

**Application Deadline – January 29, 2010**

**Project number 10RTP \_\_\_\_\_**  
*(DPR use only)*

**NORTH CAROLINA'S  
2010 NATIONAL RECREATIONAL TRAILS PROGRAM  
GRANT APPLICATION FORM**

**AGENCY/ORGANIZATION INFORMATION**

1. Agency/Organization Name:
2. Define your agency/organization as one of the following:  
  
Governmental Agency  
Non-Profit Organization
3. Federal Tax ID Number:
4. Start of Agency/Organization Fiscal Year (Month and Date):
5. End of Agency/Organization Fiscal Year (Month and Date):
6. List the name of the person authorized to sign this grant application:  
  
Name:  
Title:  
Email Address:  
Phone:
7. Primary Project Contact:  
  
First Name:  
Last Name:  
Mr. or Ms.  
Mailing Address:  
City:  
State:  
Zip Code + 4:  
Phone:  
Fax:  
Email:

**PROJECT DESCRIPTION:**

1. Project Title:
2. Brief Project Statement – Please complete the following sentence:  
  
This RTP grant will be used to...
3. Amount of RTP Funds Requested:
4. County or Counties where Project is located:
5. Do you currently own the property on which the trail project is to be built?  
  
Yes  
No
6. Provide the following information about the project lands:  
  
Deed Book  
Page  
County of Record
7. Describe your trail Project (Check all that Apply):  
  
New Trail Construction  
Trail Maintenance or Trail Restoration  
Trail Side Facilities  
Land Acquisition
8. The proposed trail project provides a link in or segment in (check one):  
  
A statewide trail plan:  
Mountains-to-Sea Trail  
French Broad River Trail  
Yadkin River Trail  
Deep River Trail  
  
A national trail plan:  
Appalachian Trail  
Over Mountain Victory Trail  
  
A regional trail plan:  
American Tobacco Trail

Haw River Trail  
Dan River Trail  
Neuse River Trail  
Cape Fear River Trail

A joint city to county, city to city, county to county trail project:

A local trail project (within one jurisdiction):

Park Specific Project (within boundary of one park):

9. The proposed trail project will be (check one):

Managed and maintained by applying agency/organization staff  
Managed by agency staff with assistance from volunteers  
Managed by volunteers only

10. The trail project will be open to the general public (check one):

Seven days per week, unlimited hours  
Seven days per week, day light hours  
Limited days and/or hours (please define)

11. Primary User Group of this trail Project (Check One):

Walker/Hiker  
Equestrian  
Bicyclers  
Off-Highway Vehicles  
Canoeists/Kayakers  
Persons with Disabilities  
Multi-Use Greenway

12. Other User Groups That Use This Trail Project (Check All That Apply):

Walker/Hiker  
Equestrian  
Bicyclers  
Off-Highway Vehicles  
Canoeists/Kayakers  
Persons with Disabilities

13. Describe in feet or miles the length of your trail project (if applicable):

Feet:

Miles:

14. List amount of acreage (if applicable) you plan to acquire with this grant:

Acres:

15. List the facilities (if applicable) that are to be acquired/built with this grant:
16. List any existing facilities (if any) that are currently available to support this trail project (trail head parking, restrooms, drinking water, etc.):
17. US Congressional District Number where project is located:
18. NC Senate District Number where project is located:
19. NC House District Number where project is located:
20. Has your agency or organization received a RTP grant in the past 5 years?

Yes

No

I don't know

## **DETAILED PROJECT DESCRIPTION**

Applicants can use this one page to provide a detailed project description if desired. This information will be used to evaluate this application.

