State of Rhode Island Department of Environmental Management

Recreational Trails Program Grant Request Large Project Grant (\$25,000 to \$100,000)

Project Name:

Grant Amount Requested:

A. Proposed use of grant

Grant funds will be used for (check all that apply):

- □ Maintenance and repair of existing trails
- **Development and rehabilitation of trailside and trailhead facilities or amenities**
- □ Construction of new recreational trails

B.	App	licant	Informa	tion:
.	/ \PP			

Applicant:	Federal Employer Identification Number
••	(FEIN):

Street address:

Town:

Zip code:

Contact person:

Contact person e-mail address:

Contact person telephone number:

C. Trail Description & Project Location – Please attach a project map and locus map Trail name:

Trail location (plat/lot, city/town and nearest road):

Ownership of the land where the trail will be located:

Length and width of trail to be created or improved:

If trail to be created or improved is a segment of a larger trail, what is total length of larger trail?

User groups (hikers, equestrian, mountain biking, etc.) that the trail will benefit?

Is the proposed trail ADA accessible? Yes No Are there any restrictions on public access or limitations to public use? Yes n No If yes, please explain.

Are fees charged for use: Yes No If so, provide details on fee structure.

D. Planning Consistency

Does this project implement a specific action in the Local Comprehensive Plan? If so, please provide citation.

Does this project implement a specific action in the SCORP or other State Guide Plan or regional plan? Is so, please provide citation.

E. Project Description:

What is the purpose of this project?

What will the grant funds be used for? Include details such as signage and amenities.

Describe how this project provides environmental benefits such as protection or restoration of water quality or habitat.

Describe how this project strengthens connections between health and trail-based recreation.

Describe the maintenance plan for the Trail. Identify who will maintain the Trail.

F. Scope of Work

Proposed Scope of Work

Timeline (Start & Finish)

G. Budget - Items not listed in the budget may not be eligible for reimbursement

Task	Total estimated	Proposed funding sources	
	cost	Grant (up to 80%)	Match funding (up to 20%)

TOTALS

Provide details on the source of match (volunteer labor, in kind materials, local appropration, etc.

H. Design & Permitting

Please describe any anticipated design and permitting work involved in this project. Include wetland, cultural resources, and/or endangered species review as well as architectural engineering services. If a pre-app meeting has taken place, please provide date and attach meeting notes.

I. 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. 4) Comply with all applicable state and federal laws.

Authorized Representative

Date

Print name, title

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

Print name, title