



**APPLICATION FOR FUNDING
TRAILS, OPEN SPACE AND PARKS (TOPS)
PROGRAM**

APPLICANT:

Name:

Agency:

Address:

City: _____ State: _____ Zip: _____ - _____

Telephone: (_____) _____ - _____

E-Mail address: _____

TYPE OF PROJECT: (Check all that apply)

Trail: _____ Acquisition _____ Development _____

Park: _____ Acquisition _____ Development _____

Open Space: _____ Acquisition: _____

OWNER: Is owner aware of this proposal? _____

Name:

Agency:

Address:

City: _____ State: _____ Zip: _____ - _____

Telephone: (_____) _____ - _____

Location and Description of Proposed Acquisition:

Address: _____

Description _____

Purpose of Acquisition:

Proposed Type of Acquisition:

Fee Simple _____ Sale _____ Trade _____

Conservation Easement _____ Donation _____

Transfer of Development Rights _____ Lease _____

Other _____

Proposed Type of Development:

Please explain why this proposal is appropriate for TOPS Funding:

(200 words or less)

FOR OFFICE USE ONLY:

O.S. File No. _____ Date of Proposal _____

Name of Project _____