

Application form



NON-MOTORIZED TRAILS GRANT APPLICATION - SUPPORT

PROJECT BASICS

Title

Type

Construction

Planning

Maintenance

Support

Phased project

Yes

No

If yes, Phase #

of

Brief summary

Grant request

\$

Grant ratio¹

%

Match

\$

Match ratio

%

Total

\$

Total

100 %

APPLICANT

Type

Local

County

Federal

Tribal

Recreation and Metro Districts

Non-Profit

Organization

Postal address

City

State

CO

ZIP Code

General email

UEI #

Lead contact

Title

Telephone

Email

Project manager

Title

Telephone

Email

PARTNER OR CO-SPONSOR

Organization

N/A

Postal address

City

State

CO

ZIP Code

Contact name

Title

Telephone

Email

¹ Grant ratio = grant request / total. Match ratio = match / total.

PROPERTY

Nearest town or city		County	
Latitude/Longitude		Congressional district	
Name of property owner			
Trail Corridor controlled by	<input type="checkbox"/> Fee simple	<input type="checkbox"/> Lease	<input type="checkbox"/> Easement
	<input type="checkbox"/> License	<input type="checkbox"/> ROW	<input type="checkbox"/> Other:

TRAIL

Uses	<input type="checkbox"/> Hiking, walking, running	<input type="checkbox"/> Biking	<input type="checkbox"/> Equestrian
E-bikes allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Snow sports (non-motorized)	<input type="checkbox"/> ADA Accessible
<input type="checkbox"/> Other:			
Estimate percentage by type (e.g.,) 50% hiking, etc.			
Surface	<input type="checkbox"/> Natural	<input type="checkbox"/> Crusher fines	<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete
<input type="checkbox"/> Other:			
Size of new trailhead (sq. ft.)		Length of trail being planned	
Length of new trail construction ²		Length of trail maintenance	
Length of inter-connecting trail		Length of trail reroute	
Length of decommissioned trail		Length of restored trail	
Length of trail to be signed		Length of trail grooming	
Other:			
Estimated amount of paid crew hours:		Grant	Match:

ACKNOWLEDGEMENT

On behalf of the applicant entity, I certify to the best of my knowledge that the information in this application is true and correct.

Authorized Representative

Signature	Date
Name	Title

² Length of trail – use miles, square feet, linear feet

Timeline



NON-MOTORIZED TRAILS GRANT APPLICATION

PROJECT DETAILS

Organization _____

Project title _____

TASK <small>Mobilization, staffing, construction or maintenance elements, planning phases, etc.</small>	Dates*	Dates	Dates	Dates	Dates	Dates	Dates
Administrative Close-out							

*The timeline is an estimate of your project completion. Remember the project must be completed within 2.5 years of the award date. Suggestion - use quarterly or multiple month time frames [Q2/XX; Jun-Sept XX]. Initial grant expiration date will be June 30th or December 31st, dependent upon assigned funding source.

2. COMMUNITY BENEFIT

15 points

A. Describe the community that will benefit from this project. Include relevant demographic and economic data.

B. Describe why this support project is important at this time (resource damage, user safety, increased trail usage, etc.) and how this project will meet those needs.

C. What are the benefits of this effort to trail users and groups in the region and/or state?

3. PROJECT MANAGEMENT

10 points

- A. Give a detailed description of who will perform the support work funded by this grant, and who will oversee operations. For example, will this project fund a staff person, volunteers, and/or contractor?
- B. Outline any CPW State Trails funding received in the last five years and if the project(s) were completed on time, on budget and within scope. For applicants without prior State Trails funding, provide examples of similar grant funded projects. Include project title, year of award, grant amount, and grantor for each.
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4. PLANNING

10 points

A. Discuss the planning process that identified this project as a priority.

B. List all approved internal master or outdoor recreation plans and/or any external area, regional, or statewide plans this project supports and describe the benefit.

8. BUDGET AND FUNDING

10 points

A. Describe the source of match for the project and when it will be secured. Include in-kind donations and partner contributions.

B. Describe any consequences if this funding application is unsuccessful (loss of partner funds, staff capacity, expiration of surveys, etc.).

Document checklist



NON-MOTORIZED TRAILS GRANT APPLICATION – PLANNING OR SUPPORT

PROJECT DETAILS

Organization

Project title

DOCUMENTS

PRE-APPLICATION - SEPTEMBER

Document	Source	Submission format
<input type="checkbox"/> 1. Scope of work	Applicant's own	PDF
<input type="checkbox"/> 2. Project map	Applicant's own	PDF

FULL APPLICATION - OCTOBER

Document	Source	Submission format
<input type="checkbox"/> 3. Application form	CPW template	PDF
<input type="checkbox"/> 4. Timeline	CPW template	PDF
<input type="checkbox"/> 5. Budget	CPW template	Unprotected Excel file
<input type="checkbox"/> 6. Photographs & maps	Applicant's own	Merged PDF (5 pages max)
<input type="checkbox"/> 7. Letters of support	Various	Merged PDF (5 letters max)
<input type="checkbox"/> 8. Resolution	Applicant's own	Signed PDF

ADDITIONAL PROJECT INFORMATION

9. Required match funding secured (including cash match funds)

10. Conservation/Youth Corps or other organization will be used on the project.

Name of organization:

11. Volunteers will be utilized on the project

Name of organization:
