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2018 Recreational Trails Program (RTP) Application

Applicants should read Mississippi Recreational Trail Guidelines before completing this application

Part A: Applicant/Sponsor Information

**Applicant/Sponsoring Entity Name:** Click here to enter text.

Applicant’s Federal Employer ID# (FEI): Click here to enter text.

Classification of Applicant: Click to select an item.

Applicant Contact Info (Mayor, Director, etc…)

Name: Click here to enter text.

Title: Click here to enter text.

Mailing address: Click here to enter text.

Phone: Click here to enter text.

Email address**:** Click here to enter text.

Application Contact Info: (if different from applicant)

Name: Click here to enter text.

Title: Click here to enter text.

Mailing address: Click here to enter text.

Phone: Click here to enter text.

Email address**:** Click here to enter text.

Has Applicant Received Prior RTP Funding: ** Yes No**

List all prior RTP project numbers and all park names associated with assisted site(s):

Click here to enter text.

Has Applicant Received Prior Land & Water Conservation Funding (LWCF): ** Yes No**

List all prior LWCF project numbers and all park names associated with assisted site(s): Click here to enter text.

Part B - Project Information

Name of RTP Proposal: Click here to enter text.

Classification of Land (Select one): Click to choose an item.

(If trail project involves private land, easement(s) must be finalized within 30 days of awarded grant approval)

Location of Project (if located in more than 1 county, district, etc., please list all)

 Name of Park or Recreation Area: Click here to enter text.

 Nearest Town/City: Click here to enter text.

 County: Click here to enter text.

 Population of Applicant: Click here to enter text.

 Nearest Major Interstate: Click here to enter text.

 Street/County/Road: Click here to enter text.

 Latitude of Proposed Trail Site: Click here to enter text.

 Longitude of Proposed Trail Site: Click here to enter text.

 State Senator and District: Click here to enter text.

 House of Representative and District: Click here to enter text.

 Federal Congressman and District: Click here to enter text.

Project Category (Select one): Click for Category Selections

Trail Use: (indicate only uses that are applicable and compatible with proposed trail)

Non-Motorized Uses:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |

Click here to specify other non-motorized trail.

Motorized Uses:

|  |  |
| --- | --- |
|  |  |
|  |  |

Click here to specify other motorized trail.

Is the proposed project an Exercise / Fitness Trail? **** Yes No

Is there an existing trail at this location? **** Yes No (if yes complete below)

Length of Existing Trail: Click here to enter text.

Width of Existing Trail: Click here to enter text.

Existing Trail Surface: Click here to enter text.

Condition of Existing Trail: Click here to enter text.

Was Existing Trail Funded with RTP Funds: Click here to enter text.

Select the Item that the RTP Funds will be used for: Click here to choose an item.

Select the Type of Trail Surface (check all that apply):

 

Click here to enter text.

List Elements to be constructed / purchased with RTP Funds to be used by the public. For example: Asphalt trail 1 mile long x 10 feet wide, 6 benches,1 shelter

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

7. Click here to enter text.

8. Click here to enter text.

9. Click here to enter text.

10. Click here to enter text.

Does this project link to or is it an integral part of another trail(s)?

Click here to enter text.

Provide any additional information regarding trail project:

Click here to enter text.

Part C – Project Narrative

**Project Summary –** Narrative concerning your proposed project and include a description of the nature of the organization requesting funds, the project and location, trail length and width, types of facilities (existing and proposed in the project), how the funds will be used, what is intended to be accomplished, history, planning, need for project, support, expected uses, and target audience. (Limit to this Page)

Click here to enter text.

Part D – Project Cost Information / Project Timeline Schedule

**RTP Funds Requested:** Click here to enter text.

**Total Estimated Project Cost:** Click here to enter text.

**Funding Sources**

List all funding sources related to proposed trail project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Type | Amount | Secured | Agency |
| Recreational Trail Grant | Federal Grant | $00 | Applied For | MDWFP |
| enter  | enter  | $00 | enter  | enter  |
| enter  | enter  | enter  | enter  | enter  |
| enter  | enter  | enter  | enter  | enter  |

**Project Cost Estimate**

In the following Proposed Budget and Breakdown, list items separately and in order of priority. Enter an estimated cost of each item to be purchased or donated.

 ►Cost of design and engineering services performed by an outside consultant (See below information.)

