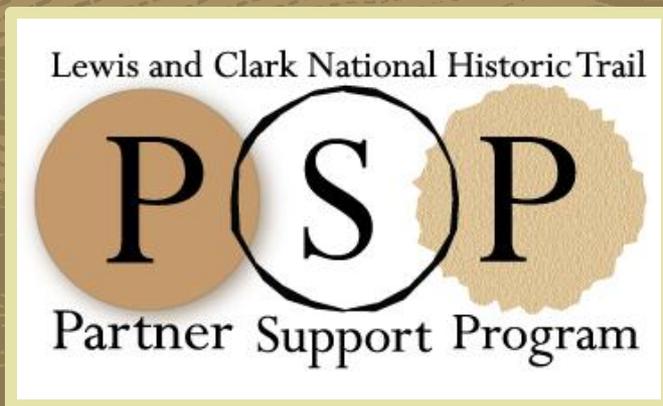


National Park Service  
U.S. Department of the Interior  
Lewis and Clark National Historic Trail



# An Introduction to the Partner Support Program



# Lewis and Clark National Historic Trail

## Post Bicentennial



- 2007-The bicentennial commemoration of the Corps of Discovery Expedition was concluding.
- 2007-Challenge Cost Share funding was reduced and grant amounts drastically decreased.

2007

2008

# Lewis and Clark National Historic Trail

## Post Bicentennial



- 2007-Core Operation Analysis completed. This analysis resulted in a new direction for trail staff that focuses on providing assistance to partners aligned with our mission.
- 2010 -Challenge Cost Share Program unfunded. The Lewis and Clark NHT forms the Partner Support Program (PSP) to provide technical assistance to partners capitalizing on the expertise of the staff and to assist partners in meeting their needs.

2009

2010

## What is the Partner Support Program?



PSP assists partners with projects and programs along the Trail.

We offer the expertise of a multidisciplinary work team, including the disciplines of outdoor recreation, geography, environmental protection, natural and cultural resources, volunteer management, education and interpretation.

This program utilizes Trail staff as an integral part of a project team.

## What Support Does PSP Provide?

**PSP provides a broad spectrum of support to partners which includes but is not limited to:**

- Technical assistance
- Consultation
- Project and program development
- Facilitation and training
- Funding (with substantial involvement on projects and programs)
- Partnership network development

## Examples:

<b>Project or Program examples:</b>	<b>Grant assistance</b>	<b>Cooperative agreement with substantial involvement</b>
Visitor Center would like a Lewis and Clark interpretive panel installed on site	NPS would provide funding for the project and monitor progress. Awardee is responsible for completion of work.	PSP staff would be involved in the development of the interpretive panel and may provide funding for the panel.
A non-profit would like to develop a Native American school curriculum	NPS would provide funding for the project and monitor progress. Awardee is responsible for completion of work.	PSP staff would be involved in the development of the curriculum, serve on a committee as an equal and may provide funding for the curriculum.
A group of local governments would like to start a water trail.	NPS would provide funding for the project and monitor progress. Awardee is responsible for completion of work.	PSP staff would be involved in the development and design of the water trail, serve on a committee as an equal member and may provide funding.

# Benefits of the Partner Support Program



Through PSP, trail staff and partners will work together to protect resources, communicate the stories, and enhance the visitor experience; leaving a legacy for future generations.

## Frequently Asked Questions

**Does PSP offer grants?**

No, PSP does not offer grants.

Any funding we award comes hand and hand with our expertise. We become partners in your project.

Funding is based on availability and is awarded on a competitive basis.

## Frequently Asked Questions



### What is the difference between a grant and a cooperative agreement?

A grant is awarded to achieve a specific goal. Funds awarded for a grant cannot deviate from the original purpose. Cooperative agreements allow for more flexibility and require substantial involvement of the PSP team. PSP will work collaboratively with awardees to ensure successful completion of the project.

## Frequently Asked Questions

**I would like some technical assistance from PSP, but my request might only take a week of PSP assistance. Do I still need to fill out this application form?**

No, Technical Assistance requests that will not exceed two weeks of staff time can be requested without an application; there are no funds associated with these requests. We strongly encourage all requests for assistance to contact members of the PSP team to discuss your needs.

## Frequently Asked Questions



### Who does the Partner Support Program consider a partner?

The National Park Service and the Lewis and Clark NHT values all of the diverse partners along the trail. The Partner Support Program defines partners as any entity that works to achieve the mission of the Trail.

While PSP desires to nurture and enhance existing partnerships, we welcome the development of new partnerships and encourage new partners to seek PSP assistance.

