 Parks and Trails Legacy Grant Program

**FY 2015 Trail Legacy Grant Application**

**INSTRUCTIONS**

**Delete this page before submitting Application**

|  |  |
| --- | --- |
| stop_sign | **Before completing this application read and study the program manual, all information on the program website, and these instructions.** |

**APPLICATION DUE DATE: Friday, September 26, 2014**

**COMPLETING THE APPLICATION:**

* Carefully review the Project Eligibility section of the program manual to understand the different requirements and eligible expenditures.
* Type all responses within the blank boxes associated with each question (not within the question box). For location and site maps, you may insert these as separate pages immediately following each question.
* Replace the sample resolution page with the actual approved resolution. See instructions below for items needed in the resolution.
* DO NOT change the format of this document.
* Respond to all of the required questions and provide all required documents, including those outlined in the Attachment Checklist. Failure to complete the application appropriately will mean that the project will not be considered for funding.
* FY15 application form must be submitted. Previous Fiscal Year Applications will not be accepted.
* Read each question thoroughly. Please keep answers as brief and concise as possible.

**HOW TO SUBMIT THE APPLICATION:**

Applications are to be submitted electronically in a “.pdf” format by the due date above. Paper submission of applications will no longer be accepted unless specifically arranged and approved in advance of the due date with program staff. To submit the application, email a pdf version of the application and attachments to [Trailgrants.DNR@state.mn.us](mailto:Trailgrants.DNR@state.mn.us). Please format the entire application, including all attachments, as one pdf document with all pages 8 ½” by 11” in dimension. After submission, make sure you have received a confirmation email that your application has arrived in a useable form by the due date. Applications submitted in an unusable format will NOT be considered for funding. If there are any questions about submitting the application please contact the program staff below.

**GENERAL INFORMATION:**

This is a competitive program. Staff is available to discuss your project or review application materials. You are encouraged to submit any draft application or materials by September 2, 2014 if you would like staff to provide comments. For assistance, please contact:

Traci Vibo, Grant Coordinator  
[traci.vibo@state.mn.us](mailto:traci.vibo@state.mn.us); Phone (651) 259-5619

|  |  |
| --- | --- |
| **Project #** |  |

 Parks and Trails Legacy Grant Program

**FY 2015 Trail Legacy Grant Application**

**1) GENERAL CONTACT INFORMATION:**

|  |  |
| --- | --- |
| Grant Applicant (Unit of Government Required): |  |
| Contact Person: |  |
| Contact Title: |  |
| Mailing Address: |  |
| Phone: |  |
| E-mail address: |  |
| *If the project has a trail club, organization, or project partner, please include below:* | |
| Organization/Club Name: |  |
| Contact Person: |  |
| Contact Title: |  |
| Mailing Address: |  |
| Phone: |  |
| E-mail address: |  |

**2) GENERAL PROJECT INFORMATION:**

|  |  |
| --- | --- |
| Project Name: |  |
| Project Summary  (30 words or less): |  |
| Project Completion Date: |  |

**3) FINANCIAL INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Grant Request: | **$** | Source of Cash Match (describe below in the box next to $ amount): | Are these match funds secured? (Check below): | | | |
| YES | | NO | |
| Non-State Cash Matching Funds  (No match required, include only if applicable): | $ |  |  | |  | |
| $ |  |  | |  | |
| $ |  |  | |  | |
| Total Project Cost: | $ | (Grant Request + Matching Funds must = Total Project Cost) | | | | |
| If this project has received federal funding through the Enhancements Program or TAP Program, please indicate which year the project is programmed for construction? | | | | FFY: | |  |

**4) PROJECT LOCATION:**

|  |  |
| --- | --- |
| County Project is Located: |  |
| State Legislative (House) District: |  |
| State Senate District: |  |
| State House Representative: |  |
| State Senator: |  |
| Congressional District: |  |

**5) MEASURABLE TARGETS/OUCOMES:**

|  |  |
| --- | --- |
| It is required that measurable targets and outcomes be collected for your project. Complete the boxes below on the right with exactly how many miles of trail that will be acquired, newly developed or existing trail miles improved, along with the number of trailhead facilities, bridges, and/or culverts that will be developed or restored as part of the project. After the project is complete the measurable outcome will be compared with the target you include here. | |
| Trail Miles to be Acquired: |  |
| New Trail Miles to be Developed/Created: |  |
| Existing Trail Miles to be Restored or Improved: |  |
| Number of Trailhead Facilities to be Developed or Restored: |  |
| Number of Trail Bridges/Culverts to be Developed or Restored: |  |

