Recreational Trails Program
Grant Application
Federal Fiscal Year 2027 Project E

Trails Bureau Use Only

APPLICANT INFORMATION

Organization Name: _____

Project Administrator (will be required to sign project administrator authorization form): _____

Name of person who attended at least 1 workshop this spring for project E: _____

Organization Mailing Address: _____ *City/Town:* _____ *State:* _____ *Zip:* _____

Organization Day Telephone: (____) _____-_____ *Organization Fax:* (____) _____-_____

Email: _____ *Website:* _____

Applicant Is: *(choose one)*

- ☐ Federal agency
- ☐ State agency
- ☐ Municipality
- ☐ University/educational institution
- ☐ Non-Profit
- ☐ Private

Registered with the NH Secretary of State?
☐ Yes ☐ No ☐ N/A (state/federal/municipality)

NH Vendor Code *if known** : _____

***not required to apply, required if granted funds.**

Unique Entity ID (UEID) *if known** : _____

***not required to apply, if granted funds UEID will be required.**

PROJECT INFORMATION

Project Name (include phase # if applicable): _____

Approximate Project Area Length or Total Trail System Length: _____ *indicate either **miles** or **feet.***

Choose the trails primary permitted use. **primarily motorized** ☐ **non-motorized only** ☐ **diversified** ☐

***Primary**/Permitted trail use(s) served (check all that have land owner permission):*

☐ ATV	☐ hiking	☐ snowshoe	☐ mountain biking
☐ UTV	☐ bicycle	☐ x-c ski	☐ wheelchairs
☐ motorbike	☐ equestrian	☐ dog sled/mushing	☐ other: _____
☐ 4x4	☐ jogging/running	☐ skijoring	
☐ snowmobile			

***Secondary**/Permitted/Incidental trail use(s) served (check all that have land owner permission):*

☐ ATV	☐ hiking	☐ snowshoe	☐ mountain biking
☐ UTV	☐ bicycle	☐ x-c ski	☐ wheelchairs
☐ motorbike	☐ equestrian	☐ dog sled/mushing	☐ other: _____
☐ 4x4	☐ jogging/running	☐ skijoring	
☐ snowmobile			

***Project Category** (per FHWA) check all that apply:*

- ☐ A: Maintenance and Restoration of Existing Trails
- ☐ B: Development and Rehabilitation of Trailside and Trailhead Facilities
- ☐ C: Purchase of Trail Construction and Maintenance Equipment
- ☐ D: Construction of New Recreational Trails
- ☐ G: Educational Programs to Promote Safety and Environmental Protection*

*(may not be combined with project categories A,B,C,D, above - must be submitted individually)

PROJECT LOCATION

City/Town/Unincorporated Place Name(s): _____

Land/Landowner(s) (check all that apply): ☐ federal ☐ state ☐ county ☐ municipal ☐ private

*List ANY and ALL **Landowners**: Public and Private (use additional page if necessary):* _____

