



NORTH CAROLINA PUBLIC BEACH AND WATERFRONT ACCESS PROGRAM PRE-APPLICATION 2026-2027

Local Government: _____ Federal ID Number: 56-_____

Project Name: _____

Brief Project Description:

Local Government Project Administrator Name: _____ Title: _____ Address: _____ City, State, Zip: _____ Telephone: _____ Email: _____	Project Type (choose one): <input type="checkbox"/> Land Acquisition <input type="checkbox"/> Site Improvement <input type="checkbox"/> Site Maintenance
Costs rounded to nearest dollar: Grant funds requested: \$ _____ .00 Local government's matching funds: \$ _____ .00 Cash Match: \$ _____ .00 In-kind Match: \$ _____ .00 Total cost of project: \$ _____ .00	Site Control (check all that apply): <input type="checkbox"/> Owned by local government <input type="checkbox"/> To be obtained with this land acquisition project <input type="checkbox"/> Land acquired under an approved waiver. <input type="checkbox"/> Expiration date: _____ . <input type="checkbox"/> Leased by applicant for 25 years or more <input type="checkbox"/> Easement by applicant for 25 years or more <input type="checkbox"/> Owned by other State, Federal, or government agency with a Joint Use Agreement.

LOCAL GOVERNMENT REPRESENTATIVE SIGNATURE

Print or Type Name

Title

Signature

Project Budget

This form must be completed and included with your application. Round project costs to the dollar.

If available, attach a detailed breakdown of the cost assumptions upon which the Project Budget is based. Proposals that include this information increase their likelihood of funding.

Project Elements	Grant	Cash Match	In Kind	Total
Land Acquisition Costs				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Permit and Design Fees				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Site Improvement Costs: Materials				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Site Improvement Costs: Labor				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Local Administrative Costs				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Totals	\$	\$	\$	\$
Match Percentages	%	%	%	%

Proposed Local Match

Local Government: _____ Project Name: _____

Instructions: Use the form below to show the sources of your matching funds. Indicate if these funds are currently available or are the funds yet to be approved. If funds are yet to be approved, list the date for approval. If applicable, provide additional narrative related to in-kind match and/or state/federal funds.

Applicants are encouraged to include their local contribution in their budget.

Source of Matching Funds			
Type of Matching Funds	Amount of Funds	Funding Source	Availability (Month/Year)
	\$		
	\$		
	\$		
	\$		
	\$		
Total Matching Funds:	\$		

Additional Narrative:

Provide narrative explaining the relevance of proposed in-kind match to the project.

If other state and/or federal funds are to be used as local match, indicate the specific project elements that will qualify for joint funding. How viable is the project if complementary funding from another program is not secured?

Provide the following ATTACHMENTS and NARRATIVE:

1. **Site location maps:** Provide a regional location map and a detailed vicinity map (street map) showing the location of the proposed project. Include a north arrow, and legible street names.
2. **Site description:** Provide a description of the site where the project will be located, including natural features and existing improvements. Also include NC Division of Water Resources [Surface Water Classification\(s\)](#).
3. **National Flood Insurance Program Floodways & Non-encroachment Areas:** Indicate if the project site or improvements are located in [Floodway or Non-encroachment area](#) per 40 C.F.R. § 60.3(d)(3). If the project or improvements are located in one of these areas, additional engineering studies may be needed.
4. **Project description:**
 - a. **Land acquisition projects:** Provide an exhibit or boundary survey indicating land area, an estimated cost of the property, and basis for the estimate. An overlay on aerial photos may be submitted. Indicate if the property would be acquired in phases.
 - i. The community has five years to begin developing beach and water access facilities on an acquired site. Describe how the public will be able to use the site until improved access facilities are in place.
 - b. **Site improvements projects:** Provide a description of the access facilities to be built, including information on features, materials, and proximity to [closest/other access sites](#).
 - c. **Maintenance of a previously funded site projects:** describe the repair and maintenance being proposed. Describe why repairs and maintenance are needed at this site.
5. **Project justification:** Explain why the project is needed and how it will benefit your community.
6. **List the types and sources of utilities proposed; and identify associated costs on Project Budget (pg. 3). Note above ground utilities must be identified.**
7. **Project site plan:** Provide a to-scale site plan showing property lines (label existing uses on adjacent lots), proposed site improvements, existing facilities, and significant natural features.
 - Include a legend, north arrow and graphic scale.
 - Improvements shown as an overlay on aerial photos also may be submitted.
 - Provide to-scale building elevations and floor plans as applicable.
8. **Pre-project tasks:** Identify completed tasks and tasks that must be completed prior to starting the project.
9. **Permits:** List all necessary permits and/or certifications.

10. ADA Transition Plan: Is this project site identified in your community's ADA Transition Plan? If yes, provide a brief description of the improvements identified in the plan and outline how this project addresses them.

11. ADA requirements: Does this project meet ADA requirements? If yes, describe the handicapped accessible features of this project. If no, describe why a handicapped accessible facility is impracticable and outline how handicapped accessibility needs are met within the area. See Designing Facilities for ADA in the application packet.

12. Exceeding ADA requirements: Does this project exceed ADA requirements? If yes, describe the handicapped accessible features that exceed ADA requirements. See Designing Facilities for ADA in the application packet.

13. Is this project identified as high local priority in your certified Future Land Use Plan or local Access Plan? If yes, provide a brief description of the plan and a statement of the extent to which the project implements the policies of the plan.

14. Is this project reflected in other policy documents or ordinances? If yes, provide a brief description of the document or ordinance and a statement of the extent to which the project implements goals of the document or ordinance.

15. Previous grants: List Access Grants previously received from DCM at this site by year. Use the DCM [map of past grants awarded](#).

16. User fees: Is a user fee charged at this site? Do you charge user fees at any other DCM funded sites? If yes to either of these questions, provide the most recent annual accounting report as required by [15A NCAC 07M .310\(d\)](#).