**6) RECREATIONAL USES FOR PROJECT:**

|  |  |  |  |
| --- | --- | --- | --- |
| Below, indicate which primary and secondary recreation uses will directly benefit from the proposed project: | | | |
| Primary Use | Secondary Use |  | |
|  |  | Walking/Hiking | |
|  |  | Bicycling | |
|  |  | Mountain Bicycling | |
|  |  | Horseback Riding | |
|  |  | Cross-Country Skiing | |
|  |  | In-Line Skating | |
|  |  | Snowmobiling | |
|  |  | ATV Riding | |
|  |  | Off-Highway Motorcycling | |
|  |  | 4 X 4 Trucking | |
|  |  | Other (specify): |  |
| Describe/Justify how each of the above identified primary and/or secondary trail user groups will benefit from the project. Response required for each identified use above | | | |
|  | | | |
| Will this project provide year round trail use? If it is planned to provide year round use, outline which users indicated above will benefit and how the facility will be maintained for those uses. | | | |
|  | | | |

**7) REGIONAL SIGNIFICANCE:**

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| --- |
| To be eligible for this grant, the project must demonstrate that it is of regional or statewide significance. Describe how your project meets each of the identified criteria listed below. Trails must meet the first two criteria specifically and must address criteria three, four, and five in aggregate. Provide your response in the box below each part of this question. |
| 1. Regionally desirable setting: The trail is located in a regionally desirable setting. Criteria include attractive, unusual, and/or representative landscapes, important destinations, or high quality natural areas. |
|  |
| 2. High quality opportunity and use: The trail serves as a destination, providing high quality recreational opportunities, attracts a regional clientele (multiple communities), potentially may draw tourists, and generates an economic impact from outside the local area. The trail should be developed and maintained to include easy access, secure parking, access to drinking water and other necessary services, and is wide enough or designed in such a way to avoid user conflict and provide a safe experience. |
|  |
| 3. Adequate length: The trail provides at least an hour of outdoor recreation opportunity, or connects to other facilities that can provide at least an hour of recreation in total.  4. Connections: The trail currently or potentially will link to an existing trail of regional or statewide significance. This includes providing connections between significant trails, or connecting communities/ community facilities to these trails.  5. Scarcity of Trail Resources: The trail provides a high quality recreational opportunity not otherwise available within a reasonable distance. |
|  |

**8) PROJECT DESCRIPTION:**

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| --- |
| Provide a description sufficient enough to understand the project. Indicate prominently whether this is primarily a new trail or facility development request, an enhancement to an existing trail or facility, or an acquisition. Make sure to include the design specifics of the project, such as the trail width (paved multi-use bicycle/pedestrian trails must be at least 10 feet wide). Include how this project will be immediately available for use by the general public. If this project is a phase of a larger project, make sure to briefly describe how it fits into the larger plan, however, focus specifically on how the grant funds will be used for eligible expenditures. Also, explain why it is important for this project to be funded. Use the box below. |
|  |

**9) PROJECT COST BREAKDOWN:**

|  |  |  |  |
| --- | --- | --- | --- |
| Identify each recreational trail/facility being proposed for funding. Provide a short quantitative description of the facility (linear feet, dimension of structures, number of components, etc.), the total estimated cost and the expected completion date for each eligible expenditure. Include rows for items like materials, landscaping, design/engineering services, contract service, etc. Add or delete rows in the text boxes below as appropriate. If acquisition (fee title and/or easement) will be included in your project, fill out the acquisition information in the table provided below. | | | |
| **Trail/Facility** | Description | **Estimated Cost** | **Expected Completion Date** |
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|  |  |  |  |
| Total | | **$** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***ACQUISITION*** (if applicable)***:*** | | | |
| **Description of Parcel** | Acres or Miles of Trail | **Reasonable Market Value Estimate** | **Expected Acquisition Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total | | **$** |  |

**10) PROJECT LOCATION MAP:**

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| --- |
| It is important for reviewers to have an idea of where in the state and/or your region the project being proposed is located. This map must be 8 ½” X 11” in size ONLY, should be in color, and be able to show where the project is generally located within the state or region. So typically the scale of this map is very large, such as a state or regional map identifying the project location. Insert the map here. |

**11) PROJECT SITE LEVEL MAP:**

|  |
| --- |
| It is also important for the reviewers to be able to see where the project is located within the context of a city, county, park, etc. This map must be 8 ½” X 11” in size ONLY, should be in color, and should be effective at showing how the project fits within its specific context. The map must show existing trails/facilities, proposed trails/facilities as directly proposed as part of the project, and future trail/facility development/acquisition plans. Make sure to include a key to the map. Point out any relevant/important facilities the trail connects to that was noted in a response to a question in the application. A clear and high quality map is very important in explaining the project. The scale of this map is usually small. Insert the map here. |

