



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219**  
**TRAIL PROJECT APPLICATION (PAGE 1 OF 12)**

DIVISION OF STATE PARKS USE ONLY	
PROJECT #	
PROJECT CATEGORY	

If the vendor provides any "personal information" as defined in Section 105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.

**QUESTIONS 1-9: GENERAL INFORMATION (see OPSP, Section V, pg. 16)**

1. NAME OF AGENCY OR ORGANIZATION REQUESTING GRANT FUNDS		
ADDRESS		
CITY	STATE	ZIP
NAME AND TITLE OF RECEIVING OFFICIAL		
EMAIL ADDRESS	PHONE	
2. AGENCY/ORGANIZATION UEI NUMBER		
3. APPLICATION PREPARER		
EMAIL ADDRESS	PHONE	
4. PROJECT CONTACT PERSON	TITLE OF PROJECT CONTACT PERSON	
EMAIL ADDRESS	PHONE	
AN LPA PROJECT-CERTIFIED PERSON IN RESPONSIBLE CHARGE	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5. U.S. REPRESENTATIVE	DISTRICT	
6. STATE REPRESENTATIVE	DISTRICT	
7. STATE SENATOR	DISTRICT	
8. REGIONAL PLANNING COUNCIL		
9. LOCATION OF PROJECT: COUNTY IN WHICH THE PROJECT IS LOCATED		
CITY OR TOWN IN WHICH THE PROJECT IS LOCATED (if project is not located within city limits, indicate nearest city or town)		
TOWNSHIP, RANGE, SECTION	LATITUDE	LONGITUDE

**QUESTIONS 10-11: PROJECT SPONSOR'S BACKGROUND (see OPSP, Section V, pg. 16)**

10. PROJECT APPLICANT IS:	
<input type="checkbox"/> STATE <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> NOT-FOR-PROFIT <input type="checkbox"/> FEDERAL AGENCY	
11. DESCRIBE PROJECT SPONSOR'S ORGANIZATION: HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE? (indicate number of years; If less than a year, give date organization was established) _____	WHAT IS THE ORGANIZATION'S ANNUAL OPERATING BUDGET (please indicate)?
DOES THE ORGANIZATION EMPLOY FULL-TIME STAFF? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many) _____	DOES THE ORGANIZATION EMPLOY PART-TIME STAFF? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many) _____
DOES THE ORGANIZATION HAVE A BOARD WITH OVERSIGHT RESPONSIBILITIES? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many members) _____	DOES THE ORGANIZATION HAVE VOLUNTEERS? <input type="checkbox"/> NO <input type="checkbox"/> YES (if yes, designate how many) _____
SUMMARIZE THE ORGANIZATION'S MISSION	



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**QUESTION 12: PREVIOUS PERFORMANCE [UP TO 10 POINTS] (see OPSP, Section V, pg. 16)**

12. HAS THE PROJECT SPONSOR RECEIVED A MoDNR GRANT WITHIN THE LAST 10 YEARS?  NO  YES (if yes, designate how many)

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IF YES, DOES THE SPONSOR HAVE A MoDNR GRANT CURRENTLY OPEN?  NO  YES (if yes, designate how many projects)

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WITHIN THE LAST 10 YEARS, HAS THE SPONSOR HAD TO WITHDRAW A MoDNR PROJECT AND DE-OBLIGATE FUNDING?  NO  YES

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WITHIN THE LAST 10 YEARS, HAS THE SPONSOR HAD TO ASK FOR AN EXTENSION TO COMPLETE THEIR PROJECT?  NO  YES (if yes, indicate how many)

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IF THE PROJECT SPONSOR HAS HAD TO REQUEST AN EXTENSION OR WITHDRAW A PROJECT WITHIN THE PAST 10 YEARS, PLEASE PROVIDE AN EXPLANATION.

**QUESTIONS 13-22: PROJECT DESCRIPTION [UP TO 20 POINTS] (see OPSP, Section V, pg. 17-20)**

13. PROJECT CATEGORY IS (please select one)

NONMOTORIZED SINGLE USE [1 point]  MOTORIZED SINGLE USE\* [1 point]

NONMOTORIZED DIVERSE USE [3 points]  MOTORIZED DIVERSE USE\* [3 points]

BOTH NONMOTORIZED & MOTORIZED DIVERSE USE\* [5 points] \*At least 60% of total project costs must be motorized-related costs.

