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2025 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 choose an item.

Applicant (Sponsor) Contact Info (Mayor, President, etc.…)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | Title: |
| Sponsor | |  | |
| Mailing Address: | |  | |
| City: |  | | Zip Code: |
| Phone: |  | | Email**:** |

Application Contact Info: (if different from applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | Title: |
| Sponsor | |  | |
| Mailing Address: | |  | |
| City: |  | | Zip Code: |
| Phone: |  | | Email**:** |

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

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

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) and indicate condition of park:

v

Part B - Project Information

v

Name of RTP Proposal: Click here to enter text.

Has this project been submitted for RTP funding before and not funded? Click here to enter text.

If yes, when was it previously submitted? 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)

|  |  |  |
| --- | --- | --- |
|  | | Provide information below |
| Name of Park or Recreation Area: | |  |
| Street Address /County Road: | |  |
| Town /City: | |  |
| County: | |  |
| Nearest Major Interstate | |  |
| Population of Applicant: | |  |
|  | | |
| GPS Coordinates of Proposed Trail Site (Trail head) in Degrees, Minutes, Seconds, Direction  Example: Latitude: 32°20'24.5"N; Longitude: 90°08'56.3"W | | |
| Latitude |  | |
| Longitude |  | |
|  | | |
| State Senator and District: | |  |
| House of Representative and District: | |  |
| Federal Congressman and District: | |  |

:

**Refer to Trail Categories and Trail Use in manual prior to completion of this section.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Trail Category (Check one): | | | | |
|  |  | Non-Motorized, single use |  | Motorized, single use |
|  |  | Non-Motorized, diverse use |  | Motorized, diverse use |
|  |  | Diverse Motorized and Non-Motorized Use | | |

Select Trail Use: indicate trail use by selecting priority number for applicable type of trail use

(1 - primary, 2 – secondary, 3 - rarely, 0 – not used or not allowed)

|  |  |
| --- | --- |
| **Non-Motorized** | **Priority of Use** |
| Walking / Jogging trail | Select # |
| Exercise (must include exercise stations along trail) | Select # |
| Day Hiking (hiking time of 2 hours or more, scenic, adventurous, etc.) | Select # |
| Backpacking (extended trail / overnight stay) | Select # |
| In-line skating | Select # |
| Skateboarding | Select # |
| Bicycling – Child (paved trail) | Select # |
| Bicycling – Adult (paved trail) | Select # |
| Mountain Biking (non-paved trail) | Select # |
| Equestrian | Select # |
| Interpretive / Environmental Education (explain in project narrative) | Select # |
| Other, please specify | Select # |
| Click here to enter text. |  |
|  |  |
| **Motorized** | **Priority of Use** |
| 4-Wheel (ATV) All terrain vehicle | Select # |
| Motorcycle (Dirt Bike) | Select # |
| Off Highway Vehicles (OHV) | Select # |
| Other, please specify | Select # |
| Click here to enter text. |  |

RTP Funds will be used for: Click here to choose an item.

|  |  |
| --- | --- |
| Length of Trail: Click here to enter text. | Width of Trail: Click here to enter text. |

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

 

Click here to enter text.

Does proposed trail connect to or is an integral part of another trail? ****Yes **** No

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

If yes, indicate overhead utility lines on the site plan.

**Existing Trail Information**

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

|  |  |
| --- | --- |
| Length of Existing Trail: |  |
| Width of Existing Trail: |  |
| Existing Trail Surface: |  |
| Condition of Existing Trail: |  |

Is RTP funding proposed for use on the existing trail? ****Yes **** No

Has RTP Funds been previously used on the existing trail? ****Yes **** No

**Proposed Trail Project Elements**

List Elements to be constructed / purchased with RTP Funds to be used by the public.

Example: Asphalt trail 1 mile long x 10 feet wide, 6 benches,1 10’x10’ shelter

|  |
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Provide any additional information regarding trail project:

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 ( if less than recommended explain why), existing and proposed facilities, how the funds will be used, what is intended to be accomplished, history, planning, need for project, support, target audience, expected uses.

If trail use is interpretive or environmental education, explain how that use will be provided.

