

**APPENDIX A**

**Post Completion Documentation**





PUBLIC OUTDOOR RECREATION GRANT
POST-COMPLETION SELF-CERTIFICATION REPORT

This information required under authority of Part 19, PA 451 of 1994, as amended;
the Land and Water Conservation Fund Act of 1965, 78 Stat. 897 (1964); and Part 715, of PA 451 of 1994, as amended.

GRANT TYPE: [ ] MICHIGAN NATURAL RESOURCES TRUST FUND [ ] CLEAN MICHIGAN INITIATIVE
(Please select one) [ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [X] BOND FUND

GRANTEE: Flushing Community Schools

PROJECT NUMBER: BF90-007

PROJECT TYPE: BF

PROJECT TITLE: Outdoor Recreation Complex

PROJECT SCOPE: Develop soccer complex, pavillion, jogging trails and gardens

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, City, State, ZIP, Email. Row 1: Flushing Community Schools, Timothy Stein, Superintendent, 522 N. McKinley Road, (810) 591-1180, Flushing, MI 48433, timothy.stein@flushingschools.org

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? If yes, please describe change(s). [X]Yes [ ]No
Develop soccer complex (seven fields), pavilion jogging trails and gardens

Please refer to the attached boundary map. Has any portion of the project site been converted to a use other than outdoor recreation? If yes, please describe what portion and describe use. (This would include cell towers and any non-recreation buildings.) [ ]Yes [X]No

Are any of the facilities obsolete? If yes, please explain. [ ]Yes [X]No

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X]Yes [ ]No

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.

Develop soccer complex (seven fields)

Construct pavilion area with jogging trails and gardens

**POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)**

**SITE QUALITY**

Is there a park entry sign which identifies the property or facility as a public recreation area?  
If yes, please provide a photograph of the sign. If no, please explain. Yes No

Are the facilities and the site being properly maintained? If no, please explain. Yes No

Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain. Yes No

Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism. Yes No

Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain. Yes No

**GENERAL**

Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants) Yes No N/A

Is any segment of the general public restricted from using the site or facilities?  
(i.e. resident only, league only, boaters only, etc.) If yes, please explain. Yes No

Is a fee charged for use of the site or facilities? If yes, please provide fee structure. Yes No

What are the hours and seasons for availability of the site?

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

N/A

CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

TIMOTHY Z. STEIN

Please print



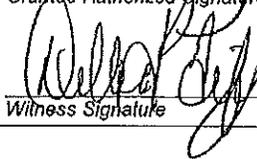
Grantee Authorized Signature

6-3-15

Date

Debra A. Tift

Please print



Witness Signature

6-3-15

Date

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925



PUBLIC OUTDOOR RECREATION GRANT
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GRANT TYPE: [X] MICHIGAN NATURAL RESOURCES TRUST FUND [ ] CLEAN MICHIGAN INITIATIVE
[ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [ ] BOND FUND

GRANTEE: Flushing Charter Township

PROJECT TF92-141 PROJECT TYPE: TF

PROJECT TITLE: Flint River Property Acquisition

PROJECT SCOPE: Acquire 123 acres along Flint River

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, City, State, ZIP, Email. Row 1: Flushing Charter Township, MI; Maryion Lee; Treasurer; 6524 N. Seymour Road; (810) 659-0800; Flushing, MI 48433; Maryion.Lee@comcast.net

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? If yes, please describe change(s). [ ] Yes [X] No

Please refer to the attached boundary map. Has any portion of the project site been converted to a use other than outdoor recreation? If yes, please describe what portion and describe use. (This would include cell towers and any non-recreation buildings.) [ ] Yes [X] No

Are any of the facilities obsolete? If yes, please explain. [ ] Yes [X] No

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X] Yes [ ] No
Site was acquired for potential redevelopment along Flint River and for recreational trails.

