

# Connecticut Recreational Trails Program

# Grant Information and Application

*(For any State funds that may become available in 2018-19)*

**Deadline for Submission is October 31, 2018**

**Eligible Applicants:** Eligible sponsors include private organizations; municipalities; federal, state and regional agencies and other government entities such as tribal.

**Eligible Uses:** Grants to be used for planning/design, trail corridor acquisition, construction, construction administration, maintenance equipment, amenities and publications/outreach related to bikeways, multi-use trails (including motorized) and water trails (blueways).

**Grant Making Process:** The following outlines the general grant making process. Once program funds have been secured by DEEP, the process can take up to 6 months or more; please plan accordingly. The grant requires a 20% match which can be accrued up to 18 months prior to your contract document finalization. Match can be provided as cash or in-kind services.

1. You will receive an email or letter acknowledging receipt of your application.

2. Applications will be assessed for eligibility and given a score according to the program guidelines on page 2 of this application.

3. The program’s Advisory Committee will advise DEEP on scores and ultimate rankings.

4. A short list of projects recommended for potential funding will be created. Applicants on this short list will be contacted and will be required to provide the following relevant items:

a. Copies of permits obtained and time-frames for necessary, but still outstanding permits (Part lll, Item 1);

b. Copies of relevant excerpts of local and/or regional plan documents that reference your project (Part lll, Item 3);

c. Evidence of public participation, such as public notices, news releases, public surveys, minutes and news articles (Part lll, Item 6);

d. Any additional information requested by the Advisory Committee.

5. A final list of applications to be funded will be generated. You will be notified by DEEP via email that our contracting process has begun. You must not begin any project work that you intend to be reimbursed for prior to your receipt of a DEEP authorized contract number.

**Submission and Deadline:** Proposals must be received by **October 31, 2018.**

a. Email to laurie.giannotti@ct.gov

 ***OR***

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

Laurie Giannotti, Trails & Greenways Program Coordinator

Department of Energy and Environmental Protection

79 Elm Street

Hartford, CT 06106-5127

 ***OR***

c. If you must send a paper proposal, include color maps and send to the above address.

**Guidelines:** The CT Department of Energy and Environmental Protection (DEEP) staff and its advisory committee [The CT Greenways Council](http://www.ct.gov/deep/cwp/view.asp?a=2707&q=323856&deepNav_GID=1704) (CGC) score proposals based upon the following criteria. Final proposal ranks (High, Medium and Low) will be developed based upon the score and other potential information associated with the project provided by DEEP Staff and the CGC.

|  |  |
| --- | --- |
| **Point Value** | **Project Attribute** |
| 15 | This project will connect to trail(s) on state owned land. |
| 15 | This project is part of a CT Greenways Council designated greenway. |
| 15 | This is the Next Phase of a project previously **completed** and funded by CT Recreational Trails Program (CRTP) |
| 15 | A Sustainable Maintenance Plan is Provided |
| 10 | This project will be located in more than one town or provide a link to one or more towns. |
| 10 | This project is included in a local and/or regional plan.  |
| 10 | The project connects to trail(s) on existing protected open space |
| 5 | This project is part of an alternative transportation plan (bike ped, etc) |
| 5 | This project is receiving funding from other State or Federal agencies. |
| 5 | This project incorporates a Safe Routes to School program |
| 5 | This project serves an urbanized area |
| 10 | Pedestrian Use (hiking, running, xc skiing, snowshoe) (scoring based upon [SCORP](http://www.ct.gov/deep/cwp/view.asp?a=2707&q=323864&deepNav_GID=1642%20)) |
| 8 | Biking (scoring based upon SCORP) |
| 6 | Motorized Use (scoring based upon SCORP) |
| 8 | Equestrian Use (scoring based upon SCORP) |
| 15 | Statewide support demonstrated through letters (more than one) |
| 10 | Regional support demonstrated through letters (more than one) |
| 5 | Local support demonstrated through letters (more than one) |
| 10 | Public meetings held regarding trail development or land acquisition  |
| 10 | Sponsorship from local or regional group, agency or organization |
| **Educational Projects** |
| 15 | Statewide audience |
| 10 | **or** Regional audience |
| 8 | **or** Local audience |
| 5 | Public/non-profit involvement in outreach and maintenance of program |
| 5 | Public/non-profit endorsement and involvement in creation of program |
| 5 | Need demonstrated  |
| 5 | Effectiveness will be demonstrated |



# Connecticut Recreational Trails Program

# Grant Application

*(For any State funds that may become available in 2018-19)*

**Deadline for Submission is October 31, 2018**

Print or type unless otherwise noted.