## Frequently Asked Questions



**Our nonprofit has an idea for a program. How do we know it would be something that is eligible for the PSP program?**

The best way to determine if a project or program would be eligible is to ask if it is in agreement with our mission:

***Lewis and Clark National Historic Trail will work in partnership to protect the Trail for the enjoyment, education, and inspiration of all people.***

## Frequently Asked Questions

**Our group has a great idea for a project that would tie in well with the Lewis and Clark NHT mission, how do I apply to the PSP program?**

You will need to submit an application for assistance during an open call. Currently, applications are available at: [www.nps.gov/lecl/parkmgmt/psppapplication.htm](http://www.nps.gov/lecl/parkmgmt/psppapplication.htm)

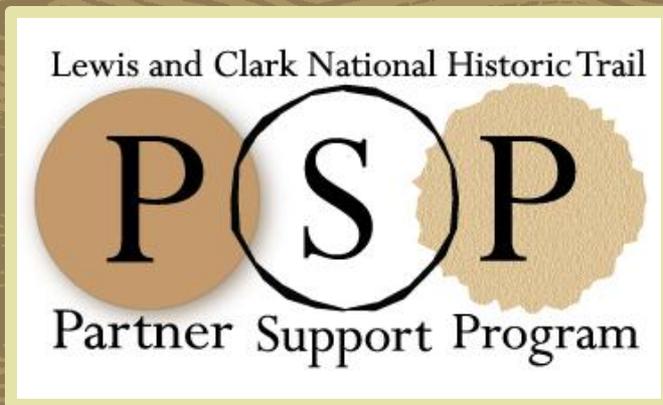
**How do we get started on working with the PSP or learn more about the PSP?**

Please contact the PSP team via email or by phone:  
LECL\_PartnerSupport@nps.gov or (402)661-1820

National Park Service  
U.S. Department of the Interior  
Lewis and Clark National Historic Trail



# How to apply for assistance through the Partner Support Program



## PSP Assistance Eligibility



All non-profit organizations, education institutions and local, state and tribal governments

Entity must need and accept substantial technical assistance

Projects will be considered regardless of geographic location, but must demonstrate a clear connection to the Lewis and Clark National Historic Trail.

There is no limit on the number of *Applications for Technical Assistance* submitted, but when funding is available, entities will be limited to a total of \$20,000 in funding for all projects. Products developed with federal funds are public domain. These products cannot be sold for profit.

# PSP Application Guidance

## Application Period

Applications will be accepted beginning February 22, 2011 through March 25, 2011

## Awards

Applicants will be notified of application status within 60 days of closing date.

## Period of Award

Expenditures that are intended for reimbursement cannot begin until federal funds become available. Trail funded components of the project must be completed by September 30, 2012.

## PSP Application Guidance

### *Awards with Funding- Funds are subject to availability at time of award selection*

- Funding will be provided funding on a reimbursable basis and paid by electronic funds transfer.
- A match is not required
- None of these outlays may come from federal sources.

### *Awards without Funding*

- Partners will receive up to two years of PSP expertise. PSP staff involvement will be determined collaboratively with awardee and outlined in an informal agreement.
- Awardee will be assigned a single point-of-contact who will facilitate this process.

National Park Service  
U.S. Department of the Interior

601 Riverfront Drive  
Omaha, NE 68102



Lewis and Clark National Historic Trail

402-661-1820 phone  
401-661-1813 Fax

## Partner Support Program

### Technical Assistance Application:

**Instructions: Complete all sections as completely and concisely as possible.**

MS Office 1997-2003 version: Enter responses in empty cells of table; they will expand as required. Save file with a descriptive name related to your proposal and submit (with other forms if required) as attachment by email to LECL\_PartnerSupport@nps.gov.

The responses to Items 4 to 9 will be used to prioritize proposals and assign Trail staff to assist with selected projects.  
**Length limits:** Item 4, 1500 words; Items 5-10, 500 per section.

<b>1. Project/Program Title or Name:</b>	
<b>2. Contacts: Organization Name</b>	
<b>2a. Name[s]</b>	
<b>2b. Mail address</b>	
<b>2c. Telephone number[s]</b>	
<b>2d. E-mail address[es]</b>	
<b>2e. Is your organization a nonprofit, educational, local, state, or tribal organization?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Indicate the nature of this request:</b>	
Technical assistance only, no funding:	<input type="checkbox"/>
Technical assistance, plus funding of:	<input type="checkbox"/> \$1,500 to \$5,000
	<input type="checkbox"/> > \$5,000 to \$10,000
	<input type="checkbox"/> > \$10,000 to \$20,000
<b>NOTE: Technical assistance offered subject to availability of staff time and schedules.</b>	
<b>NOTE: Funding subject to availability, as based on federal and Trail budget.</b>	
<b>When requesting federal funds, Forms SF 424 and SF 424a must be submitted with the proposal. A web link to these forms is available at: <a href="http://www.nps.gov/lecl/parkmgmt/pspapplication.htm">www.nps.gov/lecl/parkmgmt/pspapplication.htm</a>.</b>	

