

INSTRUCTIONS FOR UTAH TRAILS MATCHING FISCAL ASSISTANCE PROGRAM MOTORIZED AND NON-MOTORIZED TRAIL GRANTS

THE PROCESS

In preparation for submitting an application, project proponents are encouraged to contact Chris Haller, (801) 349-0487 chrishaller@utah.gov for guidance and to discuss project details. Chris Haller is the OHV Coordinator and is also overseeing non-motorized trails.

Submitted trail proposal applications will initially be reviewed for recommendation to the Utah State Parks Board by either the Utah Off-Highway Vehicle Advisory Council or Utah Recreational Trails Advisory Council; councils created by legislation and vested with authority to advise them on selection of state-wide projects to receive state and federal trails funding.

Following a circumspect review of all applications, the Advisory Councils will submit their recommendations to the Utah State Parks Board for final evaluation, proposal selection and related funding decisions.

TIMELINE

Applications are due and must be in the Utah Parks and Recreation Office on or before 6 PM, May 1ST. Late proposals will not be accepted.

Please submit fiscal assistance application packets to:

**STACY STICKLER
UTAH DIVISION OF PARKS AND RECREATION
1594 WEST NORTH TEMPLE SUITE 116
P O BOX 146001
SALT LAKE CITY UT 84114-6001**

Proposals will be reviewed during the months of May, June, July and August. Applicants may be contacted to clarify the details and merits of their proposal. Applicants may also be contacted to arrange on on-site tour of the project for Advisory Council members.

APPLICATION FORMAT

Compliance with uniform formatting requirements will enable evaluators to manage and review all applications most effectively. Deviations will unnecessarily encumber the process and may impact the objective analysis of your submittal.

All applications must comply with the following formatting requirements:

- 8 ½ " X 11 " white paper with the information in portrait orientation.
- 11 point Arial font.
- Drawings and charts on 8 ½ " X 11 " or 11 " X 17 " folded paper, in either portrait or landscape orientation.
- All submittals are to be unbound. Application materials will be organized into three-ring binders by Utah Parks and Recreation staff for convenience of the evaluators.
- All submittals are to be three-hole punched on the left hand margin.
- A maximum of 6 single-sided pages of text per application, including detailed budget. Address each question in the application as completely as possible. Submittal information must appear in the same sequence and order as outlined in this application.
- A maximum of 5 single-sided pages of drawings, photos and charts per application.
- Up to 10 additional single-sided pages of required documentation such as letters of commitment, executive summaries of master plans or property appraisals, etc.
- No addenda with any application.
- Submit 12 copies of each application.

FISCAL ASSISTANCE APPLICATION CHECKLIST

(Please submit 12 copies of the following)



FISCAL ASSISTANCE APPLICATION

DETAILED PROJECT COST ESTIMATE. Proposed project expenditures should be listed in detail, describing each project component identified within the scope of the proposal. Only items listed in this detailed cost estimate will be eligible for cost sharing under the fiscal assistance agreement.

MAPS Submit a map clearly showing in detail the location of the proposed project.

AGREEMENTS (If applicable.) - Submit agreements with any other agency, individual, group or corporation that may participate in this project, contribute funds or property, or may be involved in future operation and maintenance of the facility.

APPRAISAL REPORT (summary, land acquisition projects only.)

MASTER PLAN showing existing and proposed recreation and non-recreational development, clearly identify the boundaries of the area in which the proposed development will occur.

NON-PROFIT CERTIFICATION FROM THE STATE OF UTAH under Title 16, "Utah Nonprofit Corporation and Cooperative Association Act. (Project sponsors for OHV Program funds and Recreational Trails Program funds who are "organized user groups".)



**UTAH STATE PARKS AND RECREATION
UTAH TRAILS FISCAL ASSISTANCE PROGRAM**

MOTORIZED TRAIL APPLICATION

1. Project title: _____
2. Project sponsor: _____
3. Location (nearest town): _____
4. County: _____ 5. Congressional District (circle one): 1 - 2 - 3
6. Project Manager: _____
7. Address: _____
8. Telephone: _____ 9. E-mail: _____
10. Amount of fiscal assistance requested \$ _____
(Up to 50% of total project cost)
11. Total estimated project costs \$ _____
(If awarded state funds, project sponsor is responsible for 75% of total project costs until final reimbursement. If awarded federal funds, the sponsor is responsible for 100% of project costs until final reimbursement. Federal project sponsors requesting federal funds must supply 5% of the total project cost from non-federal sources.)

Program applied for: (Check all from which you would accept funding. If eligible, you can check both federal and state but can only receive funding from one type of program funds.)

FEDERAL FUNDS

____ **Recreational Trails Program (RTP)**

STATE FUNDS

____ **Off-highway Vehicle Trails Program**

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 Title Date

Project Description

Provide project description:

Is public access guaranteed? YES NO

Project land is owned or controlled by (Check one or more)

_____ City _____ County _____ State _____ Federal _____ Private

If land is owned by other than applicant agency, include copies of leases, easements or other agreements for use of land.

Anticipated project starting date: _____ Estimated completion date: _____

Include a copy of the proposed project schedule.

