

## Connecticut Recreational Trails Program Grant Information and Application

(For any State funds that may become available in 2023-24) Deadline for Submission is March 11, 2024

Print or type unless otherwise noted.

#### Part I: General Information

Project Title:				
Estimated Total Project Cost: \$	(include labor)			
Total Amount Requested: \$		(up to 80% of tota	al project cost)	
Project Proposal Type (check all appropriate boxes):				
🗌 Planning/Design 🗌 Con	nstruction	Maintenance	Acquisition	Education
Equipment Ame	enities	Publications	Outreach	

#### Part II: Applicant Information

1.	Applicant Information:		
	Name:	Title:	
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	Fax:
	Email:		
2.	Chief Executive Officer:		
	Name:	Title:	
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	Fax:
	Email:		

## Part II: Applicant Information (continued)

3.	Grant Administrator:		
	Name:	Title:	
	Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	Fax:
	Email:		
4.	Organization or Municipality's Tax ID (FEIN) Number:		
5.	Legal name of your Organization ( <u>https://www.concord-sots</u> ( <u>https://portal.ct.gov/</u> ):	.ct.gov/CONCOI	RD/) or Municipality
6.	State Legislative District ( <u>https://cga.ct.gov/</u> ):		
7.	Property owner information, if different than applicant:		
	Name:	Title:	
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	Fax:
	Email:		
	<b>Note:</b> If the applicant is not the property owner, permission documented. Include such documentation as <b>Attachment</b> A		ational access must be

#### Part III: Project Information

- 1. Project Description Attachment B (See Application Guidelines for information that must be included):
  - Reference Maps included in Attachment C as appropriate.
  - If you are proposing an Educational Project, Project Description should provide project overview, with focus on guiding questions of the "Educational Project Supplemental Application" (DEEP-TRAILS-APP-001A) as **Attachment H**.

Part III: Project Information (continued)

2.	Projec	ct Maps	a. – Attachment C (See Application Guidelines for information that must be included)
3.			ion Criteria. Per the Application Guidelines check the Yes or No box as applicable and s as specified.
	Yes	No	
			This project serves an CT DECD listed Distressed Municipality.
			This project connects to publicly available trail(s) on state, municipal or land trust owned land. (Please note in Project Description if property has been acquired through OSWA).
			This project is part of a CT Greenways Council designated Greenway.
			If Yes, provide the name of the Greenway:
			This project will connect schools, downtown, public spaces for a community within urban or rural areas (as defined by CTDOT), or tribal land, that have limited access to trails and outdoor recreation opportunities within a 10-minute (1/2 mile) walk in urban areas, and 10-mile drive in rural areas.
			This project is included in a local and/or regional plan or addresses a goal of the Statewide Comprehensive Outdoor Recreation Plan (SCORP). Copies of relevant excerpts will be required if your application is selected. Please do not send them in advance.
			This project provides new opportunities where none previously existed, where input from the underserved community was part of the planning process and indications are strong that they will benefit from the resource.
			This organization has had projects funded or has a current active grant through DEEP's Federal or State Recreational Trails Program.
			If Yes, provide and title, date, and status of these grants:
			This project is the Next Phase of a project previously <i>completed</i> (no outstanding grant balance) and funded by DEEP's Federal or State Recreational Trails Program.
			This project is receiving funding from other State or Federal agencies.
			If Yes, provide source of funding:
			This project develops or incorporates innovative technology or approaches that can be applied to other properties or resources.

4. Site	4. Site Suitability:					
Yes	No	The project is located in a Federal Emergency Management Agency (FEMA) floodzone.				
		The project is within an Aquifer Protection Area.				
		The project lies within an area identified by the CT DEEP Natural Diversity Data Base as possibly containing endangered species.				
		The project may impact significant historical or archaeological sites.				
		The project is within the coastal area.				
		Are there reserved rights/restrictions or environmental intrusions (power lines, dumps, factories, roads, etc.) on or in close proximity to the trail? If Yes, please give details:				
		The property through which the trail will pass is suspected of containing hazardous and/or contaminated materials. What has been done to screen for these materials? If Yes, please give details:				

5.	Site	e Accessibility and User Group Information:
	a)	Will your trail serve any elderly housing projects, housing authority (public housing), underserved communities, affordable housing developments, or low or very low-income areas or neighborhoods?
	b)	<ul> <li>Will this trail be multi-use or single-use? To be considered multi-use the trail must allow two (2) or more of the following four user group categories: foot-travel (hike, ski, roller blade, etc.), bicycle/mountain bike, equestrian, and motorized.</li> <li>Yes No</li> </ul>
	c)	List the user group or groups that would be utilizing this trail? Provide some indication of use intensity expected (i.e. user/week).
	d)	To what degree will this project provide accessibility to people who have disabilities?
6.	Pub	lic Participation:
	a)	Please describe how public participation at the local level was or will be included in planning this project.
7.		ters of Support: Attachment D Letters demonstrating support for your project are welcomed digitally or rd copy.

