

RHODE ISLAND TRAILS ADVISORY COMMITTEE

TRAIL EQUIPMENT APPLICATION

REVISED March 2003 - Applicant Information

1. City/Town/State Dept./Agency/Organization
2. Contact Person
3. Address
4. Daytime Phone Number
5. e-mail
6. Fax Number
7. FEIN
8. Name & location of trail to be maintained by equipment

9. Is trail open for public use? Yes No
10. Is trail accessible to people with disabilities? Yes No

B. Equipment Description/Specifications

1. Type of Equipment:
2. Estimated Cost:
3. List a minimum of three price quotes and the vendors:
 - 1.
 - 2.
 - 3.

4. **Grant Request** - Applicant must match 20% of equipment cost with cash.

Amount Requested:

Matching Funds:

Total Project Cost:

Provide a maintenance schedule for this type of equipment including the following:

5. Who controls access to this equipment:
6. Where will equipment be stored:
7. Who will be responsible for the maintenance of this equipment:
8. How will this equipment be maintained:
9. Please explain the planned specific use of trail equipment and who will be operating this equipment:

10. Is there volunteer user group committed to provide ongoing trail maintenance?

Yes No

Identify Volunteer Group

Contact Person

Phone Number

11. Will the purchase of this equipment result in the increase safety of trail users?

Yes No

If yes, explain how:

12. The purchase of equipment through this grant is for use on trails only. Will this equipment be utilized on any other property owned by the applicant?

Yes

No

If yes, explain:

C. User Groups - Identify User Groups who will use trail.

Hikers/Jogging/Running

Horseback Riding

Horsedrawn Carriage

Dog Sledding

Road Bicycling

Mountain Bicycling

Motorcycle Riding

All Terrain Vehicle Use

Snowmobiling

Cross Country Skiing

Canoeing or Kayaking

Other Recreational Use (Specify)

D. Project Assurance

Applicant certifies that they have sufficient funding available to acquire the requested equipment in advance of State reimbursement.

By signature of its authorized representative, the applicant certifies that if approved to receive a Recreational Trails Program Equipment Project, it will comply with the following program requirements: Identify the trail maintenance equipment as having received funding from this program. 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 and developed pursuant to the project. Commitment to non-discrimination in the availability and usage of all public facilities pursuant to the project.

Chief Local Elected Official/State Department Director

Date

E. Project Endorsement

By signature of its authorized representative, the City/Town/State Dept./Agency/Organization certifies its endorsement of and support of this project, and agrees to assume responsibility for the Project Assurances made under Item No. 1 above, should the applicant fail to perform or comply with same.

Chief Local Elected Official/State Department Director

Date