## Part I: General Information

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| Project Title: Estimated Total Project Cost: $ (include labor)Total Amount Requested: $ (up to 80% of total project cost)Project Proposal Type (check all appropriate boxes):[ ]  Planning/Design [ ]  Construction [ ]  Maintenance [ ]  Acquisition [ ]  Education[ ]  Equipment [ ]  Amenities [ ]  Publications [ ]  Outreach |

## Part II: Applicant Information

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| --- |
| 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)

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| --- |
| 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 for your Organization (<https://www.concord-sots.ct.gov/CONCORD/>) or Municipality (<https://portal.ct.gov/>): |
| 6. Legislative District (STATE): **(**<https://cga.ct.gov/>**)** |
| 7. Property owner information, if different than applicant:Name: Title: Mailing Address: City/Town:  State:  Zip Code: Business Phone:  ext.  Fax: Email: **Note:** If the applicant is not the property owner, permission for public recreational access must be documented. Include such documentation as **Attachment A**. |

## Part III: Project Information

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| 1. **Project Description** Provide the following information (no more than 2 pages) as **Attachment B**:
* what is the need for this project and what user group(s) will it serve;
* what is the physical extent of the project (refer to your map, Item 2 below and in **Attachment C**);
* what type of ground disturbance (specify depth and any tree cutting if stumps will be removed) will occur;
* what type of equipment will be used;
* what type of amenities will be installed or repaired (for example: parking lots, benches, signs which must be located on your map in **Attachment C**);
* will bridges or boardwalks be installed or repaired;
* are permits necessary (**list them**) and are they obtainable?
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**Part III: Project Information (continued)**

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| 1. **Project Maps.** Your application will be rejected unless you provide maps that will allow a field inspection to occur **with ease**. Include a town level project location map **and** a more detailed site plan showing the proposed trail bed improvements, trail heads, locations and technical drawings of trail amenities (parking areas, benches, plantings, fencing, bathrooms, etc.) and signs and/or kiosks and bridges and/or boardwalks as **Attachment C**. Digital photos and maps (digital photos taken of hard copy maps are acceptable) are preferred.
 |
| 1. **Grant Selection Criteria.** Per the guidelines found on page 2 of this application, check the Yes or No box as applicable and provide details as specified.

Yes No[ ]  [ ]  This project connects to trail(s) on state owned land.[ ]  [ ]  This project is part of a CT Greenways Council designated greenway. If Yes, provide the name of the Greenway:[ ]  [ ]  This project is included in a local and/or regional plan. Copies of relevant excerpts will be required if your application is selected. Please do not send them in advance.[ ]  [ ]  This project is located in more than one town or provides a link to one or more towns.[ ]  [ ]  This is the Next Phase of a project previously ***completed*** (no outstanding grant balance) and funded by DEEP’s Federal or State Recreational Trails Program.[ ]  [ ]  This project is part of an alternative transportation plan (bike ped, etc). |
| [ ]  [ ]  This project is receiving funding from other State or Federal agencies. If Yes, provide source of funding: [ ]  [ ]  This project incorporates a Safe Routes to School program.[ ]  [ ]  This project serves an urbanized area. |

## Part III: Project Information (continued)

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| 4. **Site Suitability:** Yes No[ ]  [ ]  The project is located in a Federal Emergency Management Agency (FEMA) floodzone. You can find FEMA information at your town hall in the building department or on the Internet at FEMA’s map center (<https://msc.fema.gov/portal/home>): If your proposal is recommended for funding, it will be forwarded to DEEP’s Inland Water Resources Division staff for assessment of the need for Flood Management Certification (FMC). As a part of your contractual obligations, your project work within the flood plain will not be able to begin until FMC is obtained. Other restrictions may be attached.[ ]  [ ]  The project is within an aquifer protection area.[To view the applicable list of towns and maps visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection).To speak with someone about the Aquifer Protection Areas, call 860-424-3020][ ]  [ ]  The project lies within an area identified by the CT DEEP Natural Diversity Data Base as possibly containing endangered species. If Yes, and your proposal is recommended for funding, it will be forwarded to NDDB staff for assessment. Any restrictions will become part of your contractual obligations.[For more information visit the DEEP website at [www.ct.gov/deep/endangeredspecies](http://www.ct.gov/deep/endangeredspecies) (Review/Data Requests) or call the NDDB at 860-424-3011] |
| [ ]  [ ]  The project may impact significant historical or archaeological sites. If your proposal is recommended for funding, you may be required to complete [DEEPs Historic Preservation Review](http://www.ct.gov/deep/lib/deep/permits_and_licenses/water_discharge_general_permits/storm_construct_gp.pdf) (can be found within Appendix G of The DEEP General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities ("Construction General Permit")). Any costs you incur in obtaining the required SHPO finding will be applied toward your 20% match requirement. Non-profit organizations and municipalities are eligible for up to $20,000.00 on a non-matching basis to undertake general area archaeological reconnaissance surveys. Contact SHPO for details at 860-256-2761.[ ]  [ ]  Is the project within the coastal area? [www.ct.gov/deep/gis](http://www.ct.gov/deep/gis) (GIS Data) |
| [ ]  [ ]  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? |

## Part III: Project Information (continued)

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| 5. **Site Accessibility and User Group Information:** 1. Will your trail serve any elderly housing projects, housing authority (public housing), ethnic community or low or very low-income areas or neighborhoods?

[ ]  Yes [ ]  NoPlease describe the methods or means by which these user groups will access the site.1. 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 user groups: foot-travel (hike, ski, roller blade, etc.), bicycle, mountain bike, equestrian, motorized.

 [ ]  Multi-use [ ]  Single-use |
| 1. List the user group or groups that would be utilizing this trail? Provide some indication of use intensity expected (i.e. user/week).

 |
| 1. To what degree will this project provide assistance to people who have disabilities? Your project must use the best information available to ensure broad usability. List any ADA trailside amenities or trailhead facilities that are available (such as platforms, parking areas, shelters, compost toilets, etc.) to improve accessibility for people with disabilities. Please note: Often times, taking accessibility measures is not feasible on trails due to trail terrain, environmental conditions, nature of the setting, prevailing construction methods or required materials that would be prohibited by federal, state, or local laws or where compliance would cause substantial harm to or alter cultural, historic, religious, or significant natural features of the setting. See the Forest Service website ([www.fs.fed.us/recreation](http://www.fs.fed.us/recreation/programs/accessibility/%20)) for the best available guidance for trail projects.

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| 6. **Public Participation:** Public participation can be defined as: special public meetings, proposal reviewed by special interest groups or advisory councils and boards, public fund raising, construction or maintenance, etc.1. Please describe how public participation at the local level was included in planning this project. If your project is recommended for funding, you will be required to provide evidence of this public participation, such as public notices, news releases, public surveys, minutes and news articles. Please do not provide this evidence in advance.

7. **Letters of Support:** Letters demonstrating support for your project are welcomed digitally or hard copy. |

## Part III: Project Information (continued)

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| 7. **Scope of work:** You will be granted 2 years to complete your project. Provideyour “Project Tasks and Anticipated Completion Timeline,” as **Attachment D** in a table format as shown below.

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| *Project Tasks and Anticipated Completion Timeline* |
| **Tasks** | **Person(s) Performing Work** | **Anticipated Completion Date** |
| Task 1 | Staff and volunteersS A M P L E | March 2010 |
| Task 2 | Consultant (name here) | October 2010 |

8. **Project Cost Estimates:** Provide an itemized project cost breakdown as **Attachment E**. 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

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| --- |
| **Name of Applicant** |
| **Project Cost Estimates** |
|  |
| **Item** (should correspond to your scope of work and may have more detail) | **Cost** |
| Task 1 Item a S A M P L E |  $1,500.00 |
| Task 1 Item b |  $300.00 |
| Task 2 Item a |  $1,000.00 |
| Task 3 Item a  |  $500.00 |
| Task 3 Item b |  $1,000.00 |
| Task 3 Item c |  $700.00 |
| **TOTAL Project Costs** |  **$5,000.00** |
| Match *(>20% of total project costs.)* |  *$1,700.00* |
| *Grant Amount* (< 80 % of total project costs) |  **$3,300.00** |

9. **Maintenance Plan:** Grantees are required to maintain projects that utilize CT Recreational Trails Grant funds and to provide assurance of such operation and maintenance for a period not to exceed the life expectancy of the trail, ten years, or until total destruction or degradation by an act of nature, whichever comes first. All projects ***must*** provide a description of how the trail will be maintained including who will be responsible, who will perform the maintenance and how will it be performed, anticipated maintenance schedule, anticipated maintenance budget and funding mechanism(s). Provide a maintenance plan as **Attachment F**. |

## Part III: Project Information (continued)

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| 10. If you are proposing a ***Land Acquisition Project*** and your project is recommended for funding by the Recreational Trails Advisory Committee, you will be required to provide an appraisal of the land to be acquired, and a review of the appraisal by an independent review appraiser. |
| 11. If you are proposing an ***Educational Project,*** complete and submit the “Educational Project Supplemental Application” (DEEP-TRAILS-APP-001A) as **Attachment G**. |

## 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.

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| --- |
| [ ]  Attachment A: If the applicant is not the property owner, provide documentation of your permission for public recreational access. [ ]  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: Scope of Work - provide project tasks as a described in Part III, item 7 of this application on[ ]  Attachment E: Project Cost Estimates - provide budget information as described in Part III, item 8 of this application. [ ]  Attachment F: Provide Maintenance Plan as described in Part III, item 11 of this application.[ ]  Attachment G: “Educational Project Application Supplement” (use form provided). |

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## 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 **October 31, 2018.**

Email is preferred, laurie.giannotti@ct.gov

 ***OR***

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

Laurie Giannotti, Trails & Greenways Program Coordinator

Department of Energy and Environmental Protection

79 Elm Street

Hartford, CT 06106-5127

 ***OR***

If you must send a paper proposal, include color maps and send to the above address.

**Attachment G: 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

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| Applicant Name:  |
| 1. **Need for Proposed Education:** Why are you proposing this educational project and how did you determine the need for this educational program.

 |
| 2. **Target Audience:** Describe your students. 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 G: Educational Project Application Supplement** (continued)

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| **3. Educational Method**: How will you educate your audience? Will you produce printed material, signage, website, 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 anyparticipation or sponsorship withother 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.  |