## Application for Assistance

Available in 3 formats

- Microsoft Word 2003
- Microsoft Word 2007-10
- Adobe PDF

Must include the following if funding is requested:

- SF424
- SF424a
- SFLLL
- D-U-N-S number
- CCR registration

<b>4. Project or Program Overview:</b> (A brief summary of the project, program or issue, including specific program products or actions, timelines, locations, benchmarks, budget, etc.)
<b>5. How will assistance help both you and the Lewis and Clark National Historic Trail meet mission goals?</b> (See Trail mission statement at our web page: <a href="http://www.nps.gov/lecl/parkmgmt/psppapplication.htm">www.nps.gov/lecl/parkmgmt/psppapplication.htm</a> .)
<b>6a. Describe how the proposed project or program meets an unmet public purpose or need.</b> (Relate to local, regional or national levels.)
<b>6b. Describe groups, organizations, or sectors of the public that will benefit from the successful completion of the proposed program or action, including how this benefit will be achieved.</b>
<b>7. What other partners have committed to help accomplish the work and how?</b> (Include other organizations, agencies, or tribal groups involved in this program or project, include a brief description of both personnel and financial contributions.)
<b>8a. What contributions will you make to assure successful completion of the project/program?</b> (Describe available resources including personnel, actions planned or completed, and financial support.)
<b>8b. How will the project or program be sustained after Trail technical assistance is completed?</b> (Address staffing, maintenance, financial, and other aspects of long-term management of the project or program.)
<b>9a. Describe the type of technical assistance requested, include subject matter or area of expertise, if known.</b> (For example, provide consultation or assistance with specific subject matter area; participation on a planning team; program or project scoping, coordination with other organizations, etc.)
<b>9b. When is assistance needed? How long is it anticipated to take?</b> (How much time is being requested?)
<b>10. Will the proposed project or program result in any ground disturbance, historic building alterations, or have an impact on plants, wildlife or habitats? Will the resulting project or program limit public access or impact commercial enterprises?</b> (Provide brief description of any anticipated adverse impacts, including how they will be avoided or minimized.)

## Rating Criteria

- Goals and Objectives
- Budget Estimate
- Demonstrated Need and Impact
- Benefits to public, Trail, partner
- Roles of partners, PSP
- Ability to complete and sustain



# SF (Standard Form) 424

OMB Number: 4040-0004  
Expiration Date: 03/31/2012

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**  
 Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**  
 New  
 Continuation  
 Revision

**\* If Revision, select appropriate letter(s):**  
\_\_\_\_\_  
**\* Other (Specify):**  
\_\_\_\_\_

**\* 3. Date Received:**  
Completed by Grants.gov upon submission: \_\_\_\_\_

**4. Applicant Identifier:**  
\_\_\_\_\_

**5a. Federal Entity Identifier:**  
\_\_\_\_\_

**\* 5b. Federal Award Identifier:**  
\_\_\_\_\_

**State Use Only:**

**6. Date Received by State:** \_\_\_\_\_

**7. State Application Identifier:** \_\_\_\_\_

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** \_\_\_\_\_

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):** \_\_\_\_\_

**\* c. Organizational DUNS:** \_\_\_\_\_

**d. Address:**

**\* Street1:** \_\_\_\_\_

**Street2:** \_\_\_\_\_

**\* City:** \_\_\_\_\_

**County/Parish:** \_\_\_\_\_

**\* State:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**\* Country:** \_\_\_\_\_ USA: UNITED STATES

**\* Zip / Postal Code:** \_\_\_\_\_

**e. Organizational Unit:**

**Department Name:** \_\_\_\_\_

**Division Name:** \_\_\_\_\_

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** \_\_\_\_\_ **\* First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**\* Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organizational Affiliation:**  
\_\_\_\_\_

**\* Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**\* Email:** \_\_\_\_\_

*Three Pages*

*Approximately 20-minutes to complete  
Gold Boxes mandatory to answer*

**Page One Must Have:**

- Tax ID or EIN
- D-U-N-S number
- Name and Address must match CCR registration
- Contact person who can answer questions regarding project

[See Instructions](#)

# SF (Standard Form) 424

**Application for Federal Assistance SF-424**

**9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

**11. Catalog of Federal Domestic Assistance Number:**  
  
CFDA Title:

**\* 12. Funding Opportunity Number:**  
  
\* Title:

**13. Competition Identification Number:**  
  
Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

Attach supporting documents as specified in agency instructions.