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

SITE QUALITY	
<p>Is there a park entry sign which identifies the property or facility as a public recreation area? If yes, please provide a photograph of the sign. If no, please explain.</p> <p>Grant was applied for the acquisition of the park land.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are the facilities and the site being properly maintained? If no, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GENERAL	
<p>Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<p>Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Is a fee charged for use of the site or facilities? If yes, please provide fee structure.</p> <p>Pavilion can be reserved by a resident and non resident for a \$50. non-refundable administrative and recovery fee.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>What are the hours and seasons for availability of the site?</p> <p>N/A Sunrise to sunset, all year</p>	

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

N/A

CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Maryion Lee  
Please print

*Maryion Lee*  
Grantee Authorized Signature

6/5/15  
Date

Julia Morford  
Please print

*Julia Morford*  
Witness Signature

6/5/15  
Date

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925





PUBLIC OUTDOOR RECREATION GRANT
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(Please select one) [ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [ ] BOND FUND

GRANTEE: Flushing Charter Township

PROJECT TF95-248 PROJECT TYPE: TF

PROJECT TITLE: Flushing Township Park

PROJECT SCOPE: Construct drive into the park on Flint River

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, City, State, ZIP, Email. Row 1: Flushing Charter Township, MI; Maryion Lee; Treasurer; 6524 N. Seymour Road; (810) 659-0800; Flushing, MI 48433; Maryion.Lee@comcast.net

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? If yes, please describe change(s). [X]Yes [ ]No
Construction of 900 foot access drive into park on Flint River with parking lot, entry gate, fencing, pole barn, restrooms and pavillion.

Please refer to the attached boundary map. Has any portion of the project site been converted to a use other than outdoor recreation? If yes, please describe what portion and describe use. (This would include cell towers and any non-recreation buildings.) [ ]Yes [X]No

Are any of the facilities obsolete? If yes, please explain. [ ]Yes [X]No

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X]Yes [ ]No

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.
Construction of access drive and 50 parking spaces
Entry gate leading parking area
Construction of pole barn (30' x 42') and restroom facilities

**POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)**

SITE QUALITY	
Is there a park entry sign which identifies the property or facility as a public recreation area? If yes, please provide a photograph of the sign. If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> <hr/>	
Are the facilities and the site being properly maintained? If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> <hr/>	
Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/> <hr/>	
Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/> <hr/>	
Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Part time Maintenance person cleans bathrooms and empties trash cans daily and everything else is done as needed.</u> <hr/> <hr/>	
GENERAL	
Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/> <hr/>	
Is a fee charged for use of the site or facilities? If yes, please provide fee structure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Pavilion can be reserved by resident and non-resident for a \$50. non-refundable administrative and recovery fee.</u> <hr/> <hr/>	
What are the hours and seasons for availability of the site?	
<u>N/A Sunrise to sunset, all year</u> <hr/> <hr/>	

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

N/A

CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Maryion Lee  
Please print

*Maryion Lee*  
Grantee Authorized Signature

6/5/15  
Date

Julia Morford  
Please print

*Julia Morford*  
Witness Signature

6/5/15  
Date

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925





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(Please select one) [ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [X] BOND FUND

GRANTEE: Flushing Charter Township

PROJECT TF04-034 PROJECT TYPE: TF

PROJECT TITLE: Flushing Township Nature Park Improvements

PROJECT SCOPE: Development of boardwalk, interpretive signage and fishing piers

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, City, State, ZIP, Email. Row 1: Flushing Charter Township, MI; Maryion Lee; Treasurer; 6524 N. Seymour Road; (810) 659-0800; Flushing, MI 48433; Maryion.Lee@comcast.net

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? [X] Yes [ ] No
If yes, please describe change(s). Development of 1,900 linear feet of boardwalk along Flint River to provide river access, fishing piers, interpretive signage and native plants/water service lines.

Please refer to the attached boundary map. Has any portion of the project site been converted to a use other than outdoor recreation? [ ] Yes [X] No
include cell towers and any non-recreation buildings.