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14. PROJECT TYPE IS: (Check either new development OR rehabilitation/repair AND property and equipment acquisition, if applicable)

NEW DEVELOPMENT (if 60% of total project costs) (if new development, indicate subtype below; check all that apply) **OR**  REHABILITATION/REPAIR (if 60% of total project costs) (if rehab./repair, indicate subtype below; check all that apply)

NEW TRAIL CONSTRUCTION  REHABILITATION/REPAIR OF EXISTING TRAIL(S)

NEW TRAILSIDE AND/OR TRAILHEAD AMENITIES  REHABILITATION/REPAIR OF EXISTING AMENITIES

NEW TRAIL CONNECTOR(S) TO EXISTING TRAIL(S)  REHABILITATION/REPAIR OF EXISTING CONNECTORS

PROPERTY/EASEMENT ACQUISITION OR LEASE FOR TRAIL DEVELOPMENT

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15. PROJECT WILL BE CONSTRUCTED ON (for trail-related construction/rehabilitation projects):  PUBLIC LAND  PRIVATE LAND  COMBINATION

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16. INDICATE IF PROJECT SPONSOR OWNS, LEASES OR HAS ACCESS TO PROJECT LAND\* (check all that apply)

OWN  PERMANENT TRAIL EASEMENT  OTHER (please explain)

LEASE (minimum of 25 years, and signature of owner/other holders acknowledging 25 year commitment to maintain in outdoor recreation use, required)  TEMPORARY CONSTRUCTION EASEMENT

\*Additional documentation required. Refer to Supporting Documentation Checklist in the application guide.

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17. LIST ALL PRESENT EXISTING AND REASONABLY ANTICIPATED LIENS OR MORTGAGES OR BOTH, ON THE PROPERTY, AND THE EFFECT ON THE RECREATIONAL EASEMENT THAT WILL BE REQUIRED.

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18. ARE THERE ANY RIGHT-OF-WAYS, EASEMENTS, OR REVERSIONARY INTERESTS ASSOCIATED WITH THE PROPERTY?  NO  YES (if yes, please explain)

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19. INTENDED USES OF THIS PROJECT (check all that apply)

BICYCLING  CANOEING/KAYAKING  OTHER (please specify)

WALKING/JOGGING  MOTORIZED BOATING

HIKING  ATV/UTV (four-wheel)

BACKPACKING  OFF-HIGHWAY MOTORCYCLING

EQUESTRIAN  OFF-ROAD VEHICLE

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20. PROJECT TITLE (a 6 word or less title is encouraged)



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21. PROVIDE A DETAILED PROJECT NARRATIVE.  
(include specific information about what is being constructed, rehabilitated/repared and/or acquired; see application guide for clarification; answer within the space provided; a 400 word limit is encouraged)

22. DESCRIBE THE BENEFITS OF THIS PROJECT (include how the project is beneficial and who it benefits; answer in the space provided).



**QUESTIONS 23-30: PROJECT PLANNING AND IMPLEMENTATION [UP TO 35 POINTS] (see OPSP, Section V, pg. 20-22)**

23. HOW DOES THIS PROJECT MEET A NEED IDENTIFIED IN A LOCAL OR REGIONAL MASTER PLAN OR THE STATEWIDE COMPREHENSIVE MASTER PLAN (SCORP)? [up to 5 points]

24. DID THE PROJECT SPONSOR SOLICIT PUBLIC OPINION CONCERNING THIS PROJECT WITHIN THE PAST 12 MONTHS? [up to 5 points]

YES (if yes, describe how and provide the documentation outlined in the Supporting Documentation Checklist)

NO (if no, indicate if the public will be given opportunity to comment and how)

25. IDENTIFY WHICH ACCESSIBILITY STANDARDS WILL BE USED IN THE PROJECT (ADA, ABA, U.S. ACCESS BOARD, USFS). DESCRIBE WHAT ACCESSIBILITY CHALLENGES EXIST AND HOW YOU INTEND TO OVERCOME THEM. [up to 5 points]



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26. HOW WILL THIS PROJECT ADD VALUE TO YOUR CURRENT/FUTURE TRAIL PLANS? PLEASE EXPLAIN THE ROLE OF TRAILS IN YOUR COMMUNITY. PLEASE INCLUDE MAPS. [up to 4 points]

