

NPS ES master plan 26 01413 517E PLAN ME 4-85 CENTRAL PARK PHASE II.



### CENTRAL



# SOCCER FIELD

A Co-operative project with:

HASLETT/OKEMOS ROTARY CLUB U.S. Dept. of Interior/Michigan Department of Natural Resources







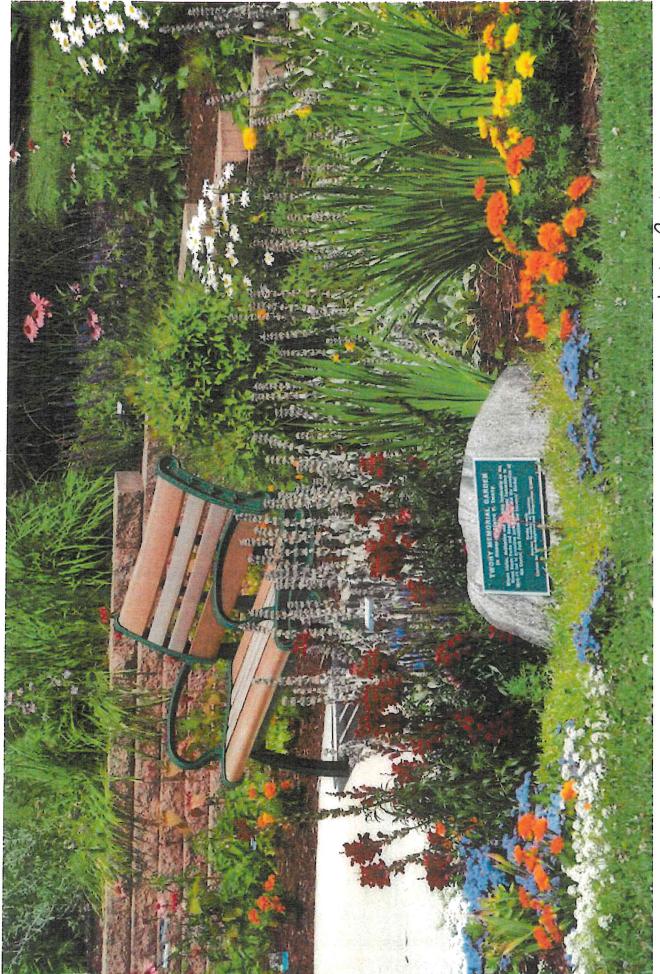
## Inventory of Existing Conditions Pathways

