

Proposals Due November 30, 2012

State of Rhode Island
Department of Environmental Management and Department of Transportation
Trails Advisory Committee

Recreational Trails Program Grant Request

COVER PAGE

Project Name:

A. Type and amount of grant requested:

- | | |
|--|--|
| <input type="checkbox"/> Small Project Grant (\$3000 max.) | <input type="checkbox"/> Land Acquisition Grant |
| <input type="checkbox"/> Educational Project Grant | <input type="checkbox"/> Heavy Motorized Equipment Grant |
| <input type="checkbox"/> New Trail / Trail Improvement Grant (\$100,000 max) | |

Amount requested: _____

B. This grant will be used for (check all that apply):

- Trail maintenance and repair
- Trailhead or trailside facilities or amenities
- New trail construction
- Education (trails safety, trails-related environmental education, or trails-related environmental protection)
- Land acquisition
- Lease or purchase of trail construction or maintenance equipment

C. Applicant Information:

1. Applicant:

2. Contact Person:

3. Address:

4. E-mail:

5. Telephone:

6. Fax:

7. Federal Employer Identification Number (FEIN):

*For additional information regarding this application, visit the RIDEM website at:
www.dem.ri.gov/programs/bpoladm/plandev/grants.htm*

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 _____ %

USE THIS SHEET FOR EDUCATIONAL PROJECT GRANTS ONLY

D. Project Description:

1. How does this project relate to trails safety, trails-related environmental education, or trails-related environmental protection (e.g. environmentally sensitive trail construction and/or trail maintenance techniques)?
2. What are the timetable and deliverables for the project?
3. Who is the target audience and what are the number of people you expect to reach?

E. Project Costs and Funding Information

1. What is estimated total project cost?
2. What is the amount of the grant that you are requesting?
3. What other sources of funding (including in-kind) and volunteer labor do you have? Please be specific.
4. Provide a specific itemization of expected project expenses and their estimated costs.

USE THIS SHEET FOR NEW TRAIL / TRAIL IMPROVEMENT 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?
3. What is the classification of the land where the trail is located:
 - DEM Management Area or State Park
 - Municipally-owned park, forest, or recreation area
 - Other publicly-owned land
 - Private preserve / conservation area
 - Private property

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?
5. What is the estimated timeframe for the initiation and completion of the project?
Estimated start date _____ Estimated completion date _____
6. Additional information:
Describe any special features of the trail or proposed project not noted elsewhere. Attach a map showing the location of the trail and the relationship of the trail to other trails. Include photographs, diagrams, plans or other visual information that would support the proposal.

F. Planning Consistency

1. Has this trail project been identified in:

A Greener Path: Greenspace and Greenways for Rhode Island's Future (State Guide Plan Element 155, Department of Administration, Division of Planning 1994), Yes No

Ocean State Outdoors: Rhode Island's Comprehensive Outdoor Recreation Plan (SCORP) (State Guide Plan Element 152, Department of Administration, Division of Planning, and R.I. Department of Environmental Management, 2003), Yes No

Community Comprehensive Plan Yes No

Other (Identify the Plan or Plans) _____

G. Access

1. Are there any regulations of public access or limitations to public use?

Yes No

If yes, please explain.

2. Is there adequate parking for use of this 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:

H. User Groups

1. Indicate the categories of trail usage that the project will accommodate (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Hiking/walking/jogging/running | <input type="checkbox"/> Horse drawn carriage |
| <input type="checkbox"/> Regular bicycling | <input type="checkbox"/> Horseback riding |
| <input type="checkbox"/> Mountain bicycling | <input type="checkbox"/> Cross-country skiing |
| <input type="checkbox"/> Motorcycle riding | <input type="checkbox"/> Dog sledding |
| <input type="checkbox"/> All terrain vehicle use | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Off-highway light trucks | <input type="checkbox"/> Canoeing or kayaking |
| <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Other recreational trail use: (specify) |

2. Is there a volunteer user group willing to commit to provide ongoing trail maintenance? Yes No

If yes, identify the volunteer group. Include a contact person and phone number.

I. Educational / Cultural

1. Is there or will there be an educational component to the trail? (For example: interpretive signs, self-guided tours, classes) Yes No
If yes, please describe.

2. Are there any historic or cultural features along the trail? (For example: stone walls, cemeteries, cellar holes, mill ponds) Yes No
If yes, please describe.

J. Site Suitability / National Environmental Policy Act Compliance

1. Identify the proximity of wetlands to the trail section to be improved.
 No wetland nearby
 There is a wetland within 100 feet of the trail, but the trail does not go through a wetland
 The trail goes through a wetland area (provide the approximate length of trail in wetland)

2. Summarize the relevant environmental and historic/archeological issues. What are the existing conditions on the project site and how will the project minimize and/or mitigate impacts to natural and historic/archeological resources?

K. 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	_____	_____

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

4. 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: _____ %

5. 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

USE THIS SHEET FOR HEAVY MOTORIZED EQUIPMENT GRANTS ONLY

D. Trail(s) information (attach locus map)

1. What is the name and location of the trail(s) to be maintained by this equipment?

2. What is the classification of the land where the trail is located:

- DEM Management Area or State Park
- Municipally-owned park, forest, or recreation area
- Other publicly-owned land
- Private preserve / conservation area
- Private property

3. Are there any regulations of public access or limitations to public use?

Yes No

If yes, please explain.

4. Is the trail(s) accessible to people with disabilities?

Yes No

E. User Groups

Indicate the categories of trail usage that the project will accommodate (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Hiking/walking/jogging/running | <input type="checkbox"/> Horse drawn carriage |
| <input type="checkbox"/> Regular bicycling | <input type="checkbox"/> Horseback riding |
| <input type="checkbox"/> Mountain bicycling | <input type="checkbox"/> Cross-country skiing |
| <input type="checkbox"/> Motorcycle riding | <input type="checkbox"/> Dog sledding |
| <input type="checkbox"/> All terrain vehicle use | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Off-highway light trucks | <input type="checkbox"/> Canoeing or kayaking |
| <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Other recreational trail use: (specify) |

F. Equipment Description / Specifications / Maintenance

1. Type of equipment requested:

2. Where will this equipment be stored?

3. Who will control the access to, and operation of, this equipment?

4. How will this equipment be maintained? Who will be responsible for the maintenance of this equipment?
5. What is the planned specific use of this trail equipment?
6. Is there a volunteer user group willing to commit to provide ongoing trail maintenance? Yes No
- If yes, identify the volunteer group. Include a contact person and phone number.
7. Will this equipment be used on any property owned by the applicant not identified in Question D. above? Yes No
- If yes, please explain.

G. Project Costs and Funding Information

1. Overall project cost
- Amount Requested:
- Applicant Match*:
- Total Project Cost:
2. List a minimum of three price quotes and the vendors:
- 1)
- 2)
- 3)

* The applicant must match 20% of the equipment cost with cash or in kind services

H. Project Assurances

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

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 following program requirements: 1) Identify the trails maintenance equipment as having received funding from this program. 2) Diligently manage and execute the project to deliver the specified results within the project period and budget. 3) Operate and properly maintain all public-use facilities developed pursuant to the project. 4) 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 / Town / State Department 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 or State Department Director

Date