## Page Two Must Have:

- Applicant Type
  - A. State government
  - B. County government
  - C. City or Township government
  - ETC.
- Agency Name: National Park Service
- CFDA# is: 15.935
- Funding Opportunity # is: DOI-NPS-LECL-A6490110700
- Title of your project and description

[See Instructions](#)

EXPERIENCE YOUR AMERICA

# SF (Standard Form) 424

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant	[REDACTED]
* b. Program/Project	[REDACTED]
Attach an additional list of Program/Project Congressional Districts if needed.	
[REDACTED]	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date:	[REDACTED]
* b. End Date:	[REDACTED]
<b>18. Estimated Funding (\$):</b>	
* a. Federal	[REDACTED]
* b. Applicant	[REDACTED]
* c. State	[REDACTED]
* d. Local	[REDACTED]
* e. Other	[REDACTED]
* f. Program Income	[REDACTED]
* g. TOTAL	[REDACTED]
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on	[REDACTED]
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", provide explanation and attach	
[REDACTED]	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b>	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
<b>Authorized Representative:</b>	
Prefix:	[REDACTED] * First Name: [REDACTED]
Middle Name:	[REDACTED]
* Last Name:	[REDACTED]
Suffix:	[REDACTED]
* Title:	[REDACTED]
* Telephone Number:	[REDACTED] Fax Number: [REDACTED]
* Email:	[REDACTED]
* Signature of Authorized Representative:	Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

## Page Three Must Have:

- **Congressional District** of Applicant and those affected by program
- Project start and end dates
- Estimated budget from varying sources; include 'in-kind'
- Is project subject to **section 106** compliance and needs review by a State Historic Preservation Office?
- Federal Debt Delinquent? Loans, taxes, etc. Explanation needed.
- Certify to Statements and Authorized Representative to sign. Permission to be authorized on file in applicant's office.

# SF 424A sec. A. Budget Summary

BUDGET INFORMATION - Non-Construction Programs						OMB Approval No. 4040-0006 Expiration Date 07/30/2010
SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

Standard Form 424A (Rev. 7-97)  
Prescribed by OMB (Circular A-102) Page 1

## Three Pages to Supplement SF424

### Page One Must:

- Indicate how funding will be allocated per program activity
- CFDA#: 15.935
- Estimated funds from federal and non-federal sources
- Do not fill out columns (c) and (d)

See Instructions

# SF 424A sec B. Budget Categories

## Three Pages to Supplement SF424

### Page Two Must:

- Shows allocation of funds per activity or function and within each category for that activity or function
- Totals should match totals from sec. A Budget Summary

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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See Instructions

# SF 424A Budget sec. C, D, E, F

Three Pages to Supplement SF424

Page Three Must:

- Indicate funds that come from non-federal sources
- Anticipate expenditure schedule
- Indicate funds from other federal sources (can NOT be reimbursed for these)

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b)First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

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Prescribed by OMB (Circular A-102) Page 2

See Instructions

# SF LLL Disclosure of Lobbying Activities

<b>DISCLOSURE OF LOBBYING ACTIVITIES</b>		Approved by OMB 0348-0046
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)		
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: <sup>4c</sup>	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)
PRINT		

## One Page Fully Completed

- Type of Action: Cooperative Agreement
- Status of Action: Application
- Report Type: a. initial filing
- Contact information for 'Prime' primary organization applying for funds
- Congressional District of applicant
- Department/Agency: Department of the Interior/National Park Service
- Lewis and Clark National Historic Trail Opportunity for Assistance
- CFDA#: 15.935
- Funding Opportunity # is: DOI-NPS-LECL-A6490110700
- Award amount not known
- Same as #4; add anyone performing services as well
- Authorized Official to certify with signature

[See instructions](#)

## PSP guidelines

### Special Considerations

As determined by the nature of the proposed project or program, the applicant agrees to consult with or include Tribal interests as appropriate.

The applicant agrees to engage in environmentally responsible practices where possible and practical. This includes use of items made with recovered materials that will help conserve energy, water, and other material resources.

## PSP Application questions????

- For additional information about this program and the application process, please contact the Partner Support Program (PSP) by email at [LECL\\_PartnerSupport@nps.gov](mailto:LECL_PartnerSupport@nps.gov) or by calling 402-661-1820.

# Lewis and Clark National Historical Trail

601 Riverfront Drive

Omaha, NE 68102

[www.nps.gov/lecl](http://www.nps.gov/lecl)

(402)-661-1804



National Park Service  
U.S. Department of the Interior

EXPERIENCE YOUR AMERICA