

USE THIS SHEET FOR SMALL PROJECT GRANTS ONLY

D. Project Location (attach locus map):

1. What is the name of the trail?
2. In which municipality(s) is the trail located?

E. Project Description:

1. Total length of the trail _____
2. Length of trail section to be constructed or improved _____
3. If bridges are part of the project, how many and what is their length in feet?
4. What is the purpose of this project? What will be done? What materials will be used?

F. Access

1. Are there any regulations of public access or limitations to public use?
 Yes No
If yes, please explain.

G. Project Costs and Funding Information

1. Estimated Project Cost: _____
Amount Requested: _____

Identify source and amount of applicant's 20% match:

<u>Source</u>	<u>Cash Amount</u>	<u>Non-Cash Value</u>
Applicant Funds	_____	_____
Volunteer Labor	_____	_____
Professional Services	_____	_____
Government Employees	_____	_____
Materials	_____	_____
Other	_____	_____
Total match	_____	_____

2. Provide a specific itemization of expected project expenses and their estimated costs.

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

New trails: _____%

Trail restoration: _____%

Bridges: _____%

Signs, signage, and maps: _____%

Parking and trailhead development: _____%

Purchase or rental of small tools: _____%

Handicap accessibility: _____%

Safety and Education: _____%

4. Who will construct this trail?

Volunteers _____%

Municipal / State employees _____%

Private contractor _____%

L. Project Assurances

By signature of its authorized representative below, the applicant certifies that if awarded a Recreational Trails Grant for this project, it will comply with the program requirements: 1) Diligently manage and execute the project to deliver the specified results within the project period and budget. 2) Operate and properly maintain all public-use facilities developed pursuant to the project. 3) Not discriminate in the availability and usage of any public facilities developed pursuant to the project.

Authorized Representative

Date

Municipal Project Endorsement (if applicable)

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 the item 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