Part D – Project Cost Information / Project Timeline Schedule

**RTP Funds Requested (RTP share):** Click here to enter text.

**Total Estimated RTP Project Cost (RTP and Sponsor Share):** Click here to enter text.

**Funding Sources**

List funding sources for the proposed trail project. Do not include RTP funds. Show how project will be 100% funded prior to reimbursement of expenses by the Recreational Trails Program. Example: City of Beautiful, Park and Rec, $150,000, Budgeted, NA for Agency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Type | Amount | Fund Status | Agency |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 (design and engineering services cannot exceed 8% of total construction cost.)
* 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 for plans, specifications, construction administration and inspection are eligible for reimbursement. 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 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. Fees incurred prior to project award 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 of Project: |  | | | | |
| Person Who Prepared Budget: |  | | | | |
| Date Prepared: |  | | | | |
| *INCLUDE ONLY RTP ELIGIBLE ITEMS IN BUDGET* | | | | | |
| **Item Description** | | **Recreational Trails Program Project** | | | **Any costs above RTP Project** |
| **RTP Project 100% (80%+20%)** | **RTP 80% Share** | **Sponsor 20% Share** |
|  | |  |  |  |  |
| A. Engineering Fee (Eligible amount limited to 8% of construction cost) | | 0 | 0 | 0 | 0 |
| B. Construction Contract | | 0 | 0 | 0 | 0 |
| C. Special Service Contract (tradesmen secured under a service contract) | | 0 | 0 | 0 | 0 |
| D. Purchase of Materials | | 0 | 0 | 0 | 0 |
| E. Cost of Rental Equipment | | 0 | 0 | 0 | 0 |
| F. In-Kind Labor Cost | | 0 | 0 | 0 | 0 |
| G. In-Kind Equipment Cost | | 0 | 0 | 0 | 0 |
| H. Other (List Items) | | 0 | 0 | 0 | 0 |
| Click here to enter text. | | 0 | 0 | 0 | 0 |
| Click here to enter text. | | 0 | 0 | 0 | 0 |
| Click here to enter text. | | 0 | 0 | 0 | 0 |
| **TOTAL** | | **$ 0.00** | **$ 0.00** | **$ 0.00** | **$ 0.00** |
|  | | To TOTAL place cursor on amount in each total cell RIGHT CLICK MOUSE and select Update Field in pop up window | | | |

For projects that exceed the RTP funding cap, also provide a separate cost estimate identifying all costs, such as an engineer’s opinion of costs. The RTP Budget and Budget Breakdown are still required showing the 80/20 share.

Note: Award amount will be rounded down to nearest dollar.

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEMIZED BUDGET ITEMS A-G**  **(From Proposed Budget)** | | | |
| **INDIVIDUAL ELEMENTS OF COSTS – BE SPECIFIC WITH ITEM QUANTITIES, SIZE, DESCRIPTION** | | **RTP 80% Share** | **Sponsor 20% Share** |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
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|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | | 0 | 0 |
|  | **Subtotal** | $ 0.00 | $ 0.00 |
|  | Right click above sub totals and select update field | |
| **Manually Enter Subtotals►** | 0 | 0 |
| **Total RTP Project** | $ 0.00  Right click and select update field | |

**Project Timeline**

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

|  |  |
| --- | --- |
| **Activity** | **Amount of Time** |
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|  |  |
| **Total time required.** |  |

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 interest groups.

Describe below

**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 resources in the area in which the project is located.

Describe below

**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.

Describe below

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

Describe below

**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.

Describe below

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

Explain below.

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 current land use of the project area and the lands surrounding the project property. Note any changes in recent years or planned land use changes. Attach additional pages and a land use map, if needed. Describe below.

|  |  |
| --- | --- |
| 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. Historic and Archaeological Resources - Will the project have an effect on historic or archaeological resources? | | Yes No |
|  | |  |
| 5. Hazardous Wastes - Is there any potential for involvement with hazardous wastes or underground storage tanks? | | Yes No |
|  | |  |
| 6. Noise - Is there potential for the project to have a noise impact or the surrounding land uses? | | Yes No |
|  | |  |
| 7. Air Quality - Will the project have an adverse impact on air quality? | | Yes No |
|  | |  |
| 8. Section 4(f) - Is the project located on a publicly owned park, recreation area, historic site or wildlife management area? | | Yes No |
| If yes, please mark the appropriate box and name the facility. | |  |
| Recreation Area |  | |
| Historic Area |  | |
| Wildlife Management Area |  | |
| Other |  | |

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 based on 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 to complete 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.

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

Type Name and Title of Authorized Official

|  |
| --- |
|  |

Signature

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

Date

Additional Information

Provide legible driving directions to the location of site using 1505 Eastover Drive, Jackson, MS 39211-6374 as the starting point. (Minimum font size of 12)

Part H – Application Checklist

**This PAGE IS THE COVER SHEET for APPLICATION BEING SUBMITTED FOR RTP FUNDING**. Please review the checklist below and initial each item to ensure 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.

|  |  |
| --- | --- |
|  | |
|  | This page Part H – Application Checklist |
|  | Recap of Elements to be Constructed |
|  | Transmittal Letter |
|  | Resolution Letter |
|  | |
|  | Location Maps: Regional/County and Street Level Map with route graphically shown on 11”x17” or 8.5”x11” paper |
|  | With Written Directions from 1505 Eastover Drive – Jackson, MS |
|  | |
|  | Site Plan (11”x17” or 8.5”x11”) Must be legible and indicate all facilities, utilities, easements |
|  | Proposed Trail Route Delineated on Plan |
|  | Proposed Facilities and Utilities Identified on Plan |
|  | Existing Facilities and Utilities Identified on Plan |
|  | Street or Road Right of Way Delineated on Plan |
|  | Name and Date Prepared |
|  |  |
|  | Pictures of proposed trail route and location reference map |
|  | Property Deed |
|  |  |
| 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 Sets with binder clips, do not staple** (1 original/ 2 copies) of the application and required documentation. |

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

**FY2025 Recreational Trails Program**

**Application must be**

**received before**

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

**Thursday, April 3, 2025**

**MDWFP- 1505 Eastover Drive**

**Jackson, MS**

**(*No Exceptions*)**

**MDWFP - RTP Application**

**Terry McDill, Administrator**

**Outdoor Recreation Grants**

**1505 Eastover Drive**

**Jackson, MS 39211-6374**