 ►Cost for construction contracts (List each contract separately and include a description of work and items covered under each)

 ►Cost of special tradesmen secured under a service contract (Describe each required)

 ►Cost of materials purchased for this project (List items and quantity separately)

 ►Cost of rental equipment (Specify type of equipment/cost per day/# days)

 ►Direct labor cost (Grant funds may not be used to pay the salaries or wages of active employees.)

**Professional Fee for Design or Engineering**

Design or engineering fees associated with trail development can be reimbursed. The amount of the fee eligible for reimbursement cannot exceed 8% of the RTP Total Agreement Cost or the associated RTP construction cost if it is less than the Total Agreement Cost. The eligible fee can be reimbursed 80% through the RTP program with 20% percent being matched by the applicant.

Although applicants may negotiate a higher professional fee than the 8%, only 8% is eligible for reimbursement. In addition, design or engineering costs associated with portions of the project that are not completed or constructed are not eligible for reimbursement.

Professional Fee Example:

Total RTP project estimated construction cost is 110,000
Eligible professional fee would be $8,800
Applicants 20% share of professional fee is $1,760
RTP 80% share of professional fee is $7,040

**Proposed Budget**

|  |  |
| --- | --- |
| Applicant Name | Click here to enter text. |
|  Person Who Prepared Budget:  | Click here to enter text. |
| Name of Project: | Click here to enter text. |
| Date Prepared: | Click here to enter text. |
| INCLUDE ONLY ELIGIBLE ITEMSNon-eligible costs can be shown on a separately attached estimate. An attached estimate is not accepted in lieu of this form.  |
| **Item Description** | **RTP Grant Funds 80%** | **Local Share 20%** | **Total RTP Project 100%** |
|  |  |  |  |
| A. Design & Engineering Costs (Eligible amount limited to 8% of associated construction cost) | 0.00 | 0.00 | $ 0.00 |
| B. Construction Contract | 0.00 | 0.00 | $ 0.00 |
| C. Special Service Purchase Contract (Such as tradesmen secured under a service contract)  | 0.00 | 0.00 | $ 0.00 |
| D. Purchase of Materials  | 0.00 | 0.00 | $ 0.00 |
| E. Cost of Rental Equipment | 0.00 | 0.00 | $ 0.00 |
| F. In-Kind Labor Cost | 0 | 0.00 | $ 0.00 |
| G. In-Kind Equipment Cost | 0 | 0.00 | $ 0.00 |
| H. Other (List Items) | 0.00 | 0.00 | $ 0.00 |
| I. Other (List Items) | 0.00 | 0.00 | $ 0.00 |
| J. Other (List Items) | 0.00 | 0.00 | $ 0.00 |
| K. Other (List Items) | 0.00 | 0.00 | $ 0.00 |
| L. Other (List Items) | 0.00 | 0.00 | $ 0.00 |
| M. Other (List Items) | 0.00 | 0.00 | $ 0.00 |
| N. Other (List Items) | 0.00 | 0.00 | $ 0.00 |
| **TOTAL** | **$ 0.00** | **$ 0.00** | **$ 0.00** |
| To auto-calculate Total, right click $0.00 and select Update Field from pop-up menu |

|  |
| --- |
| **BREAKDOWN OF PROPOSED BUDGET ITEMS A-G** **PRIOR PAGE** |
| **Item** | **Cost Estimate Description – Be Specific** | **RTP Funds** | **Sponsor Match** |
| Click here to enter text. | Click here to enter text. | 0.00 | 0.00 |
| Click here to enter text. | Click here to enter text. | 0.00 | 0.00 |
| Click here to enter text. | Click here to enter text. | 0.00 | 0.00 |
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| Click here to enter text. | Click here to enter text. | 0.00 | 0.00 |
| Click here to enter text. | Click here to enter text. | 0.00 | 0.00 |
| **Volunteer Labor Rates**: Source Mississippi Department of Employment Security (MDES) 2016 Labor Market Information Occupational Wages**Laborer (no skills required)**Landscaping and Groundskeeping Workers @ $8.18**Supervisor (ability to take charge)**First-Line Supervisors of Landscaping @ $ 11.65For other Occupational Wages see [www.mdes.ms.gov](http://www.mdes.ms.gov) Donation - documented rate normally charged | **Sub Totals** | $ 0.00 | $ 0.00 |
|  | Right click subtotal $0.00 then select Update Field |
| **Manually Enter** **Sub Totals►** | $0.00 | $0.00 |
| **Total** | $ 0.00 |
| To auto calculate, right click Total $0.00 then select Update Field |

