

INSTRUCTIONS FOR THE FEDERAL RECREATION TRAILS PROGRAM (RTP) MOTORIZED TRAIL GRANTS

PROJECT ELIGIBILITY REVIEW

ELIGIBLE PROJECTS & ITEMS	INELIGIBLE PROJECTS & ITEMS**
<ul style="list-style-type: none"> ✓ Acquisition of property for trails and/or trailheads. ✓ Maintenance and restoration of existing trails. ✓ Development and rehabilitation of trailside and trailhead facilities, including restrooms. ✓ Construction of new trails which increase regional connectivity. ✓ Purchase and/or lease of trail construction and maintenance equipment. ✓ Construction of new trails (with appropriate authorizations for new trails on federally-managed lands). ✓ Purchase or replacement of signs, kiosks, or other wayfinding infrastructure. ✓ Development and/or dissemination of trail related publications such as maps, safety brochures, etc.* ✓ The operation of educational programs to promote safety and environmental protection related to trails.* 	<ul style="list-style-type: none"> × Trail planning, engineering, design, or the development of trail master plans. × Development of campground facilities. × Purchase of picnic tables, shade pavilions, or fencing. × Landscaping improvements, including irrigation system development. × Law enforcement or similar patrols. × Equipment made outside of America (Buy America Act). × Match of non-trail related items.
	<p style="text-align: center;">DISQUALIFYING APPLICATION TRAITS</p> <ul style="list-style-type: none"> × NEPA not completed (if applicable). × Project completion scheduled after two (2) years of the granting of RTP funds. × Incomplete application checklist items. × Unsigned application. × Unauthorized personnel as Primary Project Manager.

*Educational programming includes supporting non-law enforcement trail safety, trail use monitoring patrol programs, and/or providing trail-related training. Total awarded educational grant funding is limited to 5% of a state's total annual RTP funds.

**Ineligible projects and/or items should not be included in the project description or budget. Ineligible projects and/or items may also not be listed as in-kind or matching costs. See Section C for more details.

TRAIL CONSTRUCTION GUIDELINES

<https://www.nohvcc.org/education/manager-education/great-trails-guidebook/>. This book will provide applicants with a framework and guidelines to make informed decisions on where to locate sustainable OHV trails to increase operator satisfaction and resource conservation while reducing the burden of maintenance.

APPLICATION PROCESS

Project proponents are encouraged to contact Chris Haller, Utah Off-Highway Vehicle Program Manager and RTP Grant Coordinator, before submitting their proposals for guidance and to discuss project details. Chris can be reached at (801)349-0487 or chrishaller@utah.gov.

Submitted applications will be reviewed by the Utah Off-Highway Vehicle Advisory Council and/or Utah Recreational Trails Advisory Council. These councils were created by legislation and have been vested with the authority to select the recipients of the federal Recreational Trails Program grants in Utah.

APPLICATION SUBMISSION AND SELECTION TIMELINE

Applications must be in the Utah Division of Parks and Recreation Salt Lake Office on or before 5:00 PM, Saturday, May 1, 2021. Late applications **will not** be accepted. Please submit trail applications to:

**BECKY MCBRIDE
UTAH DIVISION OF PARKS AND RECREATION
1594 West North Temple Suite 116
PO Box 146001
Salt Lake City, UT 84114-6001**

Applications will be reviewed during May and June, with approvals anticipated in August. Applicants may be contacted to clarify the details and merits of their proposal. Applicants may also be contacted to arrange on-site tours of the project for Advisory Council members. Applicants are welcome to attend the grant review meeting to clarify their application to the council(s). No project work can begin until a fiscal assistance agreement is in place with the Utah Division of Parks and Recreation.

APPLICATION INSTRUCTIONS

One completed and signed, hard copy application must be submitted via US Postal Service, FedEx, UPS, etc. with timestamp or hand delivered to the address above by 5:00 PM of the deadline.

All responses must be provided in space allocated. Text of responses should be in 11-point Arial font.

Drawings and charts should be on 8 ½ " x 11 " documents, in either portrait or landscape orientation.

NOTE: If applying for both a NON MOTORIZED RTP fund and MOTORIZED RTP fund, separate applications are required.

All items listed below under "Application Checklist" must be included in order to be considered for grant funding. Failure to provide the required elements may result in disqualification from consideration.