_____

Name(s) of Public Land Project is Within (if applicable): _____

US-NH Congressional District ☐ **1** ☐ **2**

Is this project located on land that has public access? ☐ Yes ☐ No

***Approximate** Center GPS Coordinates* (decimal degrees format): _____._____**° N,** **-**_____._____**° W**

PROJECT PROPOSAL

Section I - Organizational Overview *up to one page:*

- Describe your organization/agency. Answer all questions below. Use additional space below if necessary.
    - ☐ Yes ☐ No Will your organization be **contracting to a 3rd party** to complete this project?
        - If yes: provide details below
    - ☐ Yes ☐ No Will your organization be working with **youth/service corps** to complete this project?
        - If yes: provide details below
    - ☐ Yes ☐ No Will your organization be applying to **any other grants funds** to complete this project?
        - If yes: provide details below & attach relevant documents to application
            - Ex: **Transportation Alternatives Program** (TAP)
            - Ex: **Grant-in-Aid** (GIA) (for snowmobile & ATV clubs only)
            - Ex: **Land and Water Conservation Funds** (LWCF) (for municipalities only)
    - ☐ Yes ☐ No Will your organization be **requesting an advance of funds**?
        - If yes: **justify** below & indicate approximate amounts to be advanced
        - (**NOTE: if not included in this application any request for advancement of funds will be denied. If no justification is provided; advancement request will be denied**)
    - ☐ Yes ☐ No Has your organization received **RTP grants in the past**?
        - If yes: include RTP numbers and *brief* description of past projects below
    - Use additional space on below to describe the following:
        1. Your organization's purpose, mission and/or goals
        2. How long your organization has been in existence
        3. How many miles of trails (and where in NH) does your organization maintain?
        4. How many current members and/or staff information
        5. Are there any other grant-funded projects currently being constructed?
        6. Indication of your organization's financial ability to make initial payments for grant costs
        7. Has your organization done any fundraising to assist in paying for this project?
        8. Can your organization meet the timelines for project completion?
        9. What preparation and coordination did your organization/agency perform to prepare for this project?

Describe your organization/agency below. May attach one additional typed page if necessary.

Section II – Trail Public Information

Category A, B, D projects: (maintenance, construction, development and rehabilitation of trails) describe the particular trail(s) associated with this project.

Category C projects: (equipment purchases & refurbishment) describe the trail system as a whole.

- Indicate in space below:
  - What perceived level of difficulty is this trail? (Ex: is trail geared towards novices vs. experienced enthusiasts?)
  - Is their universal access to this trail? (ex: can a standard wheelchair be able to use this trail?)
    - NOTE: organization will need to follow USDA Accessibility Guidelines when constructing new trails
  - Is it a gateway trail to more difficult trails?
  - Will this project link a current trail to another trail?

- Indicate in space below:
  - Does this trail have public parking and access?
  - Describe any amenities in parking area (ex: bathrooms, fix stations) or public information (ex: kiosks, signs, etc.)
    1. **NOTE: be sure to indicate on attached maps where parking is located**

- Indicate in space below:
  - How does the public access information about this trail?
  - Is trail information posted online publicly? If yes, add website for trail information below.
  - Is there a kiosk associated with this trail?

- Indicate in space below:
  - Describe how the trail for this project supports local business and stimulates economic growth for NH.
  - Does it connect trail users to public bathrooms, shopping or food centers?

- Indicate in space below:
  - How often is the trail for this project **maintained**?
  - Who is responsible for regular, routine maintenance?
  - Does your organization actively recruit local volunteers to assist with regular maintenance?
  - Will this trail need additional sources of funding in the future to be maintained?
  - Describe any commitments and plans by your organization, partnering organization and/or landowner to keep and maintain trail open for future public use (minimum of 5 years after project completion).

- Indicate in space below:
  - Is this project part of any **Regional Plan** created by one of the state's regional planning commissions?

- Indicate in space below:
  - Was this project planned using the NH Statewide Comprehensive Outdoor Recreational Plan (**SCORP**)?
  - For example, which of the 5 priority areas would your project fall under?
    - The Recreation Experience
    - Recreation and the Environment
    - Recreation for All
    - Health and Wellness
    - Economic Vitality
  - Describe how this project fits into the specific priority area.

Section III - Project Description

Based on your project category(s) include all applicable information as indicated below. If the project falls within more than one category, describe how each individual category relates to each other within your overall project.

Answer all questions for your project category.

Category A, B, D projects: (maintenance, construction, development and rehabilitation of trails)

- ☐ Yes ☐ No Will project require **NEW** iron or steel?
  - **NOTE: any NEW iron or steel purchased must comply with FHWA Buy America requirements** (Certification letter ***and*** mill certificates from product manufacturer required for all steel/iron purchases with cumulative costs of $2,500 or greater ***if project is ≥ $500,000 in federal funds***).
    - **This also applies to *donated* iron or steel used for match.**
- ☐ Yes ☐ No Will project require **RECYCLED** iron or steel?
  - NOTE: any RECYCLED iron or steel purchased must **document where acquired.**
    - **This also applies to *donated* iron or steel used for match.**
- ☐ Yes ☐ No Will this project *add new* or *replace* **gates**?
  - If yes: include in space below:
    - What type/style, how wide will your gate(s) be?
    - What will the gate(s) be made of?
    - Does your gate allow for 36" pass through as required by the ABA act?
    - How wide will your trail be? Does this include ditches for water movement?
    - **NOTE: be sure to indicate on attached maps where NEW gates will be installed**

- ☐ Yes ☐ No Will your project involve *construction* or *refurbishing* **bridges**?
  - If yes: include in space below:
    - Dimensions (length & width)
    - Bridge materials (steel? wood? aluminum?)
    - Abutment materials
    - What water body the bridge spans (if applicable):
    - **NOTE: be sure to indicate on attached maps where bridge will cross**

- ☐ Yes ☐ No Will your project involve *constructing new*, *completely replacing* or *repairing existing* **culverts**?
    - If yes: include in space below:
        - What type?
        - How many?
        - What will culverts be made of? Or what are they currently made of?
        - *Required:* Dimensions of culverts: length (in feet) & diameter (in inches)*

- ☐ Yes ☐ No Will any **match** sources be using **privately**-owned machinery/equipment?
    - If yes: include in space below:
        - Make, Model, year manufactured
        - What specific tasks will this piece of equipment be used for?
    - **NOTE: privately owned machines donated use for match must indicate the machines hourly rate in budget using FEMA schedule of equipment rates.**

- **Use additional space on page 6 to describe the following**:
    1. Purpose and need of project, planned end results/product (if necessary)
    2. Necessary labor and source of labor, indicate:
        - Unskilled, skilled, contracted, youth corps, own work force, volunteer, service contract
    3. Necessary materials and/or equipment to be used
    4. Detailed construction and/or maintenance methods
    5. Design and/or engineering services, planned end results/product (if necessary)

Category C projects: (equipment purchases & refurbishment) describe the equipment proposed for RTP funding and intended use.

- ☐ Yes ☐ No Will this purchase be ≥$10,000.00?
    - If yes: include on page 5: ***anticipated* sources for 3 competitive vendor quotes, or *justification* for why only 1 vendor is available**
        - NOTE: 3 competitive quotes are *not required* with the initial application, but may be attached
        - NOTE: justification for sole sourcing a vendor is evaluated on a case-by-case basis and is subject to approval by the Bureau of Trails.

- ☐ Yes ☐ No Is this a **new piece of equipment?** (not necessarily a newly made piece of equipment)

- ☐ Yes ☐ No Is this a **refurbishment** on a piece already owned?

- ☐ Yes ☐ No Will this purchase be **replacing** a current piece of equipment?

- ☐ Yes ☐ No Will a currently-owned piece of equipment purchased with past RTP funds be disposed of or traded in to help pay for this purchase?
    - If yes: describe equipment and trade in value on page 5. Include VIN/Serial #, make, model, year of manufacture and past RTP grant number.

- **Use additional space on page 6 to describe the following**:
    1. Purpose and need (what will you be using this equipment for?)
    2. Preferred model/type, manufacturer and/or vendor (if applicable), and **justification for this model**
    3. *Anticipated* life of equipment and/or retention plans (sale or disposal of equipment needs Bureau of Trails authorization)

4. Describe your organization's plans & methods to maintain equipment in good working condition for life of the equipment (a minimum of seven years)
5. Describe where this equipment will be stored when not in use

Category G projects: (educational projects) this project category cannot be combined with other program categories; however a proposal may contain costs for labor, services, materials and equipment. Complete all applicable budget tables.

- **Use additional space on page 6 to describe the following**:
  1. Projects that involve installation of structures should follow requirements for categories **A**, **B**, **D**.
     - Indicate that your project is category G but answer questions from category A, B, D that apply
  2. Purpose and target audience
  3. Methods and materials needed (including details on all media, hard goods and structures)
  4. Relevance to specific trail users
  5. Planned partnerships (if applicable)
  6. Program longevity (is this a short-term, long-term or permanent program?)
  7. Describe your organization's and/or partner's plans to continue the program and schedule

Section III - Project Description (Describe your project in full. Committee will not be familiar with your request)
You may add up to one additional *typed* page for Project Description *scope*.
Every Project needs to indicate ALL *FUNDING* & *MATCH* SOURCES.
Indicate the **goals** and **scope** of work necessary to complete this project ***in detail***.

