



NATIONAL PARK TRUST™

TREASURE FOREVER.

PREVIEW FORM

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

NATIONAL PARK INFORMATION



****Please enter the information below for the specific NPS administered park that is associated with this proposal.**

NOTE: The only entities eligible to apply for this funding opportunity are NPS-administered Parks, National Trails, and Wild and Scenic Rivers (including Partnership Wild and Scenic Rivers). Applications must be submitted by NPS staff in collaboration with project partners.

NOTE: At least ONE non-profit organization that can act as the fiscal manager of this award must be connected to this request.

*If you need technical assistance, please click the "Need Support?" link at the center bottom of the screen.
If you have questions about the Challenge Cost Share program, please email ivan@parktrust.org*

Instructions:

- Please enter the full official name of your park, trail or river.

***NPS Park, Trail or River Name**
(Text)(50 character maximum)

Please do not put "National Park Service" - put a specific name/location.

***Mailing Address**

(Text)(100 character maximum)

Mailing Address 2

(Text)(100 character maximum)

***City**

(Text)(50 character maximum)

***State**

(Single-Select List)

***Zip/Postal Code**

(Text)(20 character maximum)

***Main Telephone**

(Text)(30 character maximum)

***DOI Unified Region**

(Single-Select List)

- 1 - North Atlantic-Appalachian
- 2 - South Atlantic-Gulf
- 3 - Great Lakes
- 4 - Mississippi Basin
- 5 - Missouri Basin
- 6 - Arkansas-Rio Grande-Texas-Gulf
- 7 - Upper Colorado Basin
- 8 - Lower Colorado Basin
- 9 - Columbia-Pacific Northwest
- 10 - California-Great Basin
- 11 - Alaska
- 12 - Pacific Islands

Instructions:

- Please select your corresponding region.

NPS CONTACT INFORMATION



****Please enter the information below for the main National Park Service contact associated with this proposal. We will ask for non-profit partner contact information later in the application.**

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NOTE: At least ONE non-profit organization that can act as the fiscal manager of this award must be connected to this request.

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Instructions:

Salutation

(Text)(100 character maximum)

***First Name**

(Text)(40 character maximum)

***Last Name**

(Text)(40 character maximum)

Title

***Mailing Address**

Mailing Address 2

***City**

***State**

***Zip/Postal Code**

- (Mr., Mrs., Miss, Ms., Dr., etc.)

Instructions:

***Email Address**

(Text)(100 character maximum)

Telephone

(Text)(30 character maximum)

- Please provide the email for the main grant contact you have listed on this page.

CHALLENGE COST SHARE REQUEST DETAILS



*If you need technical assistance, please click the "Need Support?" link at the center bottom of the screen.
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Instructions:

***Project Title**

(Text)(255 character maximum)

- Project title should be short, descriptive, and illustrate the meaning behind the request.

Instructions:

***Challenge Cost Share Project Abstract**

(Paragraph)(500 character maximum)

- Please provide a 2-3 sentence overview of your request. Please word this abstract in a way that allows National Park Trust and the National Park Service to use for media requests and marketing materials. Consider this your elevator pitch!

Instructions:

***Challenge Cost Share Project Description**

(Paragraph)(2000 character maximum)

- Please provide a detailed overview of your request. Please be sure to describe your actual request versus your organization or why the program exists.

Instructions:

*** Challenge Cost Share Project Goal(s)**

(Checkbox List)

- Improvements in recreation opportunities, access, and infrastructure
- Provide on-water youth education, recreation and/or stewardship opportunities
- Protection and restoration of trails or rivers/riverside lands
- Stewardship through public engagement
- Increasing public use and awareness

- Applications are being accepted for projects that will advance any one or more of the following goals:

- Improvements in recreation opportunities, access, and infrastructure
- Provide on-water youth education, recreation and/or stewardship opportunities
- Protection and restoration of trails or rivers/riverside lands
- Stewardship through public engagement
- Increasing public use and awareness

Which goal(s) will your project address?

***Challenge Cost Share Project Location**
(Text)(500 character maximum)

Instructions:

- Please enter the name of the specific park, trail, or river that will benefit as a result of this proposed project.

Instructions:

***Challenge Cost Share Specific Activities**
(Paragraph)(2000 character maximum)

- Describe all of the specific activities that will take place as a result of your project. Please be detailed and format as a list.

Instructions:

***Challenge Cost Share Project Outcomes**
(Paragraph)(1000 character maximum)

- What are the specific expected outcomes of this proposal as they relate to the project goals listed above? How will you measure success?

Instructions:

***Project Start Date**
(Date)

- Month/Day/Year

Instructions:

- Month/Day/Year

Note: Projects should be substantially concluded within nine months after receiving funding. Funding is expected to be provided to awarded applicants in June 2020.

Instructions:

***Project End Date**
(Date)

- **Based on the start and end dates identified above**, please outline a basic timeline for your request, including milestones and significant tasks identified in your proposal.

Instructions:

- Funding availability/timing from the Challenge Cost Share program is dependent on the Federal Budget and Department of the Interior contracting office. As such, it possible that funding could be delayed for a short or significant time frame.

If the timing of funds is significantly delayed, will you be able to implement your project on a different timeline than originally intended?

Instructions:

***Challenge Cost Share Timeline**
(Paragraph)(1000 character maximum)

***Project Timeline Flexibility**
(Yes/No)

***Challenge Cost Share Population Description**
(Paragraph)(1000 character maximum)

- Please describe in detail the populations being served by this request.

