

Trail Maintenance Grant Application

Section I. Grant Application

Please be sure to fill out the budget section before submitting the pre-application. For help with filling out the budget section, see the budget portion of the eCivis help doc by [Clicking Here](#)

- Current Volunteer Rate: \$28.54
- Current Mileage Reimbursement Rate \$0.445/mile

Formula for 5.7% Match

- 1)Divide your reimbursement amount by 0.943.
- 2)Multiply that number by 0.057.
- 3)This will be the amount required for a 5.7% match.

Ex. Reimbursement amount \$5235. Divide by 0.943. $\$5235 \div 0.943 = \$5,551.43$ Then $\$5,551.43 \times 0.057 = \316.43 . So, a 5.7% Match on a \$5,235 reimbursement is \$316.43

Profile

Organization Name

Project Title

Project Sponsor Address

City

Zip Code

Company/Agency/Organization Website

Project Coordinator Name

Job Title

Email

Phone

Secondary Project Coordinator Name

Job Title

Email

Phone

Project Information

Grant Request Amount:

Provide nearest town / city to project location

[Click on this link to verify your Congressional and Arizona Legislative Districts](#)

Program/Project Congressional District (check all that apply)

Program/Project Legislative District (check all that apply)

County (Select all that apply)

Summarize the project proposal including scope and nature of what is to be accomplished with the funds that you will receive:

Upload a Project Timeline

Please be sure to fill out the budget section before submitting the pre-application.

Budget Worksheet

[View Budget Worksheet](#)

Average Score

0.00

of Reviews

1

of Denials

0

Additional Information

Application Goals

[View Application Goals](#)

Applications: File Attachments

Upload a Project Timeline

Profile:

Applicant Information

Tell us about you.

Linked Applicant

First name

Last name

Email

Title

Company

Company Website

City

State

Organization Information

Tell us about your organization.

Organization Name

Employer Identification Number (EIN)

DUNS

Authorized Representative

Business/Finance Representative

Organization Address

Address

Address 2

City

State

County

Congressional District/Region

Zip

Phone

Phone Extension

Fax

Authorized Representative (if different from above)

Name

Title

Email

Phone

Business/Finance Contact (if required)

Name

Title

Email

Phone

Cultural Clearance:

Linked Form to Application

Cultural Clearance

Instructions

Check here if this is an education only project and no disturbance will occur (Note: installing signs & trash-removal are considered disturbance)

In Arizona, the Arizona Department of Transportation (ADOT), the Federal Highway Administration (FHWA) and the State Historic Preservation Office (SHPO) participate in a process to determine the effect, if any, a proposed project may have on significant archaeological and/or historical cultural resources. Significant cultural resources are those that are eligible for listing on the Arizona or National Registers of Historic Places. Each grant application recommended for funding will be reviewed as part of this process. To assist in this review, the applicant is required to submit the following information with each application for funding assistance.

For additional instructions on how to complete this form, please follow the attached link:

[Grant Manual](#)

Section I. Attachments

Is the applicant a signatory to the Programmatic Agreement Pursuant to Section 106 of the National Historic Preservation Act Regarding Implementation of Federal-Aid Transportation Projects in the State of Arizona (PA)?

To view the most recent Programmatic Agreement (Section 106)[Click Here](#)

A copy of the cultural resources survey report(s) if a survey of the property has been conducted must be uploaded.

A copy of any comments regarding eligibility, findings of effect, and any conditions associated with findings made by the land managing agency/landowner and archaeologist (i.e. state, federal, county, municipal) on potential impacts of the project on archaeological and/or historical cultural resources.

A copy of SHPO comments, if the survey report has already been reviewed by SHPO.

If applicable to the project, attach a current agency Decision Memo.

Additional Documents: Upload additional surveys and any other documents related to cultural resources here:

Additional Document

Section II.

Please answer the following:

Biggest Mistake Made: Failure to list all land managers within the project area. Example: Applicant submits trail project and all trails exist within land owned by applicant except for a 1/4 mile section of one of the project trails. A small section crosses over a small parcel owned by ASLD (or Reclamation). If an agreement allowing you to develop/maintain that ASLD-owned parcel exists between your agency and ASLD please attach document directly above (Additional Documents). If no agreement is in place or the agreement has expired please stop working on the application and contact ASPT to discuss issue. Projects must be shovel ready-if you do not have permission from all land managers to conduct work your project is not shovel ready.