Section IV - Environmental & Cultural Analysis:

Describe the effects of your project site in relation to *natural* and *cultural* resources and how you plan to minimize any impacts. Any potential impacts to wetlands, rivers, streams or bodies of water ***must*** be addressed in this section. Any impact to historical resources ***must*** also be addressed in this section.

Answer all questions for your project category.

Category A, B, D projects: (maintenance, construction, development and rehabilitation of trails) answer the following questions: and use additional space on page 9 to further describe environmental or historical impacts to project.

THREATENED & ENDANGERED SPECIES AND COMMUNITIES: NH Fish & Game and the Ecological Reviews | NH Department of Environmental Services have jurisdiction over threatened and endangered (T&E) species in NH. The following questions are specific to determine if your proposed project will impact T&E species or natural communities.

- ☐ Yes ☐ No Has your organization performed a NHDES DataCheck Tool analysis & attached to this application? (See attachment requirements). Note: NHB is required, and reviews expire after one year.

Enter Datacheck Tool review number here: DCT _____-_____

- In space below, indicate if:
  - In the current DCT review, are there any "**hits**" for **threatened and/or endangered species or communities**?
    - NOTE: It is the project sponsors responsibility to contact Ecological Reviews for any "hits" on plants or natural communities. The RTP coordinator will contact NH Fish & Game on the project sponsors behalf.
    - Attach any correspondence between outside agencies to this application.
  - Was there any previous NHB or DCT reviews performed for this project? If so, indicate old NHB or DCT #'s below.

- ☐ Yes ☐ No Will you be **cutting** trees? (RTP only allows tree cutting/brushing between Nov 1st-April 14th)
- ☐ Yes ☐ No If yes to previous question: will any trees to be cut have a diameter at breast height (DBH) ≥ 3 inches?
  - Use space below to answer the following questions:
    - Estimate how many trees to be cut
    - Estimate the *average* DBH of trees to be cut
    - Indicate if you will be ***pulling the stumps*** of **any** trees
    - Indicate if stumps be *ground down* to ground level (no stump pulling at all)

- ☐ Yes ☐ No Will there be any **staging areas** for this project? For example, are any materials to be stockpiled alongside the trail that is off the established footprint of the existing trail? If yes, use space below to describe what will be staged, how much will be staged, and how far off the trail it will be staged. Include photos and landowner permission for Staging Area with Application if separate from defined project area.

CULTURAL & HISTORIC RESOURCES: NH Division of Historical Resources has jurisdiction over Historic Resources in NH. The following questions are specific to determine if your proposed project will impact historic resources.

- ☐ Yes ☐ No Has your project been inputted to EMMIT+ to check for historic properties within your project area?
  - If yes, please enter the EMMIT+ Project # here: _____, attach the "effect letter" from the project review and add the RTP Coordinator's email to the project contacts within EMMIT+.

- ☐ Yes ☐ No If no to previous question, are there any: **Historic Properties** 50+ years in project area **that you are aware of** that will be **adversely affected** by this project?
  - Historic Properties are: prehistoric or historic districts, sites, buildings, structures or objects. Some examples include but not limited to: culverts, bridges, buildings, stone walls, town pounds, foundations, wells, dams, whistle posts, rail rests, mile markers, etc.
    - If yes: attach **photos** & describe in space below
    - Will you be rebuilding/repairing these structures? (describe in space below)

- ☐ Yes ☐ No Any **cemeteries** within 25 feet of project area? (If yes: attach **photos** & describe the work in space below)

- ☐ Yes ☐ No Will you be **digging** for your project?
- ☐ Yes ☐ No If yes to previous question, will digging remain *ENTIRELY* in *footprint* of existing trail?
- ☐ Hand ☐ excavator If yes to digging, will you be using hand tools or excavator?
  - Approximately how **deep** and over how large an **area**? (add dimensions in space below: length, width & depth)

- ☐ Yes ☐ No Is this project on a rail trail?
  - If yes: Project Sponsor must walk trail with **VAL map** to search for **possible historic objects** listed on VAL map in project area. Document these objects with photos and mark on VAL map if "present" or "not found". Attach marked VAL map and photos to application. Include date and time of site walk.