Are any of the facilities obsolete? If yes, please explain. [ ] Yes [X] No

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X] Yes [ ] No

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.
Construction of boardwalk along Flint River
Construction of 2 fishing docks (10' x 20' and 8' x 10')
Environmental interpretive signage
Supply water service lines to park

**POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)**

SITE QUALITY	
Is there a park entry sign which identifies the property or facility as a public recreation area? If yes, please provide a photograph of the sign. If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Are the facilities and the site being properly maintained? If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/>	
Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/>	
Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
GENERAL	
Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/>	
Is a fee charged for use of the site or facilities? If yes, please provide fee structure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> Pavilion can be reserved by a resident or non resident for a \$50. non- refundable administrative and recovery fee.	
<hr/>	
What are the hours and seasons for availability of the site?	
Sunrise to sunset, all year	

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

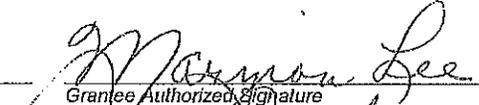
COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

N/A

CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Maryion Lee  
Please print

  
Grantee Authorized Signature

6/5/15  
Date

Julia Morford  
Please print

  
Witness Signature

6/5/15  
Date

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925





PUBLIC OUTDOOR RECREATION GRANT
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(Please select one) [ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [X] BOND FUND

GRANTEE: Flushing Charter Township

PROJECT NUMBER: CM99-146

PROJECT TYPE: CM

PROJECT TITLE: Flushing Township Park

PROJECT SCOPE: Development of trailways and observation towers with play equipment

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, City, State, ZIP, Email. Row 1: Flushing Charter Township, MI; Maryion Lee; Treasurer; 6524 N. Seymour Road; (810) 659-0800; FLushing, MI 48433; Maryion.Lee@comcast.net

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? If yes, please describe change(s). [X] Yes [ ] No

Addition of non-motorized trail system through the park, play equipment, park managers office, enhancement of natural features and improved access to Flint River.

Please refer to the attached boundary map. Has any portion of the project site been converted to a use other than outdoor recreation? If yes, please describe what portion and describe use. (This would include cell towers and any non-recreation buildings.) [ ] Yes [X] No

Are any of the facilities obsolete? If yes, please explain. [ ] Yes [X] No

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X] Yes [ ] No

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.

Construction of playground equipment, park managers office (15' x 15') and bird tower
8' wide paved trail (.5 miles) and nature trails (2.5 miles)
Entrance signage and 5' wide wooden boardwalk along Flint River
Native garden with educationap placards

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

**SITE QUALITY**

Is there a park entry sign which identifies the property or facility as a public recreation area?  
If yes, please provide a photograph of the sign. If no, please explain.  Yes  No

Are the facilities and the site being properly maintained? If no, please explain.  Yes  No

Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain.  Yes  No

Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism.  Yes  No

Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.  Yes  No

**GENERAL**

Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)  Yes  No  N/A

Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.  Yes  No

Is a fee charged for use of the site or facilities? If yes, please provide fee structure.  Yes  No  
Pavilion can be reserved by residents and non-residents for a \$50 non-refundable administrative and recovery fee.

What are the hours and seasons for availability of the site?  
N/A Sunrise to sunset, all year.

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

N/A

CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Maryion Lee

Please print

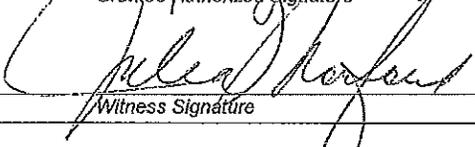
  
Grantee Authorized Signature

Date

6/5/15

Juli Morford

Please print

  
Witness Signature

Date

6/5/15

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
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(Please select one) [ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [X] BOND FUND

GRANTEE: Flushing Charter Township

PROJECT RP11-440 PROJECT TYPE: RP

PROJECT TITLE: Flushing Township Nature Park Improvements

PROJECT SCOPE: Grading and excavating work in parking lot of township park

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, City, State, ZIP, Email. Row 1: Flushing Charter Township, MI; Maryion Lee; Treasurer; 6524 N. Seymour Road; (810) 659-0800; Flushing, MI 48433; Maryion.Lee@comcast.net

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? [X] Yes [ ] No
If yes, please describe change(s).
Development to include restoration, excavating and grading for access drive and parking in township park.

