

Attachment B

FY 2013 Challenge Cost Share Program APPLICATION

Please complete the following application for FY 2013 Challenge Cost Share Program project funding. This application is intended to complement entries in the NPS's Project Management Information System (PMIS). If your project is *not* currently entered into the PMIS system, please complete the supplemental questions on page 6.

Regions may develop additional application requirements. Please contact your regional coordinator if you have questions regarding region-specific application requirements.

1. PROJECT INFORMATION.

CCSP Project Request (Check One): Regular Trails

Project Title: _____

Estimated Start Date: _____ Estimated Completion Date: _____

PMIS Number: _____ (if no PMIS Number assigned, complete the Supplemental Information Section on page 6)

2. NPS APPLICANT INFORMATION.

Affected Park(s) (Use ALPHA code): _____ Regional Office: _____

Affected Trail, Site, Resource (if not an NPS Unit): _____ State (s): _____

NPS Project Contact: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

3. PROJECT PARTNER INFORMATION.

Organization Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Authorized Official: _____ Title: _____

Organization Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Authorized Official: _____ Title: _____

Role of Partner(s)

Will CCSP funds be transferred by NPS to Partner through a Cooperative Agreement? YES NO

Will CCSP funds be transferred by NPS to Partner through a Contract? YES NO

If the answer to both questions is "NO," explain how the CCSP funds will be transferred to the Partner.

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4. PARTNER PARTICIPATION. In the space provided below, describe how the partner(s) will participate in the success of this project.

NOTE: In addition to a description of partner participation, letters of support must be submitted from all CCSP project partners as part of this application.

5. MATCHING REQUIREMENTS. In the space provided below, list the sources and amounts of the required dollar-for-dollar non-Federal matching share. Is the matching share secured and available? If no, please explain.

6. PROJECT BUDGET SUMMARY. Using the format below, enter the total numbers developed for the **Project Budget Narrative Worksheet** below. The **Project Budget Narrative Worksheet** must clearly document how the totals below were determined.

BUDGET SUMMARY Enter category totals here			
Category	CCSP Funds	Match/Cost Share	Total
1. Personnel	\$	\$	\$
2. Fringe Benefits	\$	\$	\$
3. Consultant Fees	\$	\$	\$
4. Travel and Per Diem	\$	\$	\$
5. Supplies and Materials	\$	\$	\$
6. Equipment	\$	\$	\$
7. Construction/Conservation Materials	\$	\$	\$
8. Other (please explain)	\$	\$	\$
TOTAL PROJECT COSTS.	\$	\$	\$

7. AUTHORIZED SIGNATURE

The appropriate NPS representative must sign and date this form signifying his/her support of this proposal.

Name (printed): _____

Signature: _____ Date: _____

Title: _____

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PROJECT BUDGET NARRATIVE WORKSHEET

Using this budget format, outline the project budget (expand the fields as necessary). Each subtotal entered in **Item 4. Project Budget Summary** must be derived from the information in this section. Each cost item must clearly show how the total charge for that item was determined.

Please note: This budget narrative must include the minimum required match (e.g., if applying for \$30,000 CCSP funds, the budget must show a minimum of \$30,000 non-Federal match provided by partners for a budget totaling \$60,000). Federally appropriated funds **may not** be used for match. All non-Federal matching share must be contributed during the project period, which begins when the cooperative agreement and/or contract is signed by both the National Park Service and the project partner.

1. Personnel. Provide the names and titles of key project personnel. Please note that CCSP funds may not be used to pay Federal employee salaries, nor may Federal salaries be used as match/cost share.					
Name/Title of Position	Wage or Salary	CCSP Funds	Match /Cost Share (if any)	Total	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Subtotal		\$	\$	\$	
2. Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.					
Rate	Salary or Wage Base	CCSP Funds	Match / Cost Share (if any)	Total	
% of	\$	\$	\$	\$	
% of	\$	\$	\$	\$	
% of	\$	\$	\$	\$	
% of	\$	\$	\$	\$	
Subtotal		\$	\$	\$	
3. Consultant Fees. This should include payments for professional and technical consultants participating in the project.					
Name and Type of Consultant	# of Days	Daily Rate of Compensation	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Subtotal		\$	\$	\$	\$

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PROJECT BUDGET NARRATIVE WORKSHEET (continued)

4. Travel and Per Diem. Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.

From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	CCSP Funds	Match/Cost Share (if any)	Total
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Subtotal					\$	\$	\$

5. Office Supplies and Materials. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$5,000 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Equipment category (Category 6, below).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Subtotal		\$	\$	\$

6. Equipment. List all equipment items in excess of \$5,000. Items worth less than \$5,000 or that have a useful life of less than two years must be listed in the Supplies and Materials category (Category 5, above).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

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PROJECT BUDGET NARRATIVE WORKSHEET (continued)

7. Construction/Conservation Materials.				
Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$
8. Other (please explain).				
Item	Cost	CCSP Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

**FY 2013 CCSP APPLICATION
(Continued)**

SUPPLEMENTAL INFORMATION

Please complete this supplemental information if your project proposal is **not currently entered into the NPS PMIS database**. Please note that Regions require entry into PMIS prior to project funding.

Please keep responses to the length of this form. Do not attach continuation sheets.

PROJECT DESCRIPTION. In the space provided below, summarize the proposed project. Discuss the problem or issue addressed, proposed solution, and duration and timing of the project. Provide quantitative references, if possible.

PROJECT JUSTIFICATION. In the space provided below, describe the critical need(s) addressed by this project. Discuss project history, the existing situation, and improvements that can be made if funding is secured for the project. Include information about the target audience for the project.

MEASURABLE RESULTS. In the space provided below, describe the tangible results or product(s) that will be in place at the end of the project. As appropriate, provide critical numbers as in people trained, copies of publications distributed, resources preserved, etc.