- c) Additional requirement – the requesting neighborhood organization must contribute no less than 50 hours of volunteer labor to aid in the site preparation, equipment installation or repair

13. Amount requested: \$_____ (includes cost of equipment and bedding materials)

14. Amount from other sources: \$_____

15. Total project cost: \$_____

16. Project goals and objectives: _____

17. Project time frame: Commencement: _____ Completion: _____

18. Given that the City’s resources are limited, explain why this project should receive priority for funding:

19. Are other similar facilities offered within a one mile radius: YES___ NO___
If yes, explain why this project will not cause unnecessary duplication of such facilities: _____

20. Describe any meetings you have had with the affected neighborhood or business district: _____

21. Will this project in any way benefit people with disabilities: YES___ NO___
If yes, please give a brief description: _____

ATTACH THE FOLLOWING TO YOUR APPLICATION:

- a. list of names of your Board of Directors
- b. detailed project budget: include all other sources of funding for the Project and the amounts committed by each such source
- c. attach evidence of each such source's commitment to the Project
- d. description of how you plan to fulfill the volunteer requirement of 50 hours
- e. detailed Project Plans to include:
 - sketch diagram or drawing
 - formal site plan
 - equipment specifications
 - plans for signage

OTHER REQUIREMENTS IF YOU ARE AWARDED GRANT FUNDS

- a. Coordinate process with City staff for:
 - site preparation and equipment installation or repair
 - dedication ceremony
 - signage to recognize contributors
- b. A follow-up report and photographs of the process and completed project will be due one month after the completion of your project

Name of person completing and submitting this application:

Signature: _____ Date: _____
 Print Name: _____ W Phone: _____
 H Phone: _____ C Phone: _____
 Email: _____

Submit completed form and all required attachments to: *Parks Commission Parks and Facilities Committee
 12 East 4th Street
 Duluth, MN 55805*

FOR CITY USE ONLY

Date received:	
Date forwarded to Project Review Team:	
Approved or rejected	
Comments:	
Date reviewed by Parks Commission Facilities Committee:	
Approved or rejected	
Amount approved:	
Comments:	
Date reviewed by Parks Commission:	
Approved or rejected	
Recommend to Resubmit: Yes <input type="radio"/> No <input type="radio"/>	
Comments:	
Notification sent to Submitter: Yes <input type="radio"/> No <input type="radio"/> Date:	
Date documentation of expenses received:	
Date request for reimbursement sent to City Auditor:	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.