8. **Scope of work:** You will be granted 3 years to complete your project. Provide your "Project Tasks, Subtask identification and deliverables, and Timeline," as **Attachment E** in a table format as shown below.

\*Per CGS 23-103( c) Trail Publications referencing specific bikeways, pedestrian walkways, greenways, or multi-use trails.

	Project Tasks and Anticipated Completion Timeline				
Tasks	Project Task Types	Project Subtasks	Timeline		
Task A	Planning				
Task B	Design				
Task C	Land Acquisition				
Task D	Construction				
Task E	Maintenance				
Task F	Trail Publications*				
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9. **Project Cost Estimates:** Provide an itemized project cost breakdown as **Attachment F**. Describe the means by which said cost was derived. List any engineers, appraisers, contractors or manufacturers that were consulted. Use the following table format shown below:

Name of Applicant	
Project Cost Estimates	
Item (should correspond to your scope of work and may have more detail)	Cost
Task A –	
Task B –	
Task C –	
Task D –	
Task E –	
Task F –	
TOTAL Project Costs	\$
Match (>20% of total project costs.)	\$
Grant Amount (< 80 % of total project costs)	\$

#### Part IV: Supporting Documents

Please check the attachments submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g. Attachment A, etc.) and be sure to include the applicant's name.

Attachment A:	If the applicant is not the property owner, provide documentation of your permission for public recreational access. If the property was acquired through OSWA or has other Conservation Easements provide easement language.
Attachment B:	Project Description as described in Part III, item 1 of this application.
Attachment C:	Project location map(s) - Provide map(s) and detailed site plan as described in Part III, item 1 of this application.
Attachment D:	Letters of Support - provide project tasks as a described in Part III, item 7 of this application.
Attachment E:	Scope of Work - provide project tasks as a described in Part III, item 8 of this application.
Attachment F:	Project Cost Estimates - provide budget information as described in Part III, item 9 of this application.
Attachment G:	Provide Maintenance Plan as described in Part III, item 10 of this application.
Attachment H:	"Educational Project Application Supplement" (use form provided).

### Part V: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the applicant must sign this part. **An application will be considered incomplete unless all required signatures are provided.** [If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.]

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Applicant	Date	
Name of Applicant (print or type)	Title (if applicable)	
Signature of Preparer (if different than above)	Date	
Name of Preparer (print or type)	Title (if applicable)	

#### Submission and Deadline: Proposals must be received by March 11, 2024.

Email is preferred, <a href="mailto:DEEP.CTTrails@ct.gov">DEEP.CTTrails@ct.gov</a> CC: <a href="mailto:kimberly.bradley@ct.gov">kimberly.bradley@ct.gov</a>

#### OR

Mail reports on a CD or other electronic storage device as appropriate to:

Kimberly Bradley, Trails & Greenways Program Coordinator Department of Energy and Environmental Protection 79 Elm Street Hartford, CT 06106-5127

# **Attachment H: Educational Project Application Supplement**

Print or type responses to items 1 through 5, unless otherwise noted. This supplemental application must be completed and submitted with a completed *Recreational Trails Program Application* (DEEP-CRTP-APP-002) for those proposing an educational project.

### **Supplemental Project Information**

Applicant Name:
<ol> <li>Need for Proposed Education: Why are you proposing this educational project and how did you determine the need for this educational program.</li> </ol>
2. Target Audience: Describe your target audience. Will you reach a local, regional, statewide or national
audience?
Check here if additional sheets are necessary, and label and attach them to this sheet.

# **Attachment H: Educational Project Application Supplement**

(continued)

3.	Educational Method: How will you educate your audience? Will you produce printed material, signage,
	websites, lectures, or workshops? Give details about how you propose to deliver your information and tell us why it is the preferred method.

- 4. Partnerships: Describe any participation or collaboration with other groups and/or the public to develop, deliver and maintain your educational program.
- 5. Demonstration of Results: How will you know if your educational message has been delivered and received by the audience?

Check here if additional sheets are necessary, and label and attach them to this sheet.