**PROJECT DELIVERABLES AND ESTIMATED COSTS:**

Define deliverables/products that will be acquired with this grant and grantee’s cash (examples include: materials, hand tools, rental equipment, contract labor, etc.):

<b>Project Deliverable</b>	<b>Amount Of Estimated Cost To Be Paid With RTP Funds</b>	<b>Amount Of Estimated Costs To Be Paid With Grantee’s Cash Match</b>	<b>Total Estimated Cost For Each Listed Deliverable (RTP + Cash Match)</b>
----------------------------	---	---	--

#1 Project Deliverable

#2 Project Deliverable

#3 Project Deliverable

#4 Project Deliverable

#5 Project Deliverable

<b>Totals</b>	Total RTP Funds	Total Cash by Grantee	Total Cost Deliverables
	\$	\$	\$
	Note: This Figure Must at a minimum equal the amount of RTP funds requested.	Note: Use this same amount for financial summary section.	Note: Use this same amount for financial summary section.

**IN-KIND MATCH DOCUMENTATION**

Value of Non Cash - In-Kind Services  
(define the hours or services to be provided)

List Value of Non-Cash – In-kind Services in this Column

**Value of Land Acquired for this RTP Grant Project** – Provide the number of acres acquired, the date of acquisition, the Deed Book and Page Reference here:

**General Labor Valued at \$9.00 Per Hour** – Provide the estimated number of volunteer hours to be performed and describe the work to be accomplished by volunteers on the project to be funded by this RTP Grant

**Trail Construction and Maintenance Supervision Valued at \$12.00 Per Hour** - Provide the estimated number of volunteer hours of supervision work to be performed and describe the work to be accomplished by volunteers on the project to be funded by this RTP Grant

**Excavating and Loading Equipment Operators Valued at \$14.00 Per Hour** - Provide the estimated number of volunteer hours of equipment operator work to be performed and describe the work to be accomplished by volunteers on the project to be funded by this RTP Grant

**Fair Market Value of Donated Specialized Services, e.g., Carpenters and Masons** – Provide a list of specialized services expected to be donated, the approximate number of hours, fair market value of these services and what work will be performed to help accomplish this RTP grant project.

**Value of Donated Equipment and Operator** – List the expected equipment to be donated for use on this project, the approximate hours, fair market value of these services and what work will be performed to help accomplish this RTP grant project.

**Value of Donated Materials** – List materials you expect to be donated and the approximate value of these materials.

Total of All Non-Cash In-Kind Services

List Totals Here

\$

## FINANCIAL SUMMARY

- |    |  |    |
|----|--|----|
| 1. | Amount of RTP Grant Requested  | \$ |
| 2. | Cash Match (from Project Deliverables Page)  | \$ |
| 3. | In-Kind Match Labor, Services, Land and Materials<br>(from the In-Kind Match Documentation Page) | \$ |
| 4. | Total of Cash Match and In-kind Services (Add 2 & 3 above)                                       | \$ |

Note: This figure must equal or exceed 25% of the RTP grant amount requested or the application will not be considered for funding!

- |    |   |    |
|----|---|----|
| 5. | Total Project Costs (Total of 1, 2 & 3 above) | \$ |
|----|---|----|

## APPLICATION SIGNATURE

"On behalf of the applicant, I hereby certify the information contained in the attached application is true and correct. I understand this application will be rated on the basis of the information submitted and the submission of incorrect data or an incomplete application can result in this application being eliminated from consideration for funding."

"I hereby certify the applicant will comply with all applicable local, state and Federal laws and regulations."

"I hereby certify the availability of a minimum of 25% of the requested Recreational Trails Program grant amount as noted in this application."

Signed this: \_\_\_\_\_ day of:

By:

Title:

Electronic Signatures Accepted:

Note: Non-profit organizations applying for RTP funding for a project located on lands managed by a governmental agency must have the approval of the chief executive officer of the affected land managing agency. This approval is to be represented by the signature of the chief executive officer below.

Approved this: \_\_\_\_\_ day of:

By:

Title:

Title of Agency/Organization:

Electronic Signatures Accepted:

## ENVIRONMENTAL REVIEW INFORMATION FORM

1. If your application is for construction of new trail:

What is its total proposed length?

What is the width of your trail?

What material(s) will be used as trail tread?

What is the estimated total square footage of earth that will be impacted by this trail project?

