## Office of Community Development-Local Government Assistance (OCD-LGA) Love Louisiana Outdoors Eligibility Form

Applicant Name:			
Mailing Address:			
Phone Number:			
Email Address:			
DUNS Number:			
Mayor's Name:			
Are you interested in rehabilitating or developing outdoor fitness or outdoor recreational facilities for your municipality? Yes No  If yes, what types of outdoor facilities do you anticipate being beneficial for the			
residents of your	municipality?		
Does the municip	ality currently own property that can	be utilized in this dev	velopment:
	y to be utilized have blighted structure outdoor park or recreational facilities		oved and
Does the municip	ality currently have any outdoor park	or recreational facil	ities:
Will the municipa	ality pay all administrative costs:	☐ Yes	□ No
Will the municipa	ality pay all design and construction in	nplementation costs:	□ No
funding through th	ntent: rm, you are certifying your intent to apply the OCD-LGA, in order to develop or reha al facility(ies) located in your municipali	abilitate outdoor park(	s) and/or
Signature of Mayo	or:		