Will this project replace or enhance any existing developed recreation site? YES NO

Is project pursuant to a current master plan or needs assessment? YES NO
(If yes, attach pertinent section of the plan or assessment – not the whole plan)

A. PROPERTY ACQUISITION:

_____ Fee title purchase _____ Easement

B. TRAIL CONSTRUCTION: (check all that apply and provide relevant details):

New and rehabilitated/relocated trails funded under this program must meet specifications approved by the program coordinator to serve the purpose for which the trail is designed and to withstand local weather conditions. See trail construction guidelines for guidance.

_____ Single track _____ ATV _____ 4X4 _____ Snowmobile
_____ New trail _____ Tread width _____ Trail Length

Trail Surface Material (Describe):

Overpass/Underpass _____ Width _____ Length _____ Clearance height to trail surface _____

River/stream crossing _____ New Bridge _____ Width _____ Length _____

Purchase of hand tools _____ Purchase of mechanized equipment (Describe):

Describe other trail improvement(s) (cattle guards, etc.)

C. TRAIL HEAD FACILITIES:

_____ New trail head _____ Reconstruction _____ Trail head Improvement

_____ Parking area dimensions Surface material (Describe):

_____ New restroom (Must be ADA accessible) _____ Unloading Ramp

_____ Drinking water _____ Kiosk _____ Signs

List other trail head features:

Will trailhead be plowed in winter? _____ Yes _____ No

D. TRAIL SIDE FACILITIES:

Warming hut Yurt Shelter Restroom Benches Kiosk Water
Other: (Describe):

E. TRAIL SIGNING:

Route marking Informational Interpretive Regulatory
(Describe):

F. TRAIL INFORMATION:

Is a brochure/map part of the funding request? Yes No

G. TRAIL SYSTEM OPERATIONS:

(This includes activities required to keep the trail open and functioning within prescribed guidelines, such as immediate supervision and organization of volunteers and maintenance crews.)
(Describe):

H. TRAIL MAINTENANCE:

1. Travel routes

Trail/route name(s) and length(s):

Work to be done:(Check all that apply.)

Repair or replacement of:

- Trail tread / route surface (Feet or Miles) _____
- Brush back vegetation (Feet or Miles) _____
- Stream crossing(s) (Number) _____
- Wet area crossing(s) (Number) _____
- Bridge(s) (Number) _____
- Water diversion structure(s) (Number) _____
- Culvert(s) (Number) _____
- Cattle guard(s) (Number) _____
- Fence (Feet) _____
- Gate(s) (Number) _____
- Switchback repair (Number) _____
- Disturbed area rehabilitation (Sq. or Linear Feet) _____
- Sign(s) (Number) _____
- Clearing of obstruction(s) (Logs, rocks, etc.) (Miles) _____
- Replacement or repair of trail blazes, markers and cairns (Number) _____
- Back slope grooming (Feet or Miles) _____
- Retaining walls (Feet) _____
- Other: _____

2. Trail heads

Trail head name(s): _____

Work to be done: (Check all that apply.)

- | | |
|---|------------------|
| <input type="checkbox"/> Parking surface repair | (Sq. Feet) _____ |
| <input type="checkbox"/> Parking barriers | (Number) _____ |
| <input type="checkbox"/> Restroom | (Number) _____ |
| <input type="checkbox"/> Signs | (Number) _____ |
| <input type="checkbox"/> Loading ramps | (Number) _____ |
| <input type="checkbox"/> Culinary water systems | (Number) _____ |
| <input type="checkbox"/> Other: _____ | |

DETAILED DESCRIPTIONS OF ITEMS CHECKED ABOVE: (Give specific measurements and details of work to be to be accomplished. Describe methods to be used; i.e. hand vs. mechanical. Add additional page(s) if needed.)

I. EDUCATIONAL PROGRAMS TO PROMOTE TRAIL SAFETY AND ENVIRONMENTAL PROTECTION

- 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) (informational displays, in print, video, audio, interactive computer displays, etc.)

DETAILED DESCRIPTION OF ITEMS CHECKED: (Give details of problem(s) to be addressed, message(s), curriculum(s), method(s) of delivery, etc.) Add additional page(s) if needed.

OTHER CONSIDERATIONS:

1. How will the trail be publicized? _____
2. Season(s) trail(s) can be used: _____
If used in the winter, who will plow or groom it? _____
3. Have OHV fiscal assistance funds been used on this project area before?
 Yes No If so, give details: _____
4. Is project a part of a named and mapped system of OHV routes? Yes No
If so, describe. : _____
5. Describe other OHV trails or facilities this project will tie to or enhance: (Such as the Great Western Trail or Paiute ATV Trail) _____
6. Did you have user input? Yes No. If so, describe: _____
7. List other agencies or organizations that are participating in this project and their role:

DETAILED PROJECT BUDGET: Your budget must include source of project funds. Show sponsor cash, labor and equipment and any donor contributions such as property, cash, labor or equipment. Project expenses should be broken down by category, item, and quantity. This is a critical component of the application. The more detailed the better. Total project costs must correlate with item number 10 and 11 on page one of application.

ESTIMATED ANNUAL OPERATION AND MAINTENANCE COSTS OF THE PROJECT: \$ _____.
Who will be responsible for maintenance?