Instructions:

***Challenge Cost Share Number of Participants**
(Number)(15 character maximum)

- How many (estimate) people (youth and adults) will be directly engaged in this project? Please provide a total number.

***Challenge Cost Share Number of YOUTH Participants**
(Number)(15 character maximum)

Instructions:

- How many (estimate) of the participants will be youth, between the ages of 0-18?

Instructions:

***Challenge Cost Share Hours Outside (per person)**
(Number)(15 character maximum)

- How many (estimate) average hours will be spent outside **per person**? Note: We will multiply this number by the number of participants you listed above.

Instructions:

***Challenge Cost Share Reporting Obligations**
(Checkbox List)

- Yes, I accept and acknowledge the ability to meet the stated reporting requirements.

- Awarded requests must agree to provide a mid-term and final impact report on their Challenge Cost Share approved project.

Final outcomes must include a minimum of 5 high-resolution photos that highlight the project.

Instructions:

***NPS Statement of Approval**
(File Upload)File Upload; 10485760 byte limit

- Make sure your Superintendent or Trail/River manager supports NPS involvement in this project. **Have them sign** the Challenge Cost Share Statement of Approval and then upload below before submitting this proposal. [Download the Statement of Approval HERE.](#)

CHALLENGE COST SHARE FINANCIALS



Challenge Cost Share project funding from NPS must be supported EQUALLY by partner(s). The partner(s) must commit to providing a total match equivalent to the level of CCS funding received. This match can consist of in-kind goods and services and/or cash from non-federal sources.

For example, if you receive a \$15,000 Challenge Cost Share award, you must provide a match of at least \$15,000 (in-kind or financial) from non-federal, partner sources. This technically would make the total budget for this project \$30,000.

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Instructions:

Challenge Cost Share Award Amounts
(No input required)

- The maximum amount of Challenge Cost Share funding that can be requested per proposal is \$25,000.
Instructions:

***Requested Grant Amount**
(Currency)(20 character maximum)

- Please enter the dollar amount you are requesting.
Instructions:

- Please provide a line item budget describing how you will use funds being requested from the Challenge Cost Share Program. Be sure to identify what goods and/or services will be purchased using challenge cost share funds.

Do NOT include any matches (financial or in-kind) in this budget breakdown.

***Challenge Cost Share Budget**
(Paragraph)(2000 character maximum)

To format as a line item budget, hit enter after each expense with a total at the bottom.

Instructions:

***Total Expected FINANCIAL Contributions From Partners**
(Currency)(20 character maximum)

- Please provide the total amount of EXPECTED **actual dollars** committed to this project from all non-federal partners. **Provide a specific amount.

Instructions:

***Total Expected IN-KIND Contributions From Partners**
(Currency)(20 character maximum)

- Please provide the total dollar amount equivalent of all EXPECTED **in-kind contributions** committed to this project from all non-federal partners. **Provide a specific amount.

Instructions:

***Challenge Cost Share Partner Contribution(s)**
(Paragraph)(2000 character maximum)

- **Based on the numbers provided above**, please individually list out each partner connected to this request and describe their contributions to this project. Name each partner and identify cash, goods, and/or services that will be provided by all non-federal sources.

Instructions:

- Due to demand and limited funding, sometimes the Challenge Cost Share Program has award less than requested to some projects. This is not our intention or plan. but it is possible and therefore we want to be transparent.

***Requested Cash Adjustment**
(Yes/No)

If only a portion of the award funding is given, would you still be able to move forward with your project using funding from other sources at your disposal or by modifying your proposed program?

CHALLENGE COST SHARE PARTNER INFORMATION



All projects are meant to be collaborative partnerships between NPS staff and a partnering non-profit organization(s).

NPS staff **MUST** submit this application on behalf of the partnership, but the non-profit partner organization (that you list below) will receive the actual funding and enter into a formal award agreement with the National Park Trust.

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If you have questions about the Challenge Cost Share program, please email ivan@parktrust.org*

Instructions:

- Please provide the name of the lead non-profit partner organization that will serve as the project's fiscal manager if this proposal is approved.

Remember: All applications must be submitted by NPS staff in collaboration with project partners. Project partners may be educational institutions or non-profit organizations.

***Challenge Cost Share Lead Project Partner ORGANIZATION**
(Text)(100 character maximum)

Municipalities and other government organizations may also participate, but a non-governmental non-profit co-applicant is required for this proposal.
Instructions:

***Challenge Cost Share Lead Project Partner CONTACT NAME**
(Text)(100 character maximum)

- Please provide the name **AND** title of the person who is the lead contact at your partner organization who will be working on this project.

Remember, this person will be the lead for signing the grant agreement and responsible for submitting all award reporting.

Instructions:

***Challenge Cost Share Lead Project Partner CONTACT PHONE**
(Text)(100 character maximum)

- Please provide the phone number for the lead contact identified above at your partner organization.

Instructions:

***Challenge Cost Share Lead Project Partner CONTACT EMAIL**
(Text)(100 character maximum)

- Please provide the email address for the lead contact identified above at your partner organization.

Instructions:

- Please list all of the groups involved in completing this project and the roles each will play. Include NPS and all partners in this summary.

***All Challenge Cost Share Partners and Roles**
(Paragraph)(2000 character maximum)

Please format as a list, showing the partner name and their role.

Instructions:

- If there are any additional NPS contacts associated with this project, enter their names, titles, email addresses, and phone numbers here. Please **DO NOT** re-enter the NPS lead contact from the first tab of the application.

Additional NPS Contacts
(Paragraph)(2000 character maximum)

[Need Support?](#)