



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 13-19: PROJECT DESCRIPTION [UP TO 30 POINTS]

13. PROJECT CATEGORY IS: (Please select one)

- NON-MOTORIZED SINGLE USE [1 point]
 - NON-MOTORIZED DIVERSE USE [3 points]
 - BOTH NON-MOTORIZED & MOTORIZED DIVERSE USE [5 points]
 - MOTORIZED SINGLE USE [1 points]
 - MOTORIZED DIVERSE USE [3 points]
- *At least 60% of total project costs must be motorized-related costs.

14. PROJECT TYPE IS*: (Check all that apply)

- DEVELOPMENT AND PRODUCTION OF TRAIL-RELATED EDUCATIONAL MATERIALS (includes print material, signage, A/V and electronic media)
- DEVELOPMENT AND PRESENTATION OF TRAIL SAFETY PROGRAMS
- DEVELOPMENT AND PRESENTATION OF PROGRAMS FOR ENVIRONMENTAL PROTECTION OF TRAILS
- DEVELOPMENT AND PRODUCTION OF PUBLICATIONS AND/OR TRAINING PROGRAMS RELATED TO TRAIL PLANNING, DESIGN, CONSTRUCTION, ETC.
- OTHER (Please specify)

* For projects that include the purchase of trail construction/maintenance equipment, also complete the supplemental sheet on page 8 of the application.

15. PROJECT WILL BE ON (for trail or site-specific educational projects): PUBLIC LAND PRIVATE LAND COMBINATION

16. INDICATE IF PROJECT SPONSOR OWNS, LEASES OR HAS ACCESS TO PROJECT LAND*: (Check all that apply. Additional documentation required. Refer to Supporting Documentation Checklist in the application guide.)

- OWN
- LEASE
- PERMANENT TRAIL EASEMENT
- TEMPORARY CONSTRUCTION EASEMENT
- OTHER (Please explain)

*For trail or site-specific educational projects.

17. PROJECT TITLE

18. PROJECT SCOPE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF STATE PARKS

**FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219
EDUCATIONAL PROJECT APPLICATION (PAGE 3 of 8)**

19. PROVIDE A DETAILED PROJECT NARRATIVE. (Summarize the educational/interpretive project and include its proposed life and major phases of its life cycle. Explain its importance and include how the project will benefit the public and/or specific trail users. Indicate who will be completing each phase of the project. See application guide for clarification. Answer within the space provided.)



QUESTIONS 20-22: PROJECT PLANNING, IMPLEMENTATION AND COMPLETION [UP TO 30 POINTS]

20. HOW DOES THIS PROJECT MEET A NEED IDENTIFIED IN A LOCAL OR REGIONAL MASTER PLAN OR THE STATEWIDE COMPREHENSIVE MASTER PLAN (SCORP)? [UP TO 10 POINTS]

21. DID THE PROJECT SPONSOR SOLICIT PUBLIC OPINION CONCERNING THIS PROJECT WITHIN THE PAST 12 MONTHS? [UP TO 10 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)

22. DOES THE PROJECT ADDRESS AMERICANS WITH DISABILITIES ACT (ADA) GUIDELINES? [UP TO 10 POINTS]

NO (If no, please indicate why)

YES (If yes, please describe how)

QUESTIONS 23-24: PARTNERSHIPS AND DONATIONS [UP TO 7 POINTS]

23. 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)



**FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219
EDUCATIONAL PROJECT APPLICATION (PAGE 5 of 8)**

24. 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.

QUESTION 25-27: PROJECT BUDGET ESTIMATE [UP TO 13 POINTS]

25. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THERE IS ADEQUATE FUNDING AND MANPOWER TO COMPLETE AND MAINTAIN THE PROJECT A MINIMUM OF THREE YEARS? [UP TO 5 POINTS]

26. 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 \$25,000, 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. Signage	\$	\$	\$	\$
5. Planning (≤ 10% of total project cost)	\$	\$	\$	\$
6. Equipment Use	\$	\$	\$	\$
7. Other (Please specify) _____	\$	\$	\$	\$
8. Other (Please specify) _____	\$	\$	\$	\$
TOTALS	\$ (Not to exceed \$25,000)	\$	\$	\$

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF STATE PARKS

**FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219
EDUCATIONAL PROJECT APPLICATION (PAGE 6 of 8)**

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



**FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219
EDUCATIONAL PROJECT APPLICATION (PAGE 7 of 8)**

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"/> PROOF OF LAND OWNERSHIP OR LEASEHOLDER/EASEMENT RIGHTS*
<input type="checkbox"/> SIGNED LETTER OF SUPPORT (IF PROJECT IS ON PUBLIC LAND.)	<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT
	*Only needed for educational projects that are trail or site-specific.

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 EDUCATIONAL 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>
---	---

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)