

Recreation Priorities

Applicant Name: _____

Method of identifying needs: _____

Up-to-date recreation Plan enclosed? _____ Yes _____ No

Date plan adopted/prepared by county/city: _____

Does the plan follow the format in the application guide? _____ Yes _____ No

Priorities as established in public hearing:

Short range (0-5 years) in priority order:

1. _____

2. _____

3. _____

4. _____

5. _____

Long range (5+ years) in priority order:

1. _____

2. _____

3. _____

4. _____

5. _____

Signature of Chief Executive Officer

Date