

**RHODE ISLAND TRAILS ADVISORY COMMITTEE  
TRAIL IMPROVEMENT GRANT APPLICATION  
Revised March 2003**

A. **Application Information:**

1. Applicant (Organization/Municipality/State Division):

FEIN:

2. Contact Person

E-Mail Address

Daytime Telephone:

Fax Line:

Address:

B. **Project Category for This Application:**

Handicap Access Trail

New Community Trail

New Regional Greenway Connection

Land Acquisition/Easement

Existing Trail (infrastructure)

Trail User Education & Safety

C. **Project Description:**

1. Describe the project: What will be done?  
Show location on map, including photographs (limit to 3). Note relationship of trail to other trails. Describe any special features.

2. Indicate length of trail section to be constructed or improved.

3. What percentage of the grant funds will be used for:

Parking and Trailhead development:

Signs, signage, and maps:

New trails:

Trail restoration:

Number of bridges and length in feet

Purchase or rental of small tools:

Wheelchair accessible:

4. Will this project be implemented in two years?

Yes

No

D. **Community Plan**

1. Has this trail project been identified in the State Greenways Plan? (Ref.; A Greener Path: Greenspace and Greenways for Rhode Island's Future. State Guide Plan Element 155. R.I. Department of Administration, Division of Planning 1994), or in the SCORP (ref. Rhode Island Comprehensive Outdoor Recreation Plan State Guide Plan Element 152 R.I. Department of Administration, Division of Planning and R.I. Department of Environmental Management 1992.) or the Local Comprehensive Plan?

Yes

No

Identify the Plan or Plans:

2. Is this project a component of an existing or future regional or statewide trail system?

Yes

No

E. **Access**

1. Will/Is the trail now open to the public? If no please explain.

Yes

No

2. Parking: Is there adequate parking within a reasonable distance of the trail?

Yes                      No

Number of Spaces:

3. Will the project provide features that facilitate the access and use of trails by persons with wheelchairs or other disabilities?

Yes                      No

If yes, briefly describe how:

4. If trail is located in any of the following, identify the facility:

In an Urban Area	DEM Management Area or State Park
Town owned park or forest	Other public owned land
Private Preserve	

The appropriate DEM managing division and/or management council must approve all projects on state lands. Projects on town owned land must be approved by town officials. Projects on private lands must be approved by the landowner. Evidence of landowner approval is required with this application. If there is more than one owner, show all ownership on this trail project map.

5. Why are you doing this project?

6. Will the project result in significantly increased safety ?

**F. User Groups**

1. Indicate the categories of trail usage that the project will accommodate. Uses to be accommodated (check all that apply)

***Proposed Use***

Persons with Disabilities                      Hiking/walking/jogging/running

Horseback riding                              Horsedrawn carriage

Regular bicycling                              Mountain bicycling

Motorcycle riding                              All terrain vehicle use

Snowmobiling                                  Cross-country skiing

Canoeing or kayaking                      Dog sledding

Other recreational trail use: (specify)

2. Is there a volunteer user group commitment to provide ongoing trail maintenance?

Yes                      No

Identify Volunteer Group

Contact Person

Phone Number

G. **Educational / Cultural**

1. Is there or will there be an educational component to the trail? (Examples: Interpretive signs, guide or self-guided tours, classes)? If yes, describe.

Yes                      No

Description:

2. Are there any historic or cultural features along the trail (examples: cellar holes, cemeteries, millponds)? If yes, describe.

Yes                      No

Description:

H. **Environmental Impacts**

1. Identify the proximity of wetlands to the trail section to be improved?

The trail goes through a wetland area  
(Approximate length of trail in wetland: feet)

There is a wetland within 100 feet of the trail, but the trail does not go through a wetland.

No wetland nearby

2. Identify any significant positive environmental impacts created by the trail users use of the completed project.

3. Identify any significant negative impacts:

## I. Total Project Cost

1. A. Amount Requested:  
B. Local Match  
C. Total Project Cost:
2. Project cost by element  
Design  
Construction  
Tools  
Acquisition/Easements  
Other (identify)
3. Is this anticipated to be a volunteer construction project?  
Yes                      No      If so, what % of the project
4. Is this anticipated to be a construction project undertaken by the City/  
Town employees?  
Yes                      No      If so, what % of the project
5. Is this anticipated to be a construction project undertaken by a private  
contractor?  
Yes                      No      If so, what % of the project

J. **Local Match**

Identify source and amount of applicant match 20%

<u>Source</u>	<u>Amount</u>
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Volunteer Labor

Materials

Land Donation

Professional Services

Local Government Employees

Applicant Funds

**TOTAL MATCHING FUNDS**

K. **Project Assurances**

By signature of its authorized representative below, the applicant certifies that if awarded a Recreation Trail Grant for this project, it will comply with the program requirements: Commitment to diligently manage and execute the project to deliver the specified results within the project period and budget. Commitment to operate and properly maintain all public use facilities developed pursuant to the project. Commitment to non-discrimination in the availability and usage of all public facilities developed pursuant to the project.

\_\_\_\_\_  
Chief Elected Official

\_\_\_\_\_  
Date

**Project Endorsement**

By signature of its authorized representative, the City or Town certifies its endorsement of and support for this project, and agrees to assume responsibility for the Project Assurances made under Item 1 above, should the applicant fail to perform or comply with same.

***I certify that there is sufficient funding available to complete this grant project in advance of State Reimbursement.***

\_\_\_\_\_  
Chief Elected Official

\_\_\_\_\_  
Date