



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF STATE PARKS
FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219
TRAIL PROJECT APPLICATION (PAGE 1 of 9)

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	FAX
4. PROJECT CONTACT PERSON		
PROJECT CONTACT ADDRESS		
CITY	STATE	ZIP
EMAIL ADDRESS	PHONE	FAX
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 10-12: PROJECT SPONSOR'S BACKGROUND [UP TO 5 POINTS]

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) _____	
IF NOT-FOR-PROFIT, DOES PROJECT SPONSOR HAVE 501(C)3 TAX EXEMPT STATUS? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, documentation required. Refer to the Supporting Documentation Checklist.)	
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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12. PREVIOUS PERFORMANCE:

HAS THE PROJECT SPONSOR ADMINISTERED RTP GRANTS IN THE PAST? NO YES (If yes, designate how many) _____

IF YES, DID ANY OF THE GRANT PROJECTS REQUIRE EXTENSIONS TO BE COMPLETED? NO YES (If yes, designate how many projects) _____

HAS THE SPONSOR HAD TO WITHDRAW A PREVIOUS RTP PROJECT AND DE-OBLIGATE FUNDING? NO YES (If yes, indicate year) _____

DOES THE SPONSOR HAVE ANY ACTIVE RTP GRANTS STILL PENDING? NO YES (If yes, indicate how many and what year the projects were awarded)

PLEASE INDICATE IF THE PROJECT SPONSOR HAS PREVIOUS EXPERIENCE COMPLETING THIS TYPE OF PROJECT.

QUESTIONS 13-19: PROJECT DESCRIPTION [UP TO 25 POINTS]

13. PROJECT CATEGORY IS: (Please select one)

- NON-MOTORIZED SINGLE USE [1 point]
- NON-MOTORIZED DIVERSE USE [2 points]
- BOTH NON-MOTORIZED & MOTORIZED DIVERSE USE [3 points]
- MOTORIZED SINGLE USE [4 points]
- MOTORIZED DIVERSE USE [5 points]

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)
- 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
- PROPERTY/EASEMENT ACQUISITION OR LEASE FOR TRAIL DEVELOPMENT
- 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 9 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
- LEASE
- PERMANENT TRAIL EASEMENT
- TEMPORARY CONSTRUCTION EASEMENT
- OTHER (Please explain)

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

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

- BICYCLING
- WALKING/JOGGING
- HIKING
- BACKPACKING
- EQUESTRIAN
- CANOEING/KAYAKING
- MOTORIZED BOATING
- ATV (FOUR-WHEEL) USE
- MOTOCROSS/MOTORCYCLE USE
- OFF-ROAD VEHICLE USE
- OTHER (Please specify)

18. PROJECT TITLE



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19. PROVIDE A DETAILED PROJECT NARRATIVE.

(Include specific information about what is being constructed, rehabilitated/repaired and/or acquired as well as how the project is beneficial and who it benefits.)



QUESTIONS 20-26: PROJECT PLANNING, IMPLEMENTATION AND COMPLETION [UP TO 25 POINTS]

20. HOW DOES THIS PROJECT MEET A NEED IDENTIFIED IN THE STATEWIDE COMPREHENSIVE OUTDOOR RECREATION PLAN (SCORP) AND/OR A LOCAL OR REGIONAL MASTER PLAN?

21. DID THE PROJECT SPONSOR SOLICIT PUBLIC OPINION CONCERNING THIS PROJECT WITHIN THE PAST 12 MONTHS?

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 (ADA) ACT AND/OR ARCHITECTURAL BARRIERS ACT (ABA) GUIDELINES?

NO (If no, please indicate why)

YES (If yes, please describe how)

23. FOR NEW DEVELOPMENT, INDICATE RECOMMENDED STANDARDS/GUIDELINES BEING USED.



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24. DESCRIBE WHAT ENVIRONMENTAL FACTORS, SUSTAINABILITY CONSIDERATIONS AND SAFETY CONCERNS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN.

25. FOR CONSTRUCTION AND/OR REHABILITATION/REPAIR PROJECTS, INDICATE WHO WILL BE DOING WHAT WORK.

26. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THERE IS ADEQUATE FUNDING AND MANPOWER TO COMPLETE THE PROJECT WITHIN THREE YEARS?



QUESTION 27: PROJECT MAINTENANCE AND MANAGEMENT [UP TO 10 POINTS]

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

QUESTIONS 28-29: PARTNERSHIPS AND DONATIONS [UP TO 7 POINTS]

28. WILL QUALIFIED YOUTH CONSERVATION OR SERVICE CORPS BE INVOLVED WITH THE PROJECT?

- NO YES (If yes, indicate what group or groups and in what aspect of the project they will be assisting)

29. 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.)

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 30-31: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 8 POINTS]

30. 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%.)

To determine percent of matching funds: a. Add the applicant match and the donor match amounts for the total matching funds. b. Divide the total matching funds by the total project cost. This will give the percentage of matching funds. c. Indicate matching funds percentage here: _____	MATCHING FUNDS POINT VALUES	
	% Match	Points
	40% and up 30% to 39% 20% to 29%	8 5 2

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)	\$	\$	\$

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

Empty space for providing detailed information about budget items within each cost category.



QUESTION 32: PREVIOUS RTP APPLICANT [5 POINTS]

32. DID THE PROJECT SPONSOR RECEIVE A RTP GRANT LAST YEAR? NO [5 points] YES [0 points]

QUESTION 33: RTP APPLICATION WORKSHOP ATTENDANCE [5 POINTS]

33. DID THE PROJECT SPONSOR ATTEND A RTP GRANT APPLICATION WORKSHOP THIS YEAR? NO [0 points] YES [5 points]

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 2016 RTP Application Guide)

<input type="checkbox"/> GENERAL LOCATION MAP*	<input type="checkbox"/> SIGNED MEMORANDUM OF AGREEMENT*
<input type="checkbox"/> SPECIFIC LOCATION MAP*	<input type="checkbox"/> TAX EXEMPT LETTER
<input type="checkbox"/> TOPOGRAPHIC MAP WITH PROJECT SITE PLAN*	<input type="checkbox"/> FINANCIAL ASSURANCE LETTER
<input type="checkbox"/> AERIAL PHOTO WITH PROJECT SITE PLAN*	<input type="checkbox"/> RESOLUTION
<input type="checkbox"/> SCHEMATIC PLAN*	<input type="checkbox"/> INTENT TO LEASE/SELL/DONATE LETTER*
<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	<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
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PRINTED NAME	DATE
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MAIL COMPLETED APPLICATION

Submit **nine (9)** copies of the application and supporting documentation to the Grants Management Section (address below). **Application packets must be postmarked on or before April 22, 2016.** For questions about your application packet or the process, call (573) 751-3442 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)