2. If your application is for trail maintenance/renovation:

What is its total proposed length?

What is the width of your trail?

What material(s) will be used as trail tread?

What is the estimated total square footage of earth that will be impacted by this trail project?

3. Is your trail project designed to be accomplished in phases? Yes ( ) No ( )

If yes, be sure to list the name of the phase to be accomplished and indicate the phase that will be constructed or maintained on the required topographic map and site map.

4. If your application included potential funding for facilities including a parking area or restroom facility:

What are the dimensions of the facility?

What is the estimated total square footage of earth that will be impacted by facility development?

5. Is there flowing water or open water on the project site? If so, please describe it by stream name or water body name if known.

6. Is your trail project located in Neuse, Tar-Pamlico, Catawba, Goose Creek, Randleman, or Jordan Lake watersheds? Please list the name of the watershed.

7. Does project involve any work in or adjacent to a water impoundment (pond, lake, reservoir, etc.)? If yes, provide the name of the water impoundment.

8. Are there wetlands on the project site? If so, please describe noting its approximate acreage. Show its extent on the enclosed site map.
9. Are there any above ground structures (houses, barns, rock walls, dams, etc.) on the project site? ( ) yes ( )no  
Please indicate if structures appear to be over 50 years of age.
10. Have all required pre-construction permits (*for example, CAMA, COE Dredge and Fill*) been secured? ( ) yes ( ) no If *no*, please explain:

### **III. Required Maps**

To complete the Environmental Review Information, you must provide the following (PDF copies of this information are preferred):

#### **1. A topographic map**

Provide an 8 ½ x 11 copy of the 1:24,000 United States Geological Service (USGS) topographic map (or map portions, clearly marked with USGS quad name), which shows your complete project site **and project vicinity (area adjacent to your project site)**. Indicate the project boundaries clearly on this USGS quad map.

#### **2. A site map**

Provide an 8 ½ x 11 copy of a site map of the project itself. The map must have a scale and a north arrow, and the route of the proposed trail or location of the trail facilities must be clearly indicated. If the project involves a combination of new trail construction and trail maintenance/restoration, the locations of these two activities must be clearly marked along the length of the trail on the site plan.

## **RECREATIONAL TRAILS PROGRAM FEDERAL ASSURANCES - COMPLIANCE FORM**

As the duly authorized representative of the applicant, I certify that the applicant:

1. Will comply with the provisions of Title H, Americans with Disabilities Act of 1991.
2. Will comply with Section 1302 (e) (2) (C) of the RTP that prohibits the use of grant funds to accommodate motorized use on trails that have been predominately used by non-motorized trail users prior to May 1, 1991.
3. Agrees that the construction of new trails crossing Federal lands is in compliance with all applicable laws, including the National Environmental Policy Act, the Forest and Rangeland Renewable Resources Planning Act and the Federal Land Policy and Management Act.
4. Agrees that construction of any recreational trail on National Park Service or National Forest Service lands for motorized uses will be on lands proposed for such uses and will not be on lands in designated wilderness areas and that such construction is otherwise consistent with the management direction in such approved land and resources management plan.
5. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
6. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
7. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
8. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
9. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) which prohibits discrimination on the basis of handicaps; (d) the

Age Discrimination act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 93-255), as amended relating to non-discrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to non-discrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended relating to non-discrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made, and (j) the requirements on any other non-discrimination statute(s) which may apply to the application.

10. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and Federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
11. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1509 and 7324-7328) which limits the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
14. Will comply with all Federal environmental laws and regulations.
15. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1986.
16. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.

Signature of Authorizing Official:

Title:

Date:

Electronic Signature Accepted:

## Federal Certification Regarding Lobbying Form

The undersigned Agency/Organization certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature of Authorizing Official:

Title:

Date:

Electronic Signature Accepted:

## **FEDERAL CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS**

By signing and submitting this proposal, the Agency/Organization is providing the certification set out below.

1. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. The prospective lower tier participant will provide immediate written notice to the person to which the proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
4. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
5. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency of which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature of Authorizing Official:

Title:

Date:

Electronic Signature Accepted:

## **FEDERAL CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

- I. By execution of this Agreement the Agency/Organization certifies that it will provide a drug-free workplace by:
  - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - B. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - C. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - D. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - E. Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
  - F. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
    - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
    - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment, 45 C.F.R. 82.510.

Signature of Authorizing Official:

Title:

Date:

Electronic Signature Accepted:



# NORTH CAROLINA RECREATIONAL TRAIL PROGRAM - SCORING CRITERIA

This RTP Scoring Criteria will be used to initially evaluate and rank all applications received. Other funding criteria include: regional distribution of grant awards; and consideration of funding of projects that serve all trail user types.

1. **Ownership and management of land and/or trail project:**
  - a. Government Agency- 4
  - b. Non-Profit Organization- 2
  
2. **Trail Project to accomplish:**
  - a. New Trail Construction 5
  - b. Trail renovation or restoration 4
  - c. Trail-side facilities 3
  - d. Land acquisition 1
  
- Note:** An application requesting a combination of the above will be scored based upon the highest percentage of expenditures as noted in the project deliverable section of this application.
  
3. **Project provides linkage:**
  - a. State Trail Project 5
  - b. National Trail Project 4
  - c. Regional Trail Project 3
  - d. Joint City/County, County/County Trail Project 2
  - e. Local Trail Project 1
  - f. Park specific 0
  
4. **Responsible Management Agency:**
  - a. Governmental Agency 3
  - b. Governmental Agency /NPO/Volunteers 2
  - c. NPO only 1
  
5. **The trail will be open to the public:**
  - a. Open 7 days per week 3
  - b. Open limited hours per week 1
  - c. Open by invitation only 0

## STATE TRAILS PROGRAM STAFF LISTING

### Mountain Region

Tim Johnson  
DENR Regional Office  
2090 US Hwy 70  
Swannanoa, NC 28778-2811  
Phone: (828) 296-4692 Fax (828) 299-7043  
e-mail: tim.johnson@ncdenr.gov

Counties the Mountain Region Trails Specialist assists are: Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Davie, Gaston, Graham, Haywood, Henderson, Iredell, Jackson, Lincoln, Macon, Madison, McDowell, Mitchell, Polk, Rowan, Rutherford, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin, and Yancey.

### Piedmont Region

Position Vacant – Contact Vincent Newman-Brooks, Grants Manager  
Division of Parks and Recreation  
1615 Mail Service Center  
Raleigh, NC 27699-1615  
Phone: (919) 715-1846 Fax: (919) 715-3085  
e-mail: vincent.newmanbrooks@ncdenr.gov

Counties the Central Region Trails Specialist assists are: Alamance, Anson, Cabarrus, Caswell, Chatham, Cumberland, Davidson, Davie, Durham, Forsyth, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Mecklenburg, Montgomery, Moore, Nash, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Scotland, Stanly, Stokes, Union, Vance, Warren, and Wake.

### Coastal Region

Ann Coughlin  
East District Office  
345-B Park Entrance Road  
Seven Springs, NC 28578  
Phone: (919) 751-2792 Fax: (919) 778-9589  
e-mail: ann.coughlin@ncdenr.gov

Counties the Coastal Region Trails Specialist assists are: Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Green, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Tyrrell, Washington, Wayne, and Wilson.

### State Trails Program Grants Manager

Vincent T. Newman-Brooks  
Mail Service Center 1615  
Raleigh, NC 27699-1615  
Phone: (919) 715-1846 Fax: (919) 715-3085  
e-mail: vincent.newmanbrooks@ncdenr.gov

### State Trails Coordinator

Darrell McBane  
Mail Service Center 1615  
Raleigh, NC 27699-1615  
Phone: (919) 715-8699 Fax: (919) 715-3085  
e-mail: darrell.mcbane@ncdenr.gov