### **Existing Trails**

Paved Trails - 1.5 miles

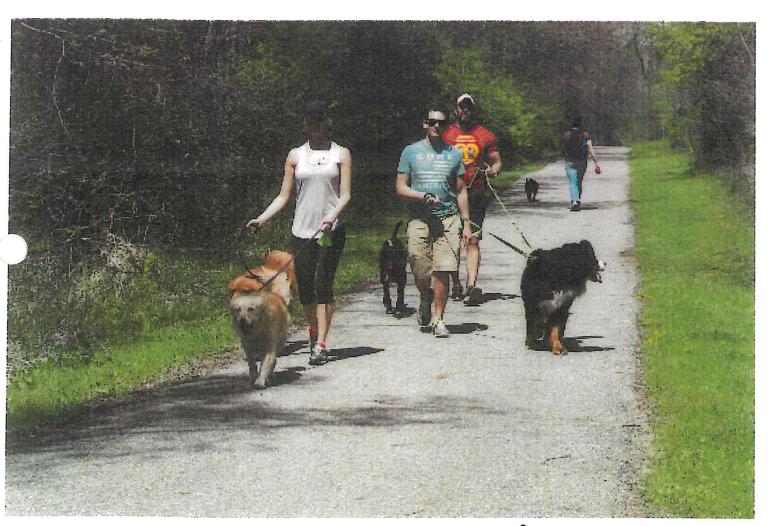
Unpaved Frails - 4.3 miles



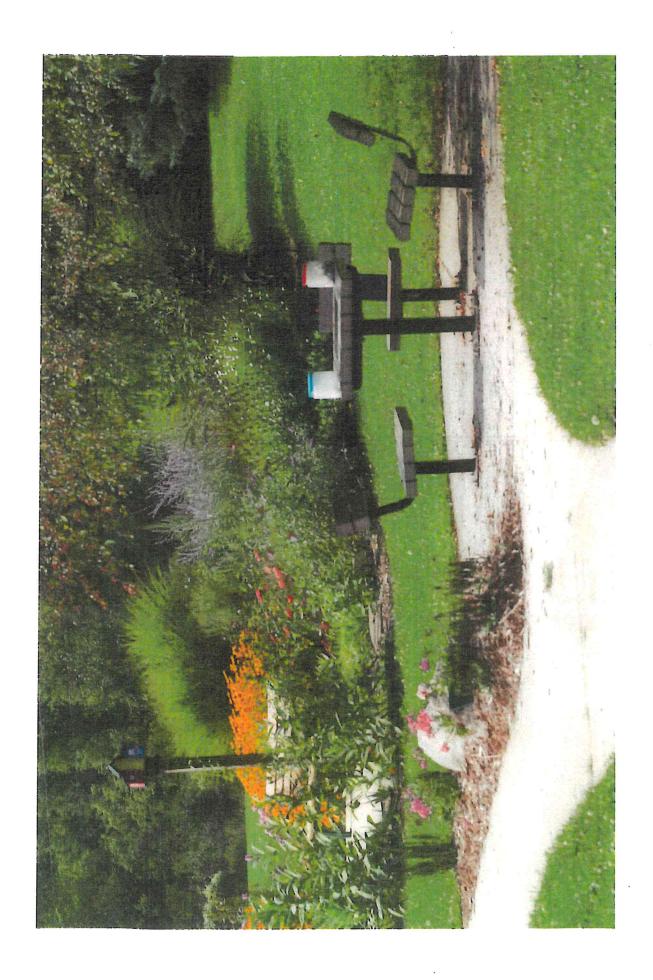


Central Park



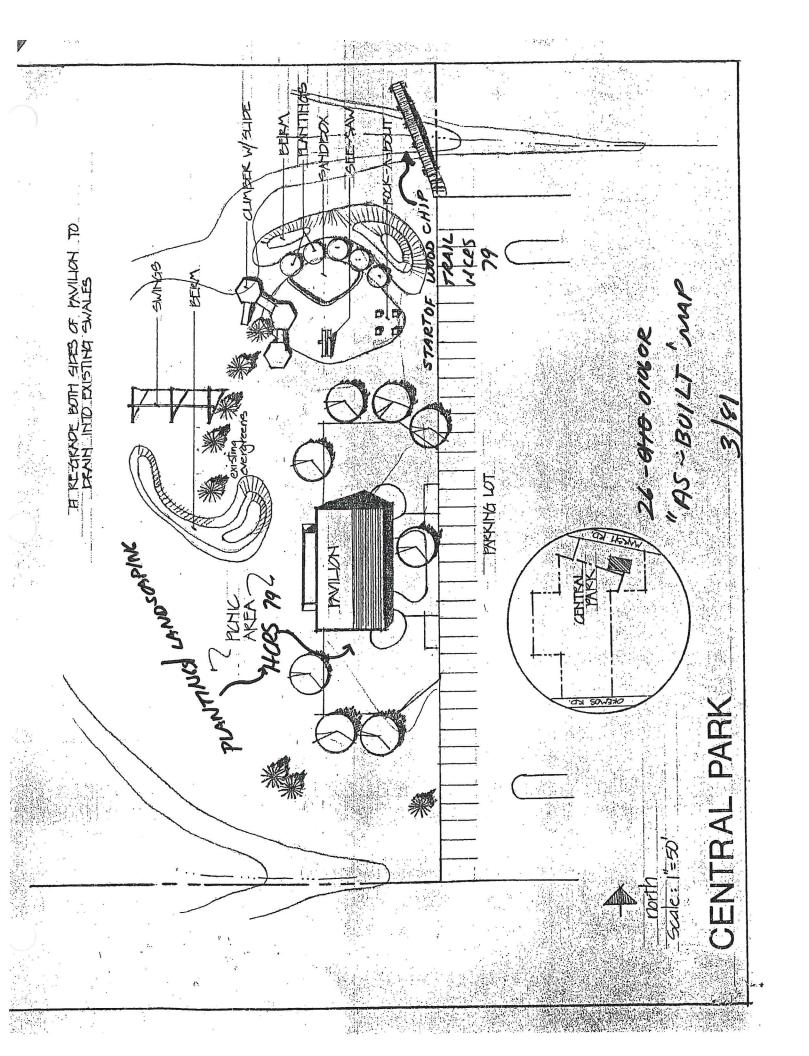


Central Park





Central Park Nature Trail





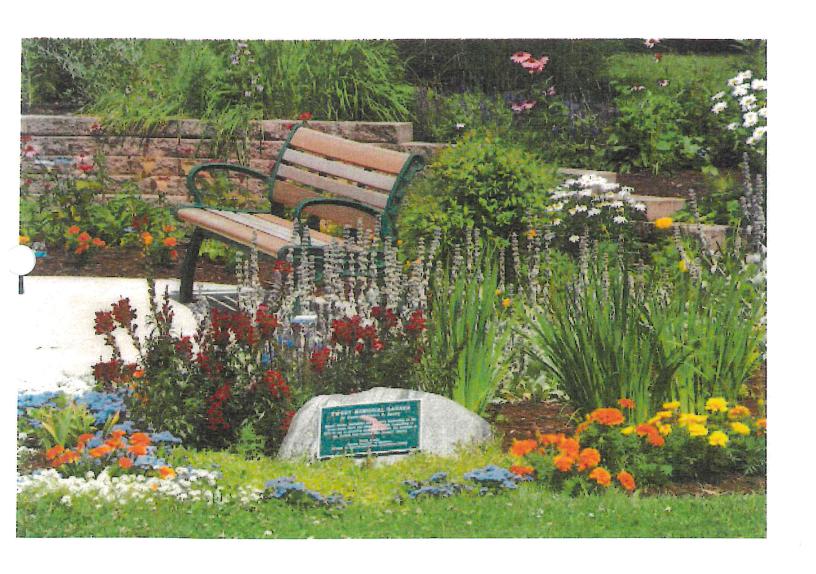
## CENTRAL

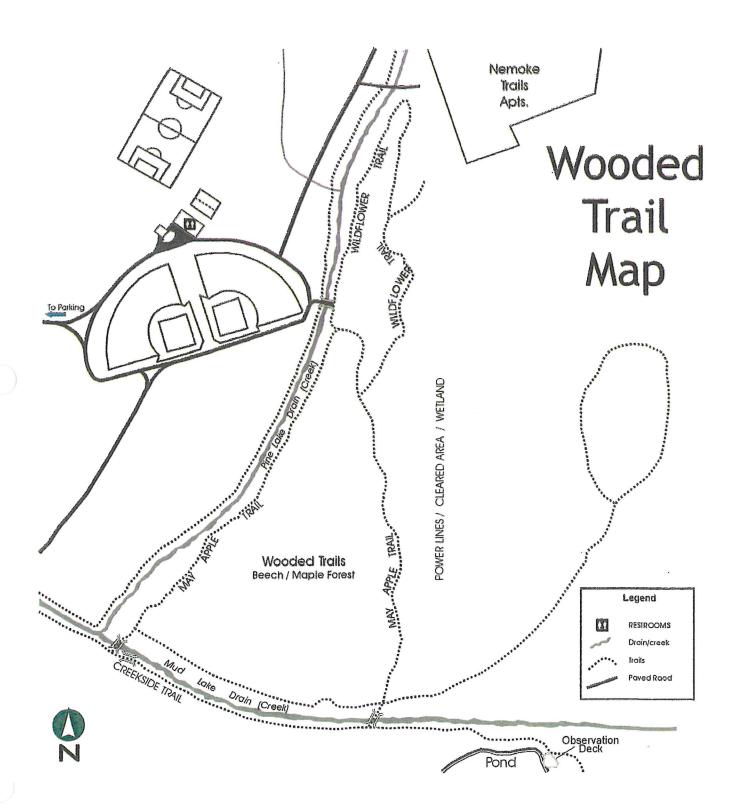


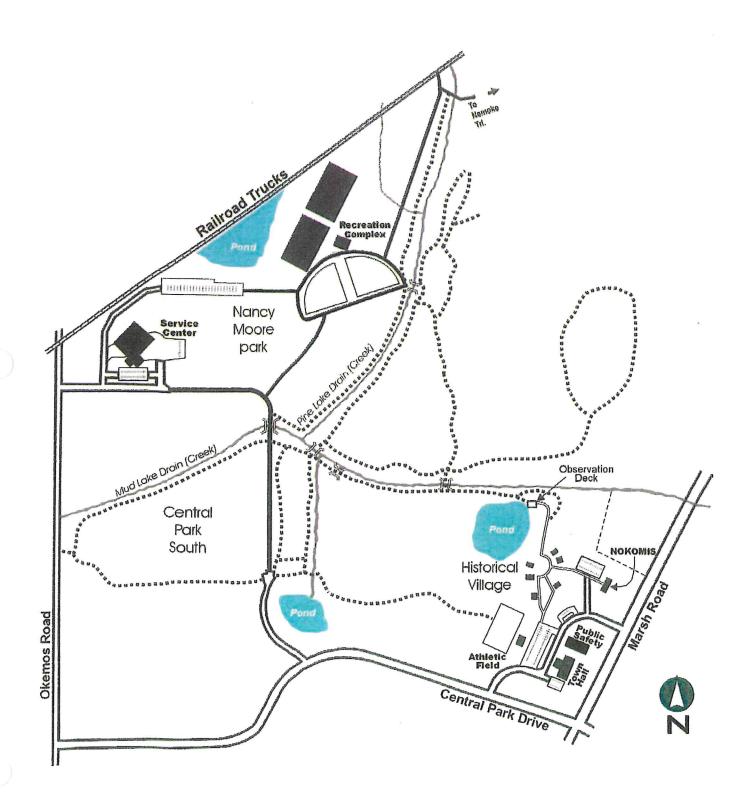
# SOCCER FIELD

A Co-operative project with:

Department of Natural Resources HASLETT/OKEMOS ROTARY CLUI U.S. Dept. of Interior/Michigan











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 TO (Please select one)   LAND AND WATER CONSERVATION F	RUST FUND CLEAN MICHIGA		
GRANTEE: Meridian Charter Township			
PROJECT NUMBER: TF09-068	ROJECT TYPE: Development		
PROJECT TITLE: Central Park Fishing Dock			
Fishing dock, access path - PROJECT SCOPE: fish panels, etc.), site ame	concrete, interpretive enities (bench, trash re	education (signage, ceptacle) and permit	
TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRA			
Name of Agency (Grantee)  Meridian Charter Township		<sup>tle</sup> Director	
Address Department of Parks & Recreation 5151 Marsh Road	Telephone 517-853-4600		
City, State, ZIP Okemos MI 48864	Email maisner@meridian.	mi.us	
SITE DEVELOPMENT			
Any change(s) in the facility type, site layout, or recreation act If yes, please describe change(s).	tivities provided?	□Yes ဩNo	
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 ☐No			
Are any of the facilities obsolete? If yes, please explain.		□Yes ဩNo	
SITE QUALITY			
Is there a park entry sign which identifies the property or facility of the sign. If no, please entry sign which identifies the property or facility of the sign. If no, please entry sign which identifies the property or facility of the sign.	y as a public recreation area? explain.	∑Yes □No	
Are the facilities and the site being properly maintained? If no	o, please explain.	∯Yes ⊡No	
Is vandalism a problem at this site? If yes, explain the measures be	ing taken to prevent or minimize van	dalism.	

POST COMPLETION SELF-CERTIFICATION REPORT - CONT'D	
maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain. Bubbler in winter, trash removal 2 x/week	⊠Yes □No
NERAL	
a Program Recognition plaque permanently displayed at the site? If yes, please provide a notograph. (Not required for Bond Fund Grants)	□Yes □No ⊠N/A
any segment of the general public restricted from using the site or facilities? e. resident only, league only, boaters only, etc.) If yes, please explain.	□Yes ⊠No
a fee charged for use of the site or facilities? If yes, please provide fee structure.	∐Yes ⊠No
hat are the hours and seasons for availability of the site?	
awn until Dusk, 365 days a year  MMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)	
IMENTO (ATTACTOR ANATE SHEET IF MORE STACE IS NEEDED)	

### POST COMPLETION SELF-CERTIFICATION REPORT - CONT'D

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.				
LuAnn Maisner CPRP Please print	Grantee Authorized Signature	11-2-21 Date		
Bridget Cannon Please print	Witness/Signature			

Send completed report to:

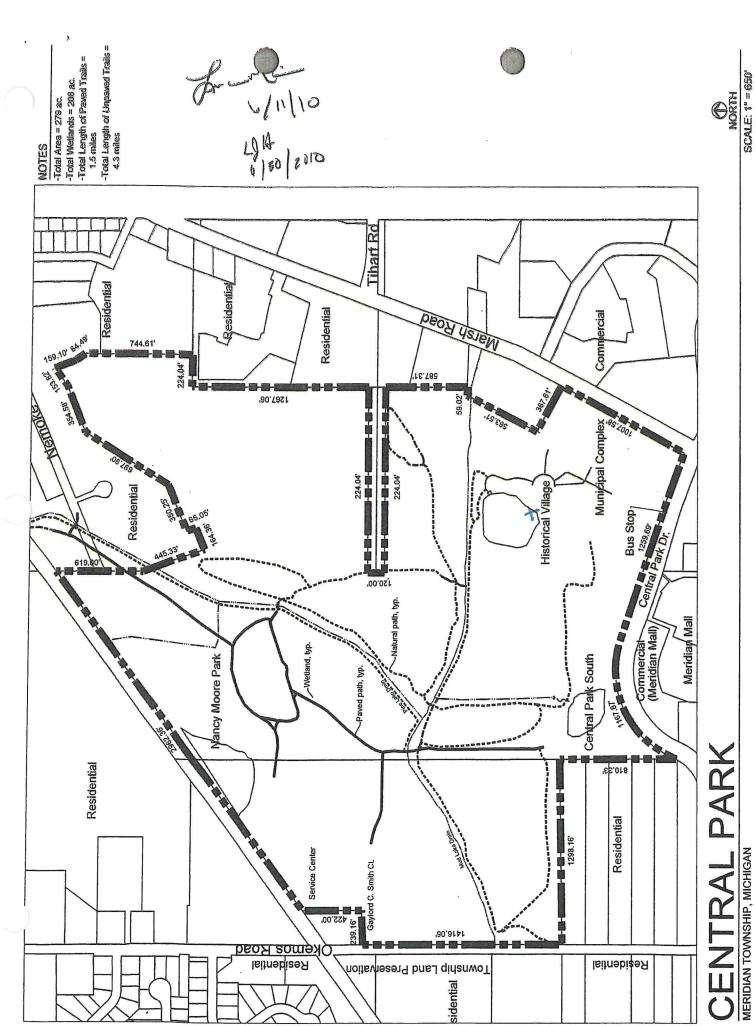
POST COMPLETION GRANT INSPECTION REPORTS

**GRANTS MANAGEMENT** 

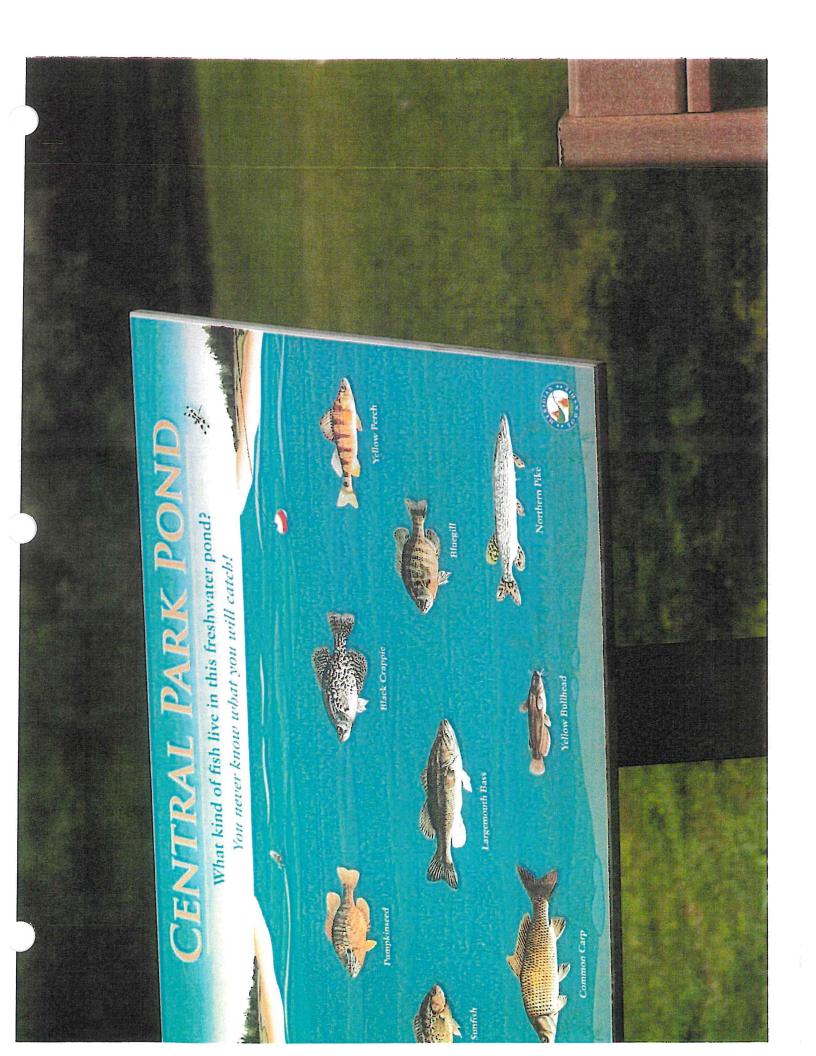
MICHIGAN DEPARTMENT OF NATURAL RESOURCES

PO BOX 30425

LANSING MI 48909-7925

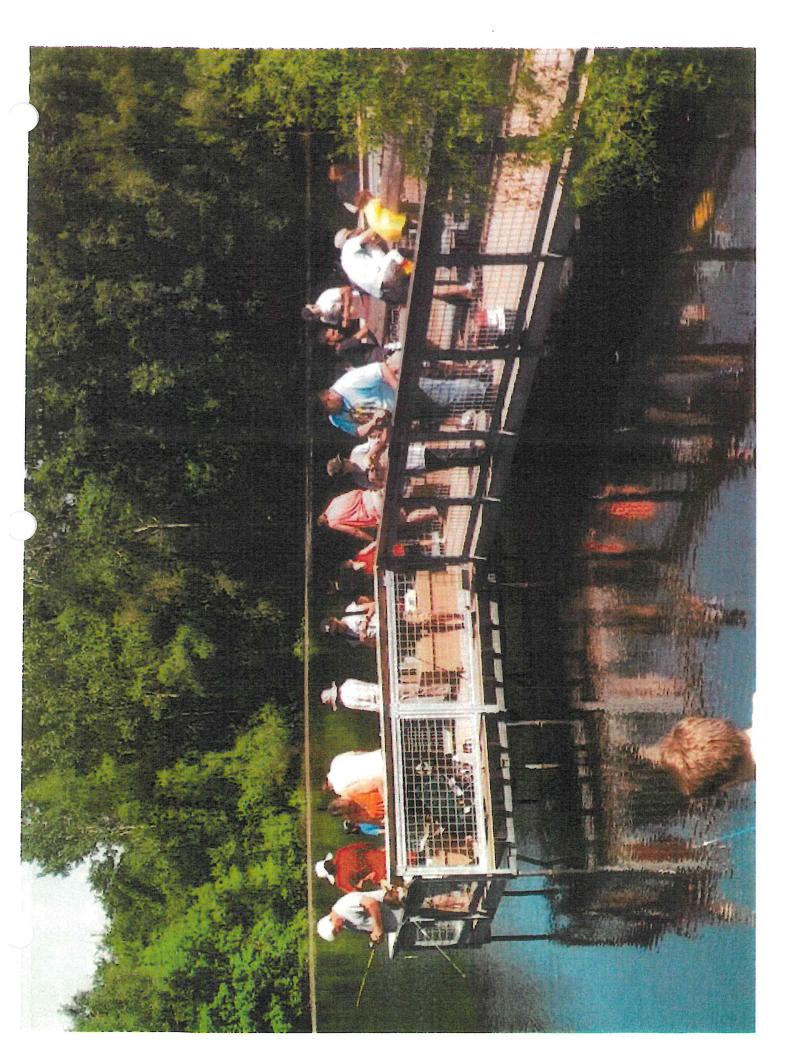


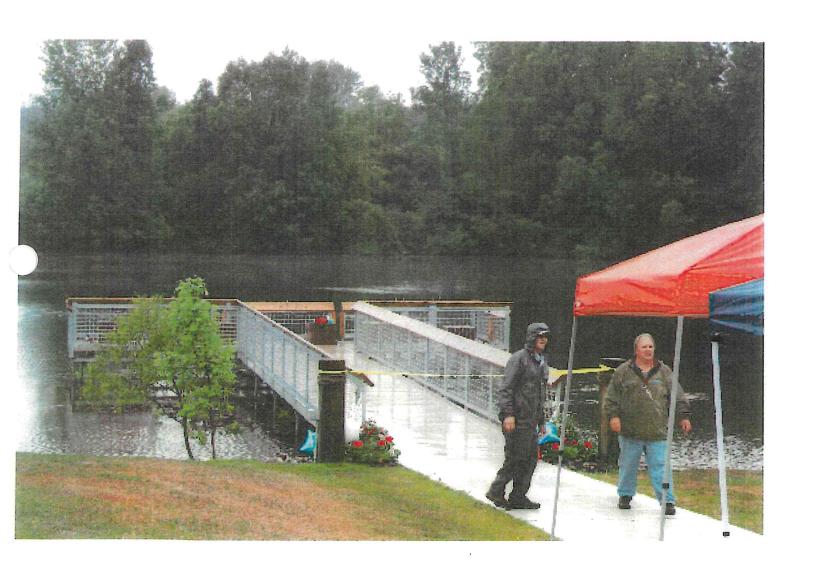
MERIDIAN TOWNSHIP, MICHIGAN













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 TR (Please select one) LAND AND WATER CONSERVATION F				
GRANTEE: Meridian Charter Township				
PROJECT NUMBER: CM99-173 PROJECT TYPE: Development				
PROJECT TITLE: Ferguson Park Renovation	on/erosion control r	estroom approach and		
Canoe launch, slope protection/erosion control, restroom approach and PROJECT SCOPE: renovation, play equipment and site furniture, lawn restoration/landscaping and resurface parking lot and drive				
TO BE COMPLETED BY LOCAL GOVERNMENT AGENCY (GRA	NTEE)			
Name of Agency (Grantee)	Contact Person	Title		
Meridian Charter Township		7 (813)		
	LuAnn Maisner Telephone	Director		
Address Department of Parks & Recreation 5151 Marsh Road City, State, ZIP	517-853-4600 Email			
Okemos MI 48864	maisner@merid:	ian.mi.us		
SITE DEVELOPMENT		es their living and the living the living		
Any change(s) in the facility type, site layout, or recreation act If yes, please describe change(s).	tivities provided?	□Yes ☑No		
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 ☒No				
Are any of the facilities obsolete? If yes, please explain.		□Yes <b>N</b> o		
SITE QUALITY				
Is there a park entry sign which identifies the property or facilityes, please provide a photograph of the sign. If no, please of the sign.		<b>∑</b> Yes ☐No		
Are the facilities and the site being properly maintained? If n	no, please explain.	<b>⊠</b> Yes □No		
Is vandalism a problem at this site? If yes, explain the measures be	eing taken to prevent or minimize	vandalism. Yes No		

POST COMPLETION SELF-CERTIFICATION REPORT - CONT'D	
Is maintenance scheduled on a regular basis? If yes, give schedule. If no, please explain.  Restroom cleaning 2 x/week, trash removal 2 x/week, mowing 1 x/week,	⊠Yes □No annual playground
safety inspection and surface upgrades.	- 20
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?  Dawn until Dusk, 365 days a year  COMMENTS (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)	

### POST COMPLETION SELF-CERTIFICATION REPORT - CONT'D

### 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. LuAnn Maisner CPRP Please print Bridget Cannon Please print Witness, Signature Date

Send completed report to:

POST COMPLETION GRANT INSPECTION REPORTS

**GRANTS MANAGEMENT** 

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

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