Current Land Owner/Manager(s):

Project Location, including Township, Range and Section:

1. **Total project area in acres (or total miles if trail):**

2. **Does the proposed project have the potential to disturb the surface and/or subsurface of the ground?**

3. **Project Description and Impacts:**

a. **Please provide a description (what, where, why, and how) of the proposed project, and specifically identify any surface and/or subsurface impacts that are expected.**

b. **Provide measurements for anticipated surface (areal) and subsurface (depth) disturbances that will be part of the proposed project.**

c. **Discuss both direct and indirect impact areas, such as staging areas and access routes that will be used as part of the project.**

4. **Ground Surface Information**

a. **Describe the condition of the current ground surface within the entire project boundary area (for example, is the ground in a natural undisturbed condition, or has it been bladed, paved, graded, etc.).**

b. **Estimate horizontal and vertical extent of existing disturbance**

5. **Are there any known prehistoric and/or historical archaeological sites in or adjacent to the project area?**

6. **Has the project area been previously surveyed for cultural resources by a qualified archaeologist?**

7. **Are there any buildings or structures (including mines, bridges, dams, canals, etc.) that are 50 years or older in or adjacent to the project area?**

8. **Is your project area within or adjacent to a historic district?**

Section III

Will your project involve any of the following activities? (please check all that apply)

Compliance under the Americans with Disabilities Act (ADA) including the following:

Signatures

NOTE: *This form must be reviewed and electronically signed by the archaeologist for agencies that have a staff archaeologist. Please have the archaeologist register in eCivis by contacting parks staff at 602-542-7124.*

Archaeologist Printed Name and Title Here:

Agency Archaeologist must provide a short statement, on agency letterhead, indicating support for the project. Archaeologist must sign the letter. Note: Non-profits must have the land manager's archaeologist complete this step.

Archaeologist Approval Letter (Application will not be processed and reviewed by Park staff, committees and Parks Board if a signed letter of approval from agency's archaeologist is not provided here.)

Applicant Printed Name and Title Here:

Resolution:

Linked Form to Application

Resolution

Instructions

Is your organization a federal, state, or tribal agency?

Mark this form as complete as it only pertains to local government agencies and non-profits.

CE Checklist-NEPA:

Linked Form to Application

Categorical Exclusion

I. Project Identification

Project Sponsor:

Project Title:

Grant Request Amount:

Sponsor Match Amount:

Total Project Cost:

Is this an education only project?

If this box is checked then Section IV does not need to be evaluated and the CE can be approved.

II. CE Checklist

*If the answer to all of the below questions is **NO**, the proposed action qualifies for processing as a C-list Categorical Exclusion action under 23 CFR 771.117(c)(23).*

*If the answer to any of the below question is **YES**, contact the Grants Staff to confirm the level of environmental documentation.*

Please attach completed Game and Fish Report:

- 1. Does the project involve any permanent easement or acquisition of right-of-way?**
- 2. Are there any National Register listed or eligible sites in the Project Area?**
- 3. Will the project affect any National Register listed or eligible sites?**
- 4. Does the project involve construction in, across or adjacent to a river component?**
- 5. Are there threatened or endangered species or critical habitat designated or proposed under the Endangered Species Act present?**

***To assist you in answering questions concerning potential impacts on resources in the project area please follow this link to [Game and Fish's Environmental Review Tool](#). Use the site to create a map of the project area and then attach above.**

Also, you may contact the managers/staff of the Game & Fish Review Tool directly -they are available to help each applicant develop the report, plus maps needed for the application:

Sabra Tonn: 623-236-7618

stonn@azgfd.gov

Cheri Boucher: 623-236-7615

cboucher@azgfd.gov

6. Will the project result in 1 or more acres of ground disturbance?

7. Does the project involve any other impacts that may be considered unusual?

III. Applicant Certification

Type Printed Name and Title:

Contact Information:

Date

Attach all corresponding documentation.

Non-Profit Eligibility:

[Linked Form to Application](#)

Nonprofit Certification Statement

Is your agency a non-profit or club?

Maps, Trails, & Photos:

Linked Form to Application

Instructions

1. All projects are required to submit an updated species map list and attach to the NEPA Form (separate form in your application). The species list is generated by using the AZ Game and Fish's Environmental Review Tool-which produces the required map. In addition, the Game & Fish tool also includes many other mapping features to add layers, identify Section, Township, Range; land ownership and to draw/identify trails, trailheads, location of projected signage, etc. We recommend that applicants consider using this Tool to develop all maps required in this Section and in other specific areas of the application.
2. Please Note: If this is an education project only please complete (Submit Map) & (Submit Photos).

Additional Resources:

[Grant Manual](#)

[Arizona Game and Fish Environmental Review Tool](#)

Project Area Maps & Photos

Please download the [State Map Form](#) & mark the location of your project area; when complete upload the State Map below.

State Map:

Provide a legible and detailed series of maps showing the project area in close detail.

-Please identify all project activities and any other related project actions including the location of signs, access roads, and staging areas.

-Please combine all maps into 1 file, convