Connect NC Bond Grant Program	
Basic Facts and Assurances	
Local Government Name: City of Greensboro	County Cuitford
Federal Employer I.D. Number: 56-6000-230	County: Guilford
Local Government's Contact Person for the Grant:	Local Government Manager:
Name: Ms. Vonda Martin	Name: Mr. Jim Westmoreland
Title: Park Planner	Title: City Manger
Organization: City of Greensboro	Address: 300 W. Washington Street
Address: 1001 4 th Street	City/State/Zip: Greensboro, NC 27401
City/State/Zip: Greensboro, NC 27405	Telephone: 336-373-2002
Telephone: 336-373-7710	E-mail: Mary.McCollough@greensboro-nc.gov
E-mail: Vonda.Martin@greensboro-nc.gov	
Chief Elected Official:	Site Control:
Name: Ms. Nancy Vaughan	X Owned by local government
Title: Mayor	Leased by applicant for 25 years or more
Address: PO Box 3136	Easement
City/State/Zip: Greensboro, NC 27402	
Populations this project is intended to serve:	Costs rounded to nearest dollar:
☐ Primarily children with disabilities	
	CNCB funds requested: \$151,860.00
☐ Primarily veterans with disabilities	
X Children with disabilities and veterans with disabilities	Local government's matching funds: \$37,965.00
Please use the "Description and Justification for this Project" to explain how the project will serve the intended groups.	Total cost of project \$189,825.00
Recreation Resources Service (RRS) regional consultant: Matt Whitlow	
Project Name: Access Lake Higgins	
Approval by local governing board: (The local governing board must approve this certification.) I hereby certify the information contained in the attached application is true and correct and the required matching funds will be available during the project period. A local government must match the grant with at least one dollar (\$1.00) of local funds for every four dollars (\$4.00) in grant funds.	
	Date Adopted:
Chief Elected Official: (Signature)	(Print or Type Name and Title)
(Signature)	(Finit of Type Name and Tide)