Please refer to the attached boundary map. Has any portion of the project site been converted to a use other than outdoor recreation? If yes, please describe what portion and describe use. (This would include cell towers and any non-recreation buildings.) [ ] Yes [X] No

Are any of the facilities obsolete? If yes, please explain. [ ] Yes [X] No

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X] Yes [ ] No

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.
Excavating and grading using 4" 23A crushed limestone
Restoration work of parking area

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

SITE QUALITY	
Is there a park entry sign which identifies the property or facility as a public recreation area? If yes, please provide a photograph of the sign. If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> <hr/>	
Are the facilities and the site being properly maintained? If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> <hr/>	
Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/> <hr/>	
Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/> <hr/>	
Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<hr/> <hr/>	
GENERAL	
Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<hr/> <hr/>	
Is a fee charged for use of the site or facilities? If yes, please provide fee structure.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pavilion can be reserved by resident and non resident for a \$50. non-refundable administrative and recovery fee.	
<hr/> <hr/>	
What are the hours and seasons for availability of the site?	
- Sunrise to sunset, all year	

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

N/A

CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Maryion Lee  
Please print \_\_\_\_\_  
Grantee Authorized Signature Date 6/5/15

Julia Morford  
Please print \_\_\_\_\_  
Witness Signature Date 6/5/15

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
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PO BOX 30425  
LANSING MI 48909-7925





**Recreation Grant History**

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**Applicant**

City of Flushing

Project No. TF87-275

Project Year: 1987

Project Title: Eastview Park

Project Status: Withdrawn

Grant Amount: \$45,000.00

Project Description: To acquire 35 acres of land that contains two ponds created by old gravel mining operations which would adjoin the existing Eastview Park.

Project No. BF89-313

Project Year: 1989

Project Title: Riverview Park Improvement

Project Status: Closed

Grant Amount: \$75,000.00

Element

Benches and Picnic area

Foot bridge with piers

Walkway and ramps

Band shell

Project Description: Construct walkway w/fishing platform, amphitheatre, comfort station/restrooms expansion. Tennis and basketball court resurfacing at downtown riverfront park. Study for industrial site reuse.

Project No. bf91-107

Project Year: 1991

Project Title: Tucker Pool Renovation

Project Status: Closed

Grant Amount: \$157,500.00

Element

Swimming Pool

Bath House

Project Description: Remodel bathhouse and repair pool and pool mechanical equipment.

Project No. TF92-232

Project Year: 1992

Project Title: Buesche Reuse Land Acquisition

Project Status: Withdrawn

Grant Amount: \$187,500.00

Project Description: Acquire .76 acres with 296' of frontage on Flint River in downtown Flushing.



Michigan Department of Natural Resources - Grants Management

PUBLIC OUTDOOR RECREATION GRANT
POST-COMPLETION SELF-CERTIFICATION REPORT

This information required under authority of Part 19, PA 451 of 1994, as amended;
the Land and Water Conservation Fund Act of 1965, 78 Stat. 897 (1964); and Part 715, of PA 451 of 1994, as amended.

GRANT TYPE: [ ] MICHIGAN NATURAL RESOURCES TRUST FUND [ ] CLEAN MICHIGAN INITIATIVE
[ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [X] BOND FUND

GRANTEE: City of Flushing

PROJECT NUMBER: BF91-107

PROJECT TYPE: BF

PROJECT TITLE: Tucker Pool Renovation

PROJECT SCOPE: Remodel bathhouse and repair pool equipment

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, Email. Row 1: City of Flushing, Bryan Sutton, Director of DPW, 226 S. McKinley Street, (810) 659-8391, administration@flushingcity.com

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? [X] Yes [ ] No
If yes, please describe change(s).

Remodel bathhouse and repair pool and pool mechanical equipment

Please refer to the attached boundary map. Has any portion of the project site been converted to a use
other than outdoor recreation? If yes, please describe what portion and describe use. (This would include
cell towers and any non-recreation buildings.) [ ] Yes [X] No

Are any of the facilities obsolete? If yes, please explain. [X] Yes [ ] No

In 2012, Tucker Memorial Pool was closed due to budget cuts by the City of Flushing.

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X] Yes [ ] No

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe
the present use and provide a schedule for future development, including a list of proposed facilities.