WETLANDS: NH Department of Environmental Services has jurisdiction over wetlands in NH. The following questions are specific to determine if your proposed project will impact wetlands.

- ☐ Yes ☐ No Are there any **wetlands** in or near your project area? **Please describe below how this was determined.**
  - Some example methods: certified wetlands delineation, the NH DES Wetlands Permit Planning Tool, GranitView, a site visit with observations and photos, USF&WS National Wetlands Inventory Mapper.
  - Any photos taken to support determination are welcome to be submitted with the application.

- If wetlands are **present**, describe below if the wetland be **impacted** (or **crossed**). If no wetlands are expected to be impacted or crossed, are there any impacts to the Protected Shoreland Zone?

- ☐ Yes ☐ No If wetlands are present: are they within a "priority resource area"? (under NH RSA 482-A: Env-Wt 103.66)
  - If yes to previous question: describe below if the wetland be impacted (or crossed)
  - If yes to previous question: describe below OR how far away in feet? (use space below)

- ☐ Yes ☐ No Is there a **vernal pool** in/near your project area? If unsure how to determine this, consult the Identifying and Documenting Vernal Pools in NH guide provided by NH Fish & Game (also found on RTP website). Note: vernal pools are a type of wetland and therefore subject to NH Dept. of Environmental Services (NHDES) RSAs.
  - If yes: how far away in feet from your project? (use space below)

- ☐ Yes ☐ No Is there a stream/river/floodplain/sand dune in/near your project area?
  - If yes: describe what it is (use space below)
  - If yes: how far away in feet? (use space below)

- ☐ Yes ☐ No Will your project cross or run adjacent to either of the 3 designated **Wild & Scenic Rivers in NH**:
  - **Lamprey River** in Strafford & Rockingham Counties
  - **Wildcat River** in Coos & Carroll Counties
  - **Nissitissit River** in Hillsborough County
  - If yes: describe where crossing is and/or how far away trail is in feet? (use space below)

- ☐ Yes ☐ No Will your project require Department of Environmental Service's (DES) Wetlands permits?
  - If yes: which **permits**? (list specific permits in space below)
  - If no: indicate how you know you will not need these permits.
    - Ex: Did you consult DES? Attach any emails to document this.

- Use space below to ***describe specific techniques*** on how you will **minimize erosional** impact using the 2017 Best Management Practices for Erosion Control manual (found on RTP website), or any other **trail building/maintenance/best practices manual**. Indicate which manual that is being followed.
  - Ex: how will you ensure that construction debris/erosion do NOT flow into river/stream? (use space below)

- Use the space below for any additional information your project needs to provide regarding Threatened & Endangered Species, Historical Resources and or Wetlands.

Category C projects: (equipment purchases) describe in space below: how the new/refurbished equipment will improve or impact the environment in regard to:

1. Emissions
2. Fuel impact
3. Financial grooming costs
4. How its use will impact the physical land

Category G projects: (educational projects) describe in space below the relationship of program to environment and other key educational objectives

- Projects that involve installation of structures should follow requirements for categories **A**, **B**, **D**.

Section V - Project Attachments:

Include the following attachments, or your application *may be rejected*:

Project Category	Required Attachments
All projects	**One complete hardcopy of application and attachments mailed to DNCR office.** **One complete electronic copy of application & attachment materials submitted to RTP coordinator** • Electronic copies can be submitted on a thumb drive. Do not send CDs. • Other forms of electronic submission can be accepted, contact RTP coordinator for inquiries.
All projects	Project administrator authorization form must **be signed by project administrator** and another member of the sponsoring organization (cannot be same person). • Signatures can be electronic provided it is date-stamped with a watermark. Do not type names in cursive font for a signature. • If signatures are handwritten, submit original as part of hardcopy package.
All Projects	**Budget Detail** (excel file from RTP website): submit with electronic copy as an **unlocked** excel file in addition to one hardcopy. Locked excel files or PDFs of excel workbook will not be accepted.
A, B, D, G*	Signed landowner permission to perform project work (private and/or public) • Signatures can be electronic provided it is date-stamped with a watermark. Do not type names in cursive font for a signature. • If signatures are handwritten, submit original as part of hardcopy package. • Include any and all **easements** for project area. • **G*** only necessary if installing structures such as kiosks and signs
A, B, D, G*	**NHDES Ecological Review Sections** review of project area (using the DataCheck Tool) • Hits on DCT must be addressed in Environmental section with any and all written recommendations from other state divisions or agencies attached to DCT Review. • **G*** only necessary if installing structures such as kiosks and signs
A, B, D	Quality **topographical-type maps** with highlighted project area location **LABEL ALL MAPS SO WE UNDERSTAND WHAT THEY ARE REFERRING TO**
All projects*	**Official trail system map** with the following details highlighted/labelled: • Label project area location (especially bridge locations) (**A, B, D**), (**G*** if applicable) • *equipment use area, if necessary (**C**)

All projects*	Submit enough **photos** to **accurately depict project**.
	LABEL ALL PHOTOS SO WE UNDERSTAND WHAT THEY ARE REFERRING TO
	• Do no submit blurry, grainy, or otherwise unrecognizable photos.
	• For printed copies:
	  ○ No smaller than 8”x10”. Can be printed on *regular* printer paper.
	  ○ Not all project photos needs to be printed, a sample depicting project is acceptable. RTP coordinator will rely on electronic photos for application review.
	• **A, B, D** projects (***G** if applicable): Project area(s) Staging area(s).
	• **G** projects: samples of educational materials
	• **C** projects (equipment) include: front, back, sides and interior angles.

Optional Attachments	• Letters of Support • Quotes for budget estimate • Permits is already acquired for project (not permit applications, but actual permits) • EMMIT+ effect letter, Historical phase studies 1A or 1B if already acquired for project.

DEADLINE FOR APPLICATION SUBMISSION
Applications must be received and stamped in at DNCR HQ by:

Friday, May 29th, 2026 @ 4:00 PM

Late applications will not be accepted!

Address to… NH Bureau of Trails
RTP Coordinator
172 Pembroke Road
Concord, NH 03301

For questions, contact:

Brianna Leone
(603) 271-2401
Brianna.H.Leone@dncr.nh.gov

Click RTP logo for website

STATE OF NEW HAMPSHIRE
Department of Natural and Cultural Resources
Division of Parks and Recreation
Bureau of Trails

RECREATIONAL TRAILS PROGRAM

PROJECT ADMINISTRATOR'S AUTHORIZATION

This form must be submitted with <u>original signatures</u> to the Bureau of Trails and cannot be reused.

Project Administrator (type or print full name): _____

The person who is named above has been appointed as Recreational Trails Program Project Administrator. This person is authorized to enter into Recreational Trails Programs contracts and agreements with the State of New Hampshire, Bureau of Trails and accept monies granted and received in compliance with the application, contract or agreement.

The Project Administrator is the only person authorized to submit billing requests for reimbursement of funds. The Project Administrator shall be responsible for compliance with all aspects of the project and shall submit the required project reports/updates as specified in the contract or agreement.

I hereby certify that the person named as Project Administrator, above, is fully authorized to act on behalf of the

(print name of organization): _____ organization or political

subdivision to submit a grant request for the project named: _____.

_____ _____
Print Name (person giving project administrator authorization on behalf of organization) Title in organization

_____ Date: ____/____/____
Signature (person giving project administrator authorization on behalf of organization)

PROJECT ADMINISTRATOR INFORMATION: to be filled out by the Project Administrator ONLY

_____ _____ Date: ____/____/____
Print Name **Signature** (not valid unless signed)

_____
Email (required: primary form of contact with Bureau of Trails)

(_____) _____-_____ (_____) _____-_____
Phone (secondary form of contact) Alternate phone (if necessary)

_____ _____ _____ _____
Organization Mailing Address City/Town State Zip Code