



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
NAME AND TITLE OF RECEIVING OFFICIAL		
EMAIL ADDRESS	PHONE	
2. AGENCY/ORGANIZATION DUNS NUMBER		
3. APPLICATION PREPARER		
EMAIL ADDRESS	PHONE	
4. PROJECT CONTACT PERSON	TITLE OF PROJECT CONTACT PERSON	
EMAIL ADDRESS	PHONE	
IS THIS PROJECT CONTACT A LPA PROJECT CERTIFIED PERSON IN RESPONSIBLE CHARGE? <input type="checkbox"/> NO <input type="checkbox"/> YES		
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 DNR GRANT WITHIN THE LAST 10 YEARS?  NO  YES (if yes, designate how many)

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

WITHIN THE LAST 10 YEARS, HAS THE SPONSOR HAD TO WITHDRAW A DNR 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 13-21: 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

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/UTV (four-wheel)

BACKPACKING  OFFROAD/MOTORCYCLING

EQUESTRIAN  OFF-ROAD VEHICLE

18. PROJECT TITLE

19. PROJECT SCOPE



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF STATE PARKS

**FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219**  
**TRAIL PROJECT APPLICATION (PAGE 3 of 10)**

20. 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)

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



**QUESTIONS 22-29: PROJECT PLANNING AND IMPLEMENTATION [UP TO 35 POINTS]**

22. 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]

23. 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)

24. PLEASE IDENTIFY WHICH ACCESSIBILITY STANDARDS YOU WILL BE USING IN THIS PROJECT. [up to 5 points]



25. DO YOU ALREADY HAVE TRAILS?

- NO     YES (if yes, tell us about your trail system; including a map of the existing trail system is strongly encouraged)

26. DESCRIBE WHAT ENVIRONMENTAL FACTORS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN. [up to 4 points]

27. DESCRIBE WHAT LONGTERM SUSTAINABILITY CONSIDERATIONS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN AND CONSTRUCTION. [up to 4 points]

28. DESCRIBE WHAT SAFETY CONCERNS HAVE BEEN ADDRESSED OR WILL BE ADDRESSED BY THE PROJECT DESIGN. [up to 4 points]

29. FOR CONSTRUCTION AND/OR REHABILITATION/REPAIR PROJECTS, INDICATE WHO WILL BE DOING WHAT WORK. [up to 4 points]



**QUESTION 30: PROJECT MAINTENANCE AND MANAGEMENT [UP TO 5 POINTS]**

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

**QUESTIONS 31-32: PARTNERSHIPS AND DONATIONS [UP TO 7 POINTS]**

31. 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)

32. 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.	



**QUESTION 33-35: PROJECT BUDGET ESTIMATE AND BUDGET DETAILS [UP TO 13 POINTS]**

33. WHAT ASSURANCES CAN THE PROJECT SPONSOR PROVIDE THAT THERE IS ADEQUATE FUNDING TO COMPLETE THE PROJECT WITHIN THREE YEARS? [up to 5 points]

*(This area is intentionally left blank for the applicant to provide their answer to Question 33.)*

34. 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%).

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	\$	\$	\$	\$
<b>TOTALS</b>	\$ (Not to exceed \$250,000)	\$	\$	\$

  

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**  
**TRAIL PROJECT APPLICATION (PAGE 8 of 10)**

35. 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 October 10, 2020; 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			





**FEDERAL RECREATIONAL TRAILS PROGRAM CFDA 20.219  
TRAIL PROJECT APPLICATION (PAGE 9 of 10)**

35. 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 October 10, 2020; 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 NINE-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"/> 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
<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"/> E-VERIFY	<input type="checkbox"/> PROOF OF PUBLIC INVOLVEMENT

\*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**  
**PO Box 176**  
**Jefferson City, MO 65102-0176**

**Application packets must be submitted or postmarked on or before February 17, 2021. For questions about an application packet or the process, call (573) 751-8661 or (573) 751-0848 or email [mspgrants@dnr.mo.gov](mailto:mspgrants@dnr.mo.gov).**