

Operating Partner's Financial Contribution Commitment Form

This form is used for the purpose of establishing the terms of the OPERATING AGREEMENT (or amendment) regarding the OPERATING PARTNER'S FINANCIAL CONTRIBUTION COMMITMENT. It identifies the contributions the OPERATING PARTNER intends to deliver and the timeframe of such deliveries.

Purpose: Description of the FINANCIAL CONTRIBUTION and use. (For possibility 3 under the definition of FINANCIAL CONTRIBUTION, list the PARK'S OPERATING COST THRESHOLD, subtracted from the estimated FEE REVENUE.)	Schedule of month/year of FINANCIAL CONTRIBUTION DELIVERY	Amount of the FINANCIAL CONTRIBUTION
		\$
		\$
		\$
		\$
		Grand Total:
		\$

This form will be an exhibit to the OPERATING AGREEMENT.

Name of PARK subject to this AGREEMENT: _____

I certify that the DEPARTMENT and OPERATING PARTNER understand and agree with the above offer and agree with all of the following: The DEPARTMENT'S MATCH authority is limited to \$10 million for all statewide FINANCIAL CONTRIBUTION DELIVERIES. All FINANCIAL CONTRIBUTION DELIVERIES must occur before June 30, 2014 because the DEPARTMENT must allocate and spend MATCH no later than June 30, 2014. Therefore, the DEPARTMENT will allocate MATCH in the same order that FINANCIAL CONTRIBUTIONS are received, with priority given to PARKS on the CLOSURE LIST. The DEPARTMENT cannot allocate MATCH after receiving \$10 million of FINANCIAL CONTRIBUTIONS pursuant to all statewide AGREEMENTS, or after June 30, 2014, whichever is earlier. The allocated MATCH funds must be spent by the DEPARTMENT no later than June 30, 2014.

OPERATING PARTNER'S Authorized Representative (Name and Title):

Signature _____

Date _____

DEPARTMENT'S Authorized Representative (Name and Title):

Signature _____

Date _____

Department's Match Pending Form

This form is used for the purpose of establishing the terms of the OPERATING AGREEMENT (or amendment) regarding the DEPARTMENT'S allocation of MATCH. It identifies the MATCH the DEPARTMENT will provide upon the OPERATING PARTNER delivering the items identified on the "OPERATING Partner's Financial Contribution Commitment Form". This form will be an exhibit to the OPERATING AGREEMENT.

Purpose: Description of the FUNCTIONS or DEFERRED MAINTENANCE that the DEPARTMENT will fund through the MATCH.	MATCH Amount
	\$
	\$
	\$
	\$
	Grand Total:
	\$

Name of PARK subject to this AGREEMENT: _____

I certify that the DEPARTMENT and OPERATING PARTNER understand and agree with the above offer and agree with all of the following: The DEPARTMENT'S MATCH authority is limited to \$10 million for all statewide FINANCIAL CONTRIBUTION DELIVERIES. All FINANCIAL CONTRIBUTION DELIVERIES must occur before June 30, 2014 because the DEPARTMENT must allocate and spend MATCH no later than June 30, 2014. Therefore, the DEPARTMENT will allocate MATCH in the same order that FINANCIAL CONTRIBUTIONS are received, with priority given to PARKS on the CLOSURE LIST. The DEPARTMENT cannot allocate MATCH after receiving \$10 million of FINANCIAL CONTRIBUTIONS pursuant to all statewide AGREEMENTS, or after June 30, 2014, whichever is earlier. The allocated MATCH funds must be spent by the DEPARTMENT no later than June 30, 2014.

OPERATING PARTNER'S Authorized Representative (Name and Title):

Signature _____

Date _____

DEPARTMENT'S Authorized Representative (Name and Title):

Signature _____

Date _____

OPERATING Partner's Financial Contribution Delivery Form

This form is used for the purpose of reporting the actual achieved FINANCIAL CONTRIBUTION DELIVERY to enable the DEPARTMENT to allocate MATCH. FINANCIAL CONTRIBUTION DELIVERY reported to the DEPARTMENT should be grouped on a QUARTERLY basis when possible.

Purpose: Description of the achieved FINANCIAL CONTRIBUTION DELIVERY. (For possibility 3 under the definition of FINANCIAL CONTRIBUTION, list the PARK'S OPERATING COST THRESHOLD (QUARTERLY), subtracted from the actual FEE REVENUE (QUARTERLY))	Month/year of FINANCIAL CONTRIBUTION DELIVERY	Amount of the FINANCIAL CONTRIBUTION
	QUARTERLY total through report:	
	QUARTERLY total through previous reports:	
	Grand total to date:	

Name of PARK subject to this AGREEMENT: _____

I certify that the OPERATING PARTNER provided the FINANCIAL CONTRIBUTION DELIVERY listed on this form. The OPERATING PARTNER understands that all FINANCIAL CONTRIBUTION DELIVERY records must be kept by the OPERATING PARTNER through July 1, 2017 and will be made available for purpose of a possible audit.

OPERATING PARTNER's Authorized Representative (Name and Title):

Signature _____

Date _____

DEPARTMENT's Authorized Representative (Name and Title):

Signature _____

Date _____

Department's Match Allocation Form

This form is used to identify the DEPARTMENT'S MATCH allocation based on the actual FINANCIAL CONTRIBUTION DELIVERY listed on the "OPERATING Partner's Financial Contribution Delivery Form".

Purpose: Description of the FUNCTIONS or DEFERRED MAINTENANCE that the DEPARTMENT will fund through the MATCH.	MATCH Amount
Total MATCH through this allocation:	
Previous MATCH amount allocated to this PARK:	
Grand Total of MATCH allocated to this PARK to date:	

Name of PARK subject to this AGREEMENT: _____

I certify that the DEPARTMENT and OPERATING PARTNER understand and agree with the following: The DEPARTMENT'S MATCH authority is limited to \$10 million for all statewide FINANCIAL CONTRIBUTION DELIVERIES. The OPERATING PARTNER'S Financial Contribution Delivery Form shows the FINANCIAL CONTRIBUTION DELIVERY occurred before June 30, 2014. The DEPARTMENT is allocating MATCH for the amount and purpose shown on this form due to the requirement that the DEPARTMENT must allocate and spend MATCH before June 30, 2014, and the DEPARTMENT will allocate MATCH in the same order that FINANCIAL CONTRIBUTIONS are received with priority given to PARKS on the CLOSURE LIST, and there is still a sufficient balance under the \$10 million pursuant to all statewide AGREEMENTS. These allocated MATCH funds must be spent by the DEPARTMENT no later than June 30, 2014.

OPERATING PARTNER'S Authorized Representative (Name and Title):

Signature _____

Date _____

DEPARTMENT'S Authorized Representative (Name and Title):

Signature _____

Date _____