**12) SITE AND PROJECT QUALITY:**

|  |
| --- |
| What considerations have been given to the needs of the intended trail user groups and are they appropriate for the location? What attractive features exist on site or within view of the proposed project that may bring in potential user groups to this project location? What other facilities (if any) are on site or within the trail corridor that enhances this project? Describe what attractive features exist on the site or within view. Use the box below. |
|  |

**13) PROJECT READINESS:**

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| --- |
| What is the current status of the project? Can the project begin immediately? What major activities must still be accomplished before the project can begin? Will the project be completed within the appropriation timelines? At a minimum, please reference land acquisition requirements, status of engineering/design, and relevant permits and approvals that have/have not been obtained for the project. Use the box below. |
|  |

**14) ACCESSIBILITY (ADA):**

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| --- |
| All facilities that are developed, or portions thereof, using these funds must be accessible for persons with disabilities or be eligible for an exemption. The Americans with Disabilities Act (ADA) has developed guidelines for outdoor developed areas, buildings and facilities and is available at www.access-board.gov. Will the project facilitate and/or improve ADA access to existing trails or trail related facilities? Describe design details to be utilized on how the trail or facility is designed for use by persons of all abilities and takes into consideration ADA design standards. If the project is eligible for an exemption, list the specific guideline, and describe how the project qualifies under this exemption. Use the box below. |
|  |

**15) CONNECTIVITY:**

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| --- | --- | --- | --- |
| **15A)** Describe how the trail project will connect multiple destinations and/or communities. Use the box below. | | | |
|  | | | |
| **15B)** Does the trail project connect directly to an existing state or regional trail? Check all that apply to the right and describe in the box below if applicable. | | Connects to Designated and Existing State Trail: |  |
| Connects to Designated and Existing Regional Trail: |  |
|  | | | |
| **15C)** Does the trail project connect directly to an existing state park, state recreation area, regional park, high quality natural resource, local recreation area, or local park? Check all that apply to the right and describe in the box below if applicable. | Connects Directly to a State Park or State Recreation Area: | |  |
| Connects Directly to a Regional Park or Regional Recreation Area: | |  |
| Connects Directly to a Local Park or Recreation Area: | |  |
| Connects Directly to a High Quality Natural Resource (not included above): | |  |
|  | | | |
| **15D)** Describe how the trail project contributes to the overall connectivity of the trail system in the area. Specifically, how well does the project connect existing trail networks or fill critical gaps within the trail system? How well does the project help promote connectivity among trail networks statewide? Use the box below. | | | |
|  | | | |

**16) NATURAL RESOURCE IMPACT:**

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| --- |
| Describe the potential impact to natural resources by the project and efforts to avoid or mitigate adverse effects. This includes considerations for trail design and construction practices, noise, odors, dust control measures, surface erosion, fish and wildlife populations, damage to wetlands or other ecologically sensitive natural resources, landscaping that includes native planting, and historical/archaeological sites. Also, demonstrate the compatibility of the proposed project with existing adjoining land uses. To the extent possible, all landscaping or plantings that are done in the project area must be native to Minnesota and preferably of the local ecotype, and describe below how this project will comply with this requirement. Use the box below. |
|  |

**17) ENHANCED OPPORTUNITY FOR COMMUTERS:**

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| --- |
| Describe how the project provides enhanced opportunities for commuting. Will the project provide a trail connection between where people live and where they work? Will it encourage bicycle commuting? Use the box below. |
|  |

**18) ENHANCED SAFETY:**

|  |
| --- |
| Explain if the project will increase trail safety. For example, describe if the project provides for safer road crossings or route alternatives that direct trail users, such as bicyclists or pedestrians from roads or road shoulders on to trails. Use the box below. |
|  |