Remodel of the bathhouse

Pool upgrades and mechanical equipment improvements

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

SITE QUALITY	
Is there a park entry sign which identifies the property or facility as a public recreation area? If yes, please provide a photograph of the sign. If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pool has been closed since 2012</u>	
Are the facilities and the site being properly maintained? If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Pool has been decommissioned by the City of Flushing; so upkeep and maintenance for the memorial pool has not been done since 2012.</u>	
Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Maintenance for the pool has stopped since the pool is no longer in use.</u>	

GENERAL	
Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a fee charged for use of the site or facilities? If yes, please provide fee structure.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What are the hours and seasons for availability of the site?	
<u>N/A</u>	

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

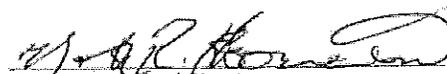
**COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)**

N/A

**CERTIFICATION**

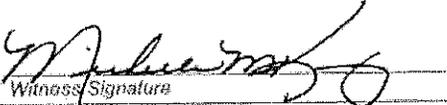
I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Mark R. Hooistra  
Please print

  
Grantee Authorized Signature

12/17/14  
Date

Michelle M King  
Please print

  
Witness Signature

12/17/2014  
Date

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925



Michigan Department of Natural Resources - Grants Management

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GRANT TYPE: [ ] MICHIGAN NATURAL RESOURCES TRUST FUND [ ] CLEAN MICHIGAN INITIATIVE
[ ] LAND AND WATER CONSERVATION FUND [ ] RECREATION PASSPORT [X] BOND FUND

GRANTEE: City of Flushing

PROJECT NUMBER: BF89-313

PROJECT TYPE: BF

PROJECT TITLE: Riverview Park Improvement

PROJECT SCOPE: Construct walkway , amphitheatre and recreational facilities

TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRANTEE)

Table with 3 columns: Name of Agency (Grantee), Contact Person, Title, Address, Telephone, Email. Row 1: City of Flushing, Bryan Sutton, Director of DEW, 226 S. McKinley Street, (810) 659-8391, administration@flushingcity.com

SITE DEVELOPMENT

Any change(s) in the facility type, site layout, or recreation activities provided? [X] Yes [ ] No
If yes, please describe change(s).

Construct new walkway with fishing platform, amphitheatre and study for industrial site reuse.

Please refer to the attached boundary map. Has any portion of the project site been converted to a use other than outdoor recreation? [ ] Yes [X] No
If yes, please describe what portion and describe use. (This would include cell towers and any non-recreation buildings.)

Are any of the facilities obsolete? If yes, please explain. [ ] Yes [X] No

Is the site and all facilities accessible to persons with disabilities? If no, please explain. [X] Yes [ ] No

List all additional existing development/facilities at the referenced project site. If the site is undeveloped, please describe the present use and provide a schedule for future development, including a list of proposed facilities.

Comfort station/restroom facilities were expanded

Resurfacing of basketball and tennis courts

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

SITE QUALITY	
Is there a park entry sign which identifies the property or facility as a public recreation area? If yes, please provide a photograph of the sign. If no, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the facilities and the site being properly maintained? If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there any features near the site which would detract from the use and enjoyment of the site or would pose a health or safety problem? If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is vandalism a problem at this site? If yes, explain the measures being taken to prevent or minimize vandalism. <u>Vandalism has previously been an issue but has not been an issue in quite some time due to increased security lighting and having equipment resistant to graffiti.</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GENERAL	
Is a Program Recognition plaque permanently displayed at the site? If yes, please provide a photograph. (Not required for Bond Fund Grants)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Is any segment of the general public restricted from using the site or facilities? (i.e. resident only, league only, boaters only, etc.) If yes, please explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a fee charged for use of the site or facilities? If yes, please provide fee structure.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What are the hours and seasons for availability of the site? N/A	

POST-COMPLETION SELF-CERTIFICATION REPORT (CONT'D)

COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

N/A

CERTIFICATION

I do hereby certify that I am duly elected, appointed and/or authorized by the Grantee named above and that the information and answers provided herein are true and accurate to the best of my personal knowledge, information and belief.

Mark R. Hoorestra  
Please print

M. R. Hoorestra 12/17/14  
Grantee Authorized Signature Date

Michelle M. King  
Please print

Michelle M. King 12/17/2014  
Witness Signature Date

Send completed report to: POST COMPLETION GRANT INSPECTION REPORTS  
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