APPLICATION CHECKLIST

- ☐ COMPLETED AND SIGNED APPLICATION **(Substitute signature required)**
- ☐ MAP of the project for which funding is being requested
- ☐ MAP showing how the project connects to other/previously completed phases (if applicable)
- ☐ MAP showing location of proposed project in Utah
- ☐ PROOF OF RIGHT-OF-WAY including letters, surveys, deeds, or other documents (if applicable)
- ☐ PROJECT SCHEDULE AND TIMELINE
- ☐ DETAILED PROJECT BUDGET
- ☐ LETTERS OF SUPPORT (minimum of two (2), no more than five (5))
- ☐ FUNDING COMMITMENT LETTERS FROM ALL OTHER FUNDING ENTITIES
- ☐ PHOTOGRAPHS OF PROPOSED PROJECT
- ☐ NONPROFIT organizations only: Include proof of land-management agency permission, nonprofit status (proof that your organization was incorporated as a nonprofit corporation and is currently registered), most recent bylaws, approved board meeting minutes for which funding is supported, and supporting financial documentation.

FUNDING CAP

Due to annual funding limits, applicants may request no more than \$100,000 per application.



**UTAH DIVISION OF PARK AND RECREATION
FEDERAL HIGHWAY ADMINISTRATION
RECREATIONAL TRAILS PROGRAM GRANT**

MOTORIZED TRAIL APPLICATION



Section A: Project Overview

- A1. Project Title:** _____
- A2. Project Sponsor:** _____
- A3. Location (Nearest Town):** _____
- A4. County:** _____ **A5. Congressional District:** 1 ☐ 2 ☐ 3 ☐ 4 ☐
- A6. Project Manager:** _____
Substitute Project Manager: _____
- A7. Address:** _____
- A8. Telephone:** _____ **A9. E-mail:** _____
- A10. Substitute Project Manager's Telephone:** _____
- A11. Substitute Project Manager's Email:** _____
- A12. Amount of RTP Assistance Requested:** \$ _____ (round up to nearest dollar)
Up to 50% of total project cost
- A13. Total Estimated Project Costs:** \$ _____ (round up to nearest dollar)
If awarded RTP funds, the project sponsor is responsible for 100% of project costs until final reimbursement.
Federal project sponsors must supply 5% of the total project cost from non-federal sources.
- A14. Land Ownership:** Project land is owned and/or managed by the following entities (Check one or more):
☐ City ☐ County ☐ State ☐ Federal ☐ Private
- A15. Project Access and Approvals:**
- Is public access guaranteed? ☐ Yes ☐ No
 - Is the project property owned by the applicant? ☐ Yes ☐ No ☐ N/A
 - Permission granted from land manager/owner to complete work? ☐ Yes ☐ No ☐ N/A
 - Are appropriate right of ways and/or easements secured? ☐ Yes ☐ No ☐ N/A
 - Is NEPA required to complete this project? ☐ Yes ☐ No ☐ N/A
 - Is the appropriate NEPA process completed to proceed if funded? ☐ Yes ☐ No ☐ N/A

Please provide additional documentation, unless box checked "N/A". Failure to provide adequate documentation may result in disqualification from consideration for RTP funding.

CERTIFICATION:

I certify that I am authorized to sign this application and that the information herein provided is, to the best of my knowledge, true and accurate. I further certify that the applicant has the necessary financial resources to fulfill all obligations relative to this project including the cost of operation and maintenance. I further certify that this application is submitted by an official action of the governing board of the applicant agency.

Signature of Authorized Agent / Primary Project Manager (Required)

Date

Title of Authorized Agent / Primary Project Manager

Agency

Signature of Secondary Project Manager **(REQUIRED)**

Date

Title of Secondary Project Manager

Agency

Section B: Project Description

B1. Provide a brief project description. Specify what the project entails. Does the project provide or enhance connections between recreational opportunities, natural resources, trail systems, or communities? Specify exactly what is to be built and how many of each type of facility (i.e. number of signs or miles of trail). Address current and projected use of trail or facility by providing visitor statistics, traffic counts, usage numbers, etc. for the area. Provide the following maps:

1. The proposed project with appropriate local connotation. Identify local towns, trailheads, trails, etc.
2. The proposed project location within the State of Utah.
3. Identify other completed or future phases of the project to show possible connections, if applicable.

Please do not exceed the space provided.

B2. Is Project Pursuant to a Current Master Plan or Needs Assessment? ☐ Yes ☐ No

(If yes, list the title and date of pertinent plan or assessment and refer to the trail's applicability to the plan in the space below. Please do not attach the full master plan or document to the application.)

B3. Property Acquisition: Explain the current ownership status of the project property in the space below.**B4. Is this project a phase of a larger plan or future phases?** ☐ Yes ☐ No

If yes, include an appropriate map identifying this phase of the project and how it connects to any previous or future phases of the plan as identified in Section B1.