27. WHAT DESIGN ELEMENTS ARE INCLUDED THAT CONTRIBUTE TO PRESERVING ENVIRONMENTAL RESOURCES AS PART OF ENSURING A QUALITY OUTDOOR RECREATION EXPERIENCE? WHAT OTHER ENVIRONMENTAL CONCERNS WILL YOU HAVE TO ACCOUNT FOR IN REGARD TO THE PROJECT? [up to 5 points]

28. DESCRIBE WHAT LONGTERM SUSTAINABILITY CONSIDERATIONS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN AND CONSTRUCTION. [up to 5 points]

29. DESCRIBE WHAT SAFETY CONCERNS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN (include photo). [up to 4 points]

30. FOR CONSTRUCTION AND/OR REHABILITATION/REPAIR PROJECTS, INDICATE WHO WILL BE DOING WHAT WORK. IF YOU INTEND TO USE IN-HOUSE LABOR FOR THE CONSTRUCTION OF THE PROJECT, SUBMIT A COST ANALYSIS THAT COMPARES IN-HOUSE LABOR VS. CONTRACT LABOR. [up to 2 points]



**QUESTION 31: PROJECT MAINTENANCE AND MANAGEMENT [UP TO 5 POINTS] (see OPSP, Section V, pg. 22)**

31. PROVIDE A DETAILED POST-COMPLETION PLAN OF HOW THE PROJECT WILL BE MANAGED AND MAINTAINED FOR 25 YEARS.

**QUESTIONS 32-33: PARTNERSHIPS AND DONATIONS [UP TO 5 POINTS] (see OPSP, Section V, pg. 22-23)**

32. WILL QUALIFIED YOUTH CONSERVATION OR SERVICE CORPS BE INVOLVED WITH THE PROJECT?  
 NO     YES (if yes, list the group/groups that will be contributing in the below box)

33. LIST ANY CONTRIBUTING PARTNERS OR DONORS INVOLVED WITH THIS PROJECT AND THEIR INTENDED CONTRIBUTIONS.  
 (a letter of intent to donate from each donor must accompany the application packet; see Supporting Documentation Checklist in the application guide)

PARTNERS/DONORS	CONTRIBUTION/VALUE
A.	A.
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G.	G.
H.	H.
I.	I.
J.	J.



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**QUESTION 34-36: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 15 POINTS] (see OPSP, Section V, pg. 23-26)**

34. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THERE IS ADEQUATE FUNDING TO COMPLETE THE PROJECT WITHIN THREE YEARS? [up to 3 points]

35. FOR EACH PHASE OF THE PROJECT, FILL OUT THE BUDGET TABLE BELOW WITH THE GRANT AMOUNT REQUESTED AND THE MATCHING AMOUNT PROVIDED BY THE PROJECT SPONSOR AND/OR DONOR (use whole dollar amounts only; the maximum grant request is \$250,000, and the minimum match percentage is 20%). [up to 7 points for quality and accuracy of budget]

COST CATEGORY	GRANT REQUEST	MATCHING FUNDS		TOTAL PROJECT COST
		PROJECT SPONSOR	DONATION (by 3rd party)	
Phase 1. Planning/ Engineering/Environmental Review Process (≤ 10% of total project cost)	\$	\$	\$	\$
Phase 2. Right-of-Way Acquisition	\$	\$	\$	\$
Phase 3. Construction	\$	\$	\$	\$
TOTALS	\$ (Not to exceed \$250,000)	\$	\$	\$

Percent of matching funds:	MATCHING FUNDS POINT VALUES	
	% Match	Points
	40% and up	5
30% to 39%	3	
20% to 29%	1	

Projects with a Federal Award \$500,000 or less: USDOT issued a public interest waiver for Buy America requirements effective 8/16/23 for specific projects of \$500,000 or less, subject to the following limitations. The waiver is from Buy America (BABA) requirements for De Minimis Costs and Small Grants to prepare for full compliance with the BIL's new Made in America standards for construction materials. The public interest waiver of BABA's domestic preferences is for projects funded under DOT-administered financial assistance programs, including the Recreational Trails Program administered in Missouri by the Missouri Department of Natural Resources, for iron, steel, manufactured products, and construction materials under a single financial assistance award for which the total amount of Federal financial assistance applied to the project, through awards or subawards, is below \$500,000. The waiver is applicable only to awards that are obligated, or subawards that are made, on or after the effective date of the waiver, 8/16/23.



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36. FILL OUT THE TABLE BELOW TO PROVIDE DETAILED INFORMATION ABOUT THE BUDGET ITEMS WITHIN EACH PHASE OF THE PROJECT. INCLUDE THE ESTIMATED COMPLETION DATE IN MONTH AND YEAR (assuming a start date of Oct. 15, 2025; if eligible costs were incurred prior to the projected start date, please provide the date of completion for the expense).

