



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219
TRAIL PROJECT APPLICATION (PAGE 1 of 10)

DIVISION OF STATE PARKS USE ONLY	
PROJECT #	
PROJECT CATEGORY	

QUESTIONS 1-9: GENERAL INFORMATION

1. NAME OF AGENCY OR ORGANIZATION REQUESTING GRANT FUNDS		
ADDRESS		
CITY	STATE	ZIP
2. AGENCY/ORGANIZATION DUNS NUMBER		
3. APPLICATION PREPARER		
APPLICATION PREPARER ADDRESS		
CITY	STATE	ZIP
EMAIL ADDRESS	PHONE	
4. PROJECT CONTACT PERSON	TITLE OF PROJECT CONTACT PERSON	
PROJECT CONTACT ADDRESS		
CITY	STATE	ZIP
EMAIL ADDRESS	PHONE	
5. US 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

10. PROJECT APPLICANT IS: <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> FOR-PROFIT <input type="checkbox"/> NOT-FOR-PROFIT <input type="checkbox"/> OTHER (Explain) _____	
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	



QUESTION 12: PREVIOUS PERFORMANCE [UP TO 10 POINTS]

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

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

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

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) _____

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

QUESTIONS 13-20: PROJECT DESCRIPTION [UP TO 20 POINTS]

13. PROJECT CATEGORY IS: (Please select one)

NON-MOTORIZED SINGLE USE [1 point] MOTORIZED SINGLE USE* [1 points]

NON-MOTORIZED DIVERSE USE [3 points] MOTORIZED DIVERSE USE* [3 points]

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

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)

NEW TRAIL CONSTRUCTION

NEW TRAILSIDE AND/OR TRAILHEAD AMENITIES

NEW TRAIL CONNECTOR(S) TO EXISTING TRAIL(S)

PROPERTY/EASEMENT ACQUISITION OR LEASE FOR TRAIL DEVELOPMENT

REHABILITATION/REPAIR (if 60% of total project costs)
(If rehab./repair, indicate subtype below; check all that apply)

REHABILITATION/REPAIR OF EXISTING TRAIL(S)

REHABILITATION/REPAIR OF EXISTING AMENITIES

REHABILITATION/REPAIR OF EXISTING CONNECTORS

PURCHASE/LEASE OF TRAIL CONSTRUCTION/ MAINTENANCE EQUIPMENT*

* For projects that include the purchase of trail construction/maintenance equipment, also complete the supplemental sheet on page 10 of the application.

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

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

OWN OTHER (Please explain)

LEASE

PERMANENT TRAIL EASEMENT

TEMPORARY CONSTRUCTION EASEMENT

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

17. INTENDED USES OF THIS PROJECT: (Check all that apply)

BICYCLING CANOEING/KAYAKING OTHER (Please specify)

WALKING/JOGGING MOTORIZED BOATING

HIKING ATV (FOUR-WHEEL) USE

BACKPACKING MOTOCROSS/MOTORCYCLE USE

EQUESTRIAN OFF-ROAD VEHICLE USE

18. PROJECT TITLE

19. PROJECT SCOPE



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20. PROVIDE A DETAILED PROJECT NARRATIVE.

(Include specific information about what is being constructed, rehabilitated/repared and/or acquired as well as how the project is beneficial and who it benefits. See application guide for clarification.
Answer within the space provided.)



QUESTIONS 21-28: PROJECT PLANNING AND IMPLEMENTATION [UP TO 35 POINTS]

21. 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]

22. 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)

23. DOES THE PROJECT ADDRESS AMERICANS WITH DISABILITIES (ADA) ACT? [UP TO 5 POINTS]

NO (If no, please indicate why)

YES (If yes, please describe how)



24. FOR NEW DEVELOPMENT, INDICATE RECOMMENDED STANDARDS/GUIDELINES BEING USED. [UP TO 4 POINTS]

25. DESCRIBE WHAT ENVIRONMENTAL FACTORS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN. [UP TO 4 POINTS]

26. DESCRIBE WHAT SUSTAINABILITY CONSIDERATIONS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN. [UP TO 4 POINTS]

27. DESCRIBE WHAT SAFETY CONCERNS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN. [UP TO 4 POINTS]

28. FOR CONSTRUCTION AND/OR REHABILITATION/REPAIR PROJECTS, INDICATE WHO WILL BE DOING WHAT WORK. [UP TO 4 POINTS]



QUESTION 29: PROJECT MAINTENANCE AND MANAGEMENT [UP TO 5 POINTS]

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

QUESTIONS 30-31: PARTNERSHIPS AND DONATIONS [UP TO 7 POINTS]

30. WILL QUALIFIED YOUTH CONSERVATION OR SERVICE CORPS BE INVOLVED WITH THE PROJECT? [UP TO 2 POINTS]
 NO YES (If yes, indicate what group or groups and in what aspect of the project they will be assisting)

31. LIST ANY CONTRIBUTING PARTNERS OR DONORS INVOLVED WITH THIS PROJECT AND THEIR INTENDED CONTRIBUTIONS. [UP TO 5 POINTS]
 (A letter of intent to donate from each donor must accompany the application packet; see Supporting Documentation Checklist in the application guide.)

DONORS	CONTRIBUTION
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 32-34: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 13 POINTS]

32. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THERE IS ADEQUATE FUNDING TO COMPLETE THE PROJECT WITHIN THREE YEARS? [UP TO 5 POINTS]

33. FOR EACH COST CATEGORY, FILL OUT THE BELOW BUDGET TABLE 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 \$150,000, and the minimum match percentage is 20%.)

COST CATEGORY	GRANT REQUEST	MATCHING FUNDS		TOTAL PROJECT COST
		PROJECT SPONSOR	DONATION (by 3rd party)	
1. Labor	\$	\$	\$	\$
2. Materials	\$	\$	\$	\$
3. Equipment Purchase/Lease	\$	\$	\$	\$
4. Trailhead/Trailside Amenities	\$	\$	\$	\$
5. Land/Easement Acquisition	\$	\$	\$	\$
6. Planning/Engineering/Environmental Review (≤ 10% of total project cost)	\$	\$	\$	\$
7. Signage	\$	\$	\$	\$
8. Equipment Use	\$	\$	\$	\$
9. Other (Please specify) _____	\$	\$	\$	\$
10. Other (Please specify) _____	\$	\$	\$	\$
TOTALS	\$ (Not to exceed \$150,000)	\$	\$	\$

Percent of matching funds:	MATCHING FUNDS POINT VALUES	
	% Match	Points
	40% and up	8
30% to 39%	5	
20% to 29%	2	



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34. PROVIDE DETAILED INFORMATION ABOUT BUDGET ITEMS WITHIN EACH COST CATEGORY.



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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 ADDITIONAL 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"/> SIGNED 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
<input type="checkbox"/> SIGNED LETTERS OF COMMITMENT OR INTENT TO DONATE	<input type="checkbox"/> INTENT TO LEASE/SELL/DONATE LETTER*
<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"/> PROOF OF PUBLIC INVOLVEMENT

*Not needed for projects only for the purpose of purchasing trail construction/maintenance equipment.

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

MAIL COMPLETED APPLICATION

Submit **ten (10)** copies of the application and supporting documentation to the Grants Management Section (address below). **Application packets must be postmarked on or before February 17, 2017.** For questions about your application packet or the process, call (573) 522-8191 or email lwcf.rtp@dnr.mo.gov.

Missouri Department of Natural Resources
 Division of State Parks
 Grants Management Section
 Attn: RTP Planner
 PO Box 176
 Jefferson City, MO 65102-0176



SUPPLEMENTAL SHEET – EQUIPMENT PURCHASE FOR TRAIL-RELATED PROJECTS

1. HAS THE PROJECT SPONSOR RECEIVED PREVIOUS RTP FUNDS TO PURCHASE EQUIPMENT AND/OR EQUIPMENT PARTS/ATTACHMENTS?
 NO (If no, skip to question 6) YES (If yes, go to question 2)

<p>2. IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION: THE PROJECT NUMBER ASSIGNED TO EACH PROJECT THAT INCLUDED PURCHASE OF EQUIPMENT OR PARTS/ATTACHMENTS.</p>	<p>A DESCRIPTION OF EACH PIECE OF EQUIPMENT OR PART/ATTACHMENT AND ITS MILEAGE OR ESTIMATED HOURS OF USE.</p>
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3. IS THIS RTP GRANT REQUEST FOR REPLACEMENT OF EQUIPMENT OR PARTS/ATTACHMENTS PREVIOUSLY PURCHASED WITH RTP FUNDS?
 NO (If no, skip to question 6) YES (If yes, go to question 4)

4. 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 6) YES (If yes, go to question 5)

5. 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 \$ _____

6. DESCRIBE THE NEW EQUIPMENT OR PARTS/ATTACHMENTS IN DETAIL (Include what type of equipment or part/attachment it is, whether or not it is motorized, etc.)

7. DESCRIBE HOW THE NEW EQUIPMENT OR PARTS/ATTACHMENTS WILL IMPROVE TRAIL FACILITIES AND BENEFIT TRAIL USERS.

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