# N.C. Parks and Recreation Trust Fund Land Acquisition Report

## Grantee (Local Sponsor):

**Project Title: Project #:**

**Project Period:** to

(Beginning Date) (Ending Date)

## Documentation Required:

1. A deed or easement containing the relevant restrictive clause (see Manual Appendix H) for each parcel acquired.
2. Evidence of title for each parcel acquired (Certificate from the Title Guaranty Company or letter from the local government attorney).
3. [Written offer to purchase](https://files.nc.gov/ncparks/37/partf_otp.pdf) or signed closing disclosure statement.
4. Proof of payment. (Canceled checks - front and back or copy of wire transfer)
5. An appraisal for each parcel completed using the [Uniform Standard of Professional Appraisal Practices](https://www.appraisalinstitute.org/professional-practice/ethics-and-standards/standard-of-professional-appraisal-practice/) (USPAP) or Uniform Appraisal Standards for Federal Land Acquisitions (Yellow Book appraisal) unless it was provided earlier. If land value exceeds $500,000, two appraisals are required.
6. Reimbursement Request Form or Reimbursement Request with Donated Land Value.

**Summary of Acquisition Costs:** Supply the information below for each parcel acquired. Attach

supplemental pages if additional space is required. Place the total for the “Land Acquisition Cost” column on the Detailed Expenditure Report under Element entitled “Land Acquisition”. Acreage and value must match the appraisal.

# Summary of Acquisition Costs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parcel Number** | **Date Costs were Incurred** | **Acres Acquired** | **Land Acquisition Cost** | **Approved Appraisal Amount** | **Difference (+ or -)** |
| #1 |  |  |  |  |  |
| #2 |  |  |  |  |  |
| #3 |  |  |  |  |  |
| #4 |  |  |  |  |  |
| #5 |  |  |  |  |  |
| **Totals:** |  |  |  |  |

**Local Government Certification:** I hereby certify that the expenses represented, and the accompanying documents are true and correct. I also certify the acquisition has been completed in accordance with the grant contract.

Name (printed/typed): Title:

Authorized Local Government Representative (Date) (signature)

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Approved for Reimbursement:

Regional RRS Consultant Grant Program Administrator

Date Date