Phase:	Detailed Expenditures	Total Expense	Maximum Timeframe	Projected Schedule
<b>1. PLANNING/            ENGINEERING/            ENVIRONMENTAL            REVIEW            PROCESS (≤ 10%            OF TOTAL            PROJECT COST)</b>	ENVIRONMENTAL		6 months Environmental/ 6 months Planning/ Engineering	
	ENGINEERING			
	OTHER			
<b>2. RIGHT-OF-WAY            ACQUISITION</b>	LEASE/EASEMENT/LAND ACQUISITION		6 months	
	APPRAISALS, FILING			
	OTHER			





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36. FILL OUT THE TABLE BELOW TO PROVIDE DETAILED INFORMATION ABOUT THE BUDGET ITEMS WITHIN EACH PHASE OF THE PROJECT. INCLUDE THE ESTIMATED COMPLETION DATE IN MONTH AND YEAR (assuming a start date of Oct. 15, 2025; if eligible costs were incurred prior to the projected start date, please provide the date of completion for the expense).

Phase:	Detailed Expenditures	Total Expense	Maximum Timeframe	Projected Schedule
3. CONSTRUCTION	LABOR		18 months	
	MATERIALS			
	EQUIPMENT			
	SIGNAGE			
	OTHER			
	OTHER			



**DISCRETIONARY BOARD MEMBER CRITERIA [UP TO 10 POINTS]**

CONSISTENT WITH RTP REQUIREMENTS, THE EIGHT-MEMBER MISSOURI TRAILS ADVISORY BOARD (MTAB) REVIEWS AND SCORES THE RTP GRANT APPLICATIONS. BOARD MEMBERS MAY AWARD THE PROJECT POINTS BASED UPON THEIR SUBJECTIVE EVALUATION OF THE APPLICATION.

**SUPPORTING DOCUMENTATION CHECKLIST**

USE THE BELOW CHECKLIST TO ENSURE THE PROJECT APPLICATION IS COMPLETE (for information specific to each item, refer to the RTP Application Guide).

<input type="checkbox"/> SPECIFIC LOCATION MAP	<input type="checkbox"/> DRAFT MEMORANDUM OF AGREEMENT* (if project is on public land)
<input type="checkbox"/> AERIAL PHOTO WITH PROJECT SITE PLAN	<input type="checkbox"/> FINANCIAL ASSURANCE LETTER
<input type="checkbox"/> SCHEMATIC PLAN	<input type="checkbox"/> RESOLUTION FROM GOVERNING BODY
<input type="checkbox"/> SIGNED LETTERS OF COMMITMENT OR INTENT TO DONATE	<input type="checkbox"/> LETTERS OF INTENT TO LEASE/SELL/DONATE REAL PROPERTY
<input type="checkbox"/> SIGNED LETTER OF SUPPORT (if project is on public land)	<input type="checkbox"/> PROOF OF LAND OWNERSHIP OR LEASEHOLDER/EASEMENT RIGHTS
<input type="checkbox"/> BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION (State and Federal E-Verification)	<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT
<input type="checkbox"/> PHOTOGRAPHS OF PROJECT AREA	<input type="checkbox"/> COPY OF RELEVANT PORTION OF COMPREHENSIVE OR MASTER PLAN
<input type="checkbox"/> EXISTING TRAIL MAP	<input type="checkbox"/> ENVIRONMENTAL REVIEW (if applicable)

\*If recommended for funding, a signed Memorandum of Agreement will have to be executed.

**CERTIFICATION OF RESPONSIBLE PERSON**

A RESPONSIBLE OFFICIAL FROM THE SPONSORING ORGANIZATION MUST SIGN AND DATE THE APPLICATION. APPLICATIONS WITHOUT SIGNATURE WILL NOT BE SCORED.

"I hereby certify that the information contained in this application packet is true and correct to the best of my knowledge. I understand that the application will be rated solely on the information provided on the application and in the enclosed supporting documentation. The submission of incorrect information and the lack of required documentation can result in this application being withdrawn from consideration for funding."

SIGNATURE		TITLE	
PRINTED NAME			DATE

**SUBMIT COMPLETED APPLICATION**

Submit two (2) copies of the application and supporting documentation to the Grants Management Section (address below):

**Missouri Department of Natural Resources Division of State Parks**  
**Grants Management Section Attn: RTP Planner**  
**P.O. Box 176**  
**1659 E. Elm St.**  
**Jefferson City, MO 65102-0176**

**Application packets must be submitted or postmarked on or before Mar. 3, 2025. For questions about an application packet or the process, call 573-522-8773 or 573-751-8661 or email [msspgrants@dnr.mo.gov](mailto:msspgrants@dnr.mo.gov).**



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THIS SECTION OF THE FORM MUST BE COMPLETED FOR ALL REQUESTS TO PURCHASE/REPAIR/REPLACE TRAIL CONSTRUCTION/ REPAIR/ MAINTENANCE EQUIPMENT UNDER THE RECREATIONAL TRAILS PROGRAM. **PROCUREMENTS MUST BE IN ACCORDANCE WITH 2 CFR 200.319 AND 200.320.**

**QUESTIONS 1-5: REPAIR OF EXISTING EQUIPMENT (COMPLETE IF EQUIPMENT REPAIR IS A PART OF THIS GRANT)  
(see OPSP, Supplemental Sheet, pg. 27)**

1. WHAT IS THE MAKE, MODEL, YEAR, TYPE, AND HOURS OF THE PIECE(S) OF EQUIPMENT THAT WILL BE REPAIRED AS PART OF THE GRANT?

2. WAS IT ORIGINALLY PURCHASED USING FEDERAL FUNDS?  
 NO  
 YES (if yes, please provide the name of the grant program, project number, and year it was acquired.  
Provide a copy of any commitment you have agreed to as it relates to the equipment. (i.e. disposition instructions)

3. DESCRIBE THE EXISTING CONDITION OF THE EQUIPMENT AND ITS ESTIMATED MILEAGE/HOURS.

4. DESCRIBE WHAT REPAIRS/MAINTENANCE AND OTHER ASSOCIATED COSTS WILL BE COMPLETED USING GRANT FUNDS.

5. DESCRIBE HOW THIS EQUIPMENT IS INTEGRAL TO MAINTAINING YOUR TRAIL SYSTEM.  
(i.e., How is the equipment used? How many miles of trail and/or trailhead amenities are constructed/repared/maintained using this equipment?)

**QUESTIONS 6-12: PROJECT SPONSOR'S BACKGROUND (see OPSP, Supplemental Sheet, pg. 27-28)**

6. WHAT IS THE TYPE OF THE PIECE(S) OF EQUIPMENT AND/OR ATTACHMENT(S) THAT WILL BE PURCHASED AS PART OF THE GRANT?

7. IS THIS RTP GRANT REQUEST FOR REPLACEMENT OF EQUIPMENT OR ATTACHMENTS PREVIOUSLY PURCHASED WITH RTP FUNDS?  
 NO (If no, skip to question 12)       YES (if yes, go to question 10)

8. IF YES, WILL THE OLD EQUIPMENT BE SOLD AND THE REVENUE USED TO OFFSET THE PURCHASE OF THE NEW EQUIPMENT?  
 NO (If no, skip to question 12)       YES (if yes, go to question 11)

9. IF YES, CALCULATE THE NET PURCHASE VALUE OF THE NEW EQUIPMENT BY SUBTRACTING THE ESTIMATED TRADE VALUE OF THE OLD EQUIPMENT FROM THE PURCHASE PRICE OF THE NEW EQUIPMENT:

NEW EQUIPMENT PURCHASE PRICE	TRADE VALUE OF OLD EQUIPMENT	NET PURCHASE VALUE
	-	=



10. DESCRIBE THE NEW EQUIPMENT OR ATTACHMENTS IN DETAIL.

11. DESCRIBE HOW THE NEW EQUIPMENT OR ATTACHMENTS WILL IMPROVE TRAIL FACILITIES AND BENEFIT TRAIL USERS.

12. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THE EQUIPMENT OR ATTACHMENT WILL BE STORED ADEQUATELY AND MAINTAINED IN GOOD REPAIR FOR ITS USEFUL LIFE?  
(please include a maintenance schedule)

*Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?*

- YES  
 NO

*Would you like to receive information and assistance regarding the agency's veteran services?*

- YES  
 NO

*May we share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services?*

- YES  
 NO

*For information visit <http://mostateparks.com/CitizensMilitaryService>, or send an email to [moparks@dnr.mo.gov](mailto:moparks@dnr.mo.gov) or call 800-344-6946.*