B5. Project Timeline: Projects cannot start before September 1st of the year of application and must be completed within two (2) years of the granting of RTP funds.

Anticipated Project Start Date: _____

Estimated Completion Date: _____

Include a more detailed copy of the proposed project schedule/timeline with appropriate phases, steps, and/or milestones.

Section C: Project Budget and Funding

C1. Provide a detailed project budget. The budget must include the source of all project funds and when the funds will be available. List matching applicant or partner cash as well as any other in kind donations. Project expenses should be broken down by category, item, and quantity. Specify which items will be covered by RTP funds, your cash match, or through in kind donations. Budget allowances for contingencies will not be funded by this program and cannot be included as part of the 50/50 match. The following table lists some eligible and ineligible matching items that may be included.

EXAMPLES OF ELIGIBLE MATCHES	EXAMPLES OF INELIGIBLE MATCHES
<ul style="list-style-type: none"> ✓ Volunteer or staff labor quantified in hours. ✓ Value of land or easement donations (with appropriate documentation). ✓ Value of equipment donated, rented, or used for project. ✓ Value of donated materials to support project construction. 	<ul style="list-style-type: none"> × Costs for trail planning, engineering, design, or the development of trail master plans. × Mobilization costs for equipment or staff. × Costs for ineligible RTP requests, such as landscaping, picnic tables, campgrounds, etc. (see page 1 of instructions).

C2. RECREATIONAL TRAILS GRANT BUDGET

PROJECT TITLE:		FY ____/____	
ITEM DESCRIPTION Source, Category, Item, Quantity (Example: Various Clubs, Labor, Volunteer Hours, 45 @ \$24.99/hour) “Source” means where cash match and in-kind match are coming from. If you are purchasing specific item(s), please include pictures and/or price quotes. PLEASE BE AS DETAILED AS POSSIBLE.	VALUE OF ITEM LISTED (\$)		
	REQUESTED RTP FUNDING	CASH MATCH	IN-KIND MATCH
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTALS: (Request and match should mirror Section A12 & A13)			
TOTAL PROJECT COST: (Should mirror Section A13)			

Please double-check that your numbers and addition is correct.

- C3. Annual maintenance costs and agreements.** Provide an estimated annual operation and/or maintenance cost for the project and specify who will be responsible for providing those costs and/or the maintenance costs for this project long term.

Annual Maintenance/Operations Cost: \$ _____

Agency/Group Covering Costs: _____

- C4. Funding secured.** Describe in detail the source, amount, type, and status of the funding sources listed in the budget from Section C1.

FUNDING SOURCE (grant name, donation source, etc.)	AMOUNT (\$)	FUNDING SOURCE TYPE (City, County, State, Federal or Private)	FUNDING SECURED (as of May 1, 2021)
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Project Details

- D1. Will This Project Replace or Enhance Any Existing Developed Recreation Site?** ☐ Yes ☐ No

- D2. Trail uses:** Check all trail uses allowed on the system.

☐ Single Track

☐ ATV

☐ 4x4

☐ Snowmobile

☐ Side by Side

☐ Ebikes

Season(s) the trail system can be used: ☐ Spring ☐ Summer ☐ Fall ☐ Winter

If used in winter, who will plow or groom it? _____

- D3. ADA Access:** Is the trail or facility ADA accessible? ☐ Yes ☐ No (If yes, refer to www.ada.gov)

- D4. Trail construction details.** Identify all facilities that will be built or improved with this application. Check all that apply and provide relevant details. New and rehabilitated/relocated trails funded under this program shall meet trail construction guidelines to serve the purpose and user groups for which the trail is designed and to withstand local weather conditions.

☐ New trail construction: Tread Width: _____ Trail Length: _____

☐ Trail rehabilitation/relocation: Tread Width: _____ Trail Length: _____

Trail surface materials to be used: _____

☐ Overpass/Underpass: Width: _____ Length: _____

Clearance Height to Trail Surface: _____

☐ Water crossing/bridge: Width: _____ Length: _____☐ Purchase of hand tools: Type: _____ Quantity: _____

Type: _____ Quantity: _____

Type: _____ Quantity: _____

☐ Purchase of mechanized equipment: Type: _____ Quantity: _____

Type: _____ Quantity: _____

☐ Describe other trail improvements, features, or difficulty elements, such as berms, jumps, ramps, drainage elements, the difficulty of features, etc.: _____

D5. Trailhead Facility Improvements: Check all that apply and provide relevant details.☐ New Trailhead(s) # _____ ☐ Reconstructed Trailhead(s) # _____☐ Parking Stalls # _____ ☐ New Sign(s) # _____☐ New Kiosk(s) # _____ ☐ New Restroom(s)* # _____

*Restrooms must be ADA compliant

Parking Area Dimensions: _____

Parking Area Surface Materials: _____

List Other Trailhead Features: _____

Will the trailhead be plowed in the winter? ☐ Yes ☐ No**D6. Trail Side Facility Improvements:** Check all that apply and provide relevant details.☐ Warming Hut(s): # _____ ☐ Yurt(s): # _____☐ Shelter(s): # _____ ☐ Restroom(s): # _____☐ Bench(es): # _____ ☐ Kiosk(s): # _____☐ Other: # _____**D7. Trail Signing Improvements:** Check all that apply and provide relevant details.☐ Route Marking: # _____ ☐ Informational: # _____☐ Interpretive: # _____ ☐ Regulatory: # _____

Description: _____

D8. Trail Information:Is a Brochure/Map Part of the Funding Request? ☐ Yes ☐ No**D9. Trail Maintenance:** Check all that apply and provide relevant details.**1. Travel Routes to be Repaired:**

Trail/Route Name: _____ Length: _____

Trail/Route Name: _____ Length: _____

Trail/Route Name: _____ Length: _____

A. Work to be completed will include the repair or replacement of the following resources
(Check all that apply):

- ☐ Trail/route retreading or resurfacing: (Feet or Miles) _____
- ☐ Vegetation removal: (Feet or Miles) _____
- ☐ Obstruction clearing (logs, rocks, etc.): (Feet or Miles) _____
- ☐ Fence repair or replacement: (Feet or Miles) _____
- ☐ Retaining walls: (Feet or Miles) _____
- ☐ Back-slope grooming: (Feet or Miles) _____
- ☐ Disturbed area rehabilitation: (Sq. or Linear Feet) _____
- ☐ Replacement/repair of trail markers, cairns, etc.: # _____
- ☐ Replacement/repair of berms, jumps, ramps, etc.: # _____
- ☐ Stream crossing(s): # _____ ☐ Sign(s): # _____
- ☐ Wet area crossing(s): # _____ ☐ Bridge(s): # _____
- ☐ Water diversion structure(s): # _____ ☐ Culvert(s): # _____
- ☐ Cattle Guard(s): # _____ ☐ Gate(s): # _____
- ☐ Switchback repair: # _____
- ☐ Other: _____

2. Trailheads to be Repaired:

Trailhead Name: _____ Area: _____

3. Work to be Completed: Check all that apply. Provide a detailed description of the items selected.
Provide specific measurements, details of work to be accomplished, and construction methods to be used (i.e. hand vs. mechanical) under "Project Description" in Section B1.

- ☐ Parking Surface Repair (Sq. Feet) _____ ☐ Parking Barrier(s) # _____
- ☐ Restroom(s) # _____ ☐ Parking Sign(s) # _____

☐ Loading Ramp(s) # _____ ☐ Other: _____ # _____

Section E: Project Education Elements

E1. Educational programs to promote trail safety and environmental protection. If the project includes an education component, provide details of the problem(s) to be addressed, message(s), curriculum(s), method(s) of delivery, etc. for each selected program below.

- ☐ Development and operation of trail safety education program(s).
- ☐ Development and operation of trails-related environment education program(s).
- ☐ Production of trail-related educational material(s) such as informational displays, in print, video, audio, interactive computer displays, etc.

Section F: Project Partnerships

F1. Provide evidence of public support for the proposed project. In the space below, address:

1. How is the project part of a comprehensive plan and/or part of an overall trail network? Describe its community, regional, statewide, or national significance. How the community has been engaged regarding the project in the form of public meetings/open houses/online engagement?
2. Identify volunteer or private sector contributions to and/or support for the project.
3. Identify support from other groups or agencies and/or cooperation among adjoining and/or other affected jurisdictions for your project. Examples include city to city, city to county, or city/county with a federal land management agency such as the US Forest Service, Bureau of Land Management, or the National Park Service.

F2. Past Experience:

Has your organization received RTP funding in the past? ☐ Yes ☐ No

If yes, provide list of projects funded within the past 5 years, dollar amounts awarded, and specify whether the project is complete or not complete.

Project Name	Fiscal Year Awarded	Amount Awarded	Project Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

F3. Letters of Support:

Attach no fewer than two (2) and no more than five (5) letters of support for the specific project for which funding is being requested. These should include a letter from each of the partners; other than the project sponsor.

Section G: Nonprofit Status

G1. Is the applicant a registered 501(c)(3)? ☐ Yes ☐ No

If yes; provide nonprofit 501(c)(3) status; most recent by-laws; approved board meeting minutes for which funding is supported; and supporting financial documentation as supporting information.