**ATTACHMENT CHECKLIST**

|  |  |
| --- | --- |
| **REQUIRED ATTACHMENTS (All attachments MUST be 8 ½ by 11 ONLY)** | |
|  | **Attachment A – Required Certifications**  The first signature block is to be signed by the proper authority for the grant applicant. The specific manager of the facility that is being rehabilitated, enhanced or developed should sign the second section. If the proposed project will utilize public land that is not under the jurisdiction of the grant applicant, the proper authority must sign the final section in order to assure that they are both aware and supportive of the project. |
|  | **Attachment B – Resolution Supporting Application**  The application must be accompanied by either a copy of a resolution, council minutes or some other official documentation that demonstrates that the local unit of government supports the proposed project and the consequent application. The resolution does not need to have a specific form or specific language, as long as it satisfies what was outlined in the previous sentence. A sample resolution has been included. The sample resolution is a combination type resolution example. It shows support of the grant application (as required above to apply), and if the project is awarded, it includes language to support accepting the grant award, names the fiscal agent, and states that the facility or trail will be maintained for no less than twenty years as required per the grant program. It also notes that the local unit of government will comply with all applicable laws, environmental requirements and regulations as stated in the grant agreement. This combination resolution helps eliminate the need for an additional resolution for this project in the future, if awarded a grant. If awarded and the aforementioned requirements are not in the resolution that was submitted with the application, a new resolution will be requested in order to receive the grant funds. |
| ADDITIONAL ATTACHMENTS (if applicable) | |
|  | **Attachment C – Letters of Support**  Letters of support are an important factor for reviewers when selecting projects. There should be an effort to solicit letters from specific groups that will derive a direct benefit from the project. The applicant is also welcome to provide letters of support from all other sources as well. |
|  | **Attachment D – Transportation Enhancement or Transportation Alternatives Program (TAP) Program Letter**  If this project is scheduled to receive Federal SAFETEA-LU Transportation Enhancement funds or TAP funds, then your local MnDOT district should have notified you in some manner. Please attach this notification and fill in the year in which you are scheduled to receive the funding under question 3. |

**Attachment A – REQUIRED CERTIFICATIONS**

Complete the Required Certifications form below with original signatures.

**For Grant Applicants:**

“I hereby certify that all of the information provided in this application is true and accurate to the best of my knowledge. I recognize that in the event of the proposed project being funded, this document will be used as an addendum to the agreement between the sponsoring unit of government and the state to guide project scope and reimbursement. I also acknowledge that all work must be completed by **June 30, 2017**, and no reimbursement will be sought for an in-house labor services and/or to meet existing payroll. I also preliminarily agree with plans to develop the proposed trail related project on land administered by my agency.”

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Title: |  | | |
| Unit of Government: | | |  | | | | |
| Signature: | |  | | | | Date: |  |

**For Trail and Park Administrators:**

“I substantially agree that the proposed trail related project will be mutually beneficial to the local community, as well as to the goals and purposes for which this recreation unit was established. I will cooperate in its provision if the project proposal should be funded.”

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Title: |  | | |
| Unit of Government: | | |  | | | | |
| Signature: | |  | | | | Date: |  |

**For All Administrators of Public Lands Crossed/Utilized in the Proposed Linkage (**Required only if the proposed project will utilize public land that is not under the jurisdiction of the grant applicant)**:**

“I preliminarily agree with plans to develop the proposed trail related project on land administered by my agency, and I will cooperate in seeking more formal authorization in the event the project proposal is authorized for reimbursement.”

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Title: |  | | |
| Unit of Government: | | |  | | | | |
| Signature: | |  | | | | Date: |  |

**Attachment B – RESOLUTION SUPPORTING APPLICATION**

**SAMPLE RESOLUTION**

**DELETE THIS PAGE AND REPLACE WITH ACTUAL RESOLUTION**

WHEREAS, the City of Sunnybrook supports the grant application made to the Minnesota Department of Natural Resources for the Parks and Trails Legacy Grant Program. The application is to construct five (5) miles of paved trail for the Sunnybrook Recreational Trail System. The trail system is located within 30 acres of Sunnybrook Park, and

WHEREAS, the City of Sunnybrook recognizes that it has secured $50,000 in non-state cash matching funds for this project.

NOW, THEREFORE, BE IT RESOLVED, if the City of Sunnybrook is awarded a grant by the Minnesota Department of Natural resources, the City of Sunnybrook agrees to accept the grant award, and may enter into an agreement with the State of Minnesota for the above referenced project. The City of Sunnybrook will comply with all applicable laws, environmental requirements and regulations as stated in the grant agreement, and

BE IT FURTHER RESOLVED, the City Council of the City of Sunnybrook names the fiscal agent for the City of Sunnybrook for this project as:

Jane Doe

Director of Finance/Treasurer

City of Sunnybrook

87224 Happy Trails Avenue

Sunnybrook, MN 26395

BE IT FURTHER RESOLVED, the City of Sunnybrook hereby assures the Sunnybrook Recreational Trail will be maintained for a period of no less than 20 years and land acquisitions will require a perpetual easement for recreational trail purposes.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF SUNNYBROOK THIS \_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARY DOE - MAYOR

ATTEST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JOHN DOE - CITY CLERK