**Project Timeline/Schedule:**

Provide a detailed project schedule/plan of action with a corresponding timeline. Detail the complete sequence of construction by activity, indicate number of days/weeks/months for beginning and complete for each stage of construction

|  |  |
| --- | --- |
| **Activity** | **Days/Weeks/Months** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

 **Total Span of Project in Months:** Click here to enter text.

Part E – Project Selection Criteria

If a criterion does not apply, enter N/A (Not Applicable) and briefly indicate why it does not apply.

**1. Planning/Budgeting/Design Process** - Describe the planning, budgeting, and design process for this project. Document the use of professionals such as landscape architects, engineers, and/or planners. Describe any assistance from public agencies, private industries, or special interests groups.

Click here to enter text.

**2. Environmental Mitigation** - Describe how the project will mitigate and minimize impact to the natural environment. Degree to which project aids in the restoration, enhancement, and conservation of natural resource in the area in which the project is located.

Click here to enter text.

**3. Connections/Linkages** - Describe how the proposed project provides viable connections or linkages to other trails, greenways, scenic corridors, natural, cultural and recreational resources, or community activities. If the project is connected to a larger trail system, describe the size, extent, and predominant uses of that system.

Click here to enter text.

**4. Trail Corridor Sharing** - Describe how the trail project can accommodate a jjjjjjj kkkjjj variety of motorized and/or non-motorized trail activities (equestrian, hiking, mountain biking, ATV, motorcycle, etc.)

Click here to enter text.

**5.** **Trail Commitment** – Describe the long-term commitment (ex. 20, 30, 50 year recreational easement or limitation of use) that the trail sponsor ***will*** implement / use, if selected for funding. Degree of commitment for continued project maintenance and operation to insure that the trail will remain open and operable for the intent for which funds are being asked.

Click here to enter text.

**Bonus Points** - Will trail project be of national, statewide or regional significance or unique? Explain.

Click here to enter text.

Part F – Environmental Survey

This survey is a requirement for federally funded programs. For those projects selected for funding and submitted to FHWA, MDWFP may verify compliance with these items.

**Note: Other documentation may be requested and required during the evaluation process and of finalists who enter the Environmental Assessment and Intergovernmental Review Process.**

|  |  |
| --- | --- |
| **1. Project Name**:  | Click here to enter text. |
|  |  |
| **2. Land Use** |  |  |

 a. Briefly describe the land use in the project area and any changes. Attach additional pages and a land use map, if needed.

|  |
| --- |
| Click here to enter text.  |

|  |
| --- |
| b. Is the project consistent with comprehensive land use or development plans for the area?  **Yes No**  |
| Name of Plan: | Click here to enter text. |
| Date Plan Prepared: | Click here to enter text. |

 **3. Natural Resources**

 Will the proposed project negatively impact any of the following?

|  |  |  |
| --- | --- | --- |
| Soil Erosion or Sedimentation |  **Yes No** |  |
| Vegetation |  **Yes No** |
| Streams, Rivers, or Lakes |  **Yes No** |
| Wetlands |  **Yes No** |
| Floodplains |  **Yes No** |
| Coastal Zones |  **Yes No** |
| Wild and Scenic Rivers |  **Yes No** |
| Wildlife and Wildlife Habitat |  **Yes No** |
| Farmlands |  **Yes No** |
| National Natural Landmarks |  **Yes No** |
| Endangered Plants and Animals  |  **Yes**  | **No** |
|  |

|  |  |
| --- | --- |
| **4.** | **Hazardous Wastes** |
|  | Is there any potential for involvement with hazardous wastes or underground storage tanks? |  **Yes No** |
| **5.** | **Noise** |
|  | Is there potential for the project to have a noise impact or the surrounding land uses? |  **Yes No** |
| **6.** | **Air Quality** |
|  | Will the project have an adverse impact on air quality? |  **Yes No** |
| **7.** | **Section 4(f)** |
| **a.** | Is the project located on a publicly owned park, recreation area, historic site or wildlife management area? |  **Yes No** |
| **b.** | If yes, please mark the appropriate box and name the facility. |
| Recreation Area |  | Click here to enter text. |
| Historic Area |  | Click here to enter text. |
| Wildlife Management Area |  | Click here to enter text. |
| Other |  | Click here to enter text. |

 |

Part G – Certification Signature

Certification:

I hereby certify the information contained in this application and supporting documentation are true and correct to the best of my knowledge. I understand this application will be rated on the basis of the information provided and that incomplete or incorrect documentation will result in withdrawal of the application. I further certify that all required documentation is included herein and that funds are available for this project, including funds for long-term management and maintenance. The Recreational Trails Program administrator will be notified immediately of any changes in signature authority. Execution of this document constitutes and authorized signature on behalf of the entities proposal.

|  |
| --- |
| Click here to enter text. |

Type Name and Title of Authorized Official

|  |
| --- |
|  |

Signature

|  |
| --- |
| Click here to enter a date. |

Date

Additional Information

Are any overhead utility lines present at proposed Site: ****Yes **** No

Indicate overhead utility lines on the site plan.

Provide driving directions to the location of site using 1505 Eastover Drive, Jackson, MS 39211-6374 as the starting point. Directions should be typed and legible for use when driving to site.

Click here to enter text.

This *PAGE IS THE COVER SHEET for APPLICATION* BEING SUBMITTED FOR RTP FUNDING. Please review the checklist below and **initial each item** to insure that all the required information is provided. See Section II (B) of the application manual for a detailed description of the required support documentation. Attach Items **in Order Listed** **Below**.

Part H – Application Checklist

|  |
| --- |
|  |
|  | This page Part H – Application Checklist |
|  | Recap of Elements to be Constructed |
|  | Transmittal Letter |
|  | Resolution Letter |
| Location Map (11 x17 or smaller) |
|  | With Written Directions from1505 Eastover Drive – Jackson, MS  |
|  |  |
| Site Plan (11 x 17 or smaller) Indicate all Facilities. Site plan must be legible |
|  | Proposed Trail Route |
|  | Proposed Facilities and Utilities |
|  | Existing Facilities and Utilities |
|  | Name and Date Prepared |
|  |  |
|  | Property Deed |
|  |  |
| 2017 Project Application |
|  | Part A – Applicant / Sponsor Information |
|  | Part B – Project Information |
|  | Part C – Project Narrative |
|  | Part D – Project Timeline Schedule / Cost Estimate Information |
|  | Part E – Project Selection Criteria |
|  | Part F – Environmental Survey |
|  | Part G – Certification Signature |
|  | Part H – Application Checklist |
|  |  |
|  | 3 ***UNBOUND*** (1 original/ 2 copies) of the application and required documentation. |

|  |  |
| --- | --- |
|  | **Project Category** (Check one)**:** |
|  |  | Non-Motorized, single use  |  | Motorized, single use  |
|  |  |  |  |  |  |
|  |  | Non-Motorized, diversified use |  | Motorized, diversified use |
|  |  |  |  |  |
|  |  | Diversified Motorized and Non-Motorized Use |

|  |  |
| --- | --- |
| Amount of RTP Funds Requested: Name of Applicant: | Click here to enter text.Click here to enter text. |

RECAP OF ALL ELEMENTS that will actually be on site – that will be purchased or constructed with RTP Funds. (example 5,280 ft asphalt trail – 12 feet wide or 5 lights or 2 trash cans or 1 Required RTP Signage – elements do not include site prep / engineering / just the Elements that the public will use at the site that are funded by RTP Funds.

DETAIL -----------

|  |  |
| --- | --- |
| 1. | Click here to enter text. |
| 2. | Click here to enter text. |
| 3.  | Click here to enter text. |
| 4. | Click here to enter text. |
| 5. | Click here to enter text. |
| 6. | Click here to enter text. |
| 7. | Click here to enter text. |
| 8. | Click here to enter text. |
| 9. | Click here to enter text. |
| 10. | Click here to enter text. |

|  |  |
| --- | --- |
| Amount of RTP Funds Requested: | Click here to enter text. |
| Name of Applicant: | Click here to enter text. |

**APPLICATION DEADLINE**

**Application must be**

**received before**

**4:00 pm (CST) on**

**Thursday, February 8, 2018**

**MDWFP- 1505 Eastover Drive**

**Jackson, MS**

**MDWFP - RTP Application**

**Terry McDill, Administrator**

**Outdoor Recreation Grants**

**1505 Eastover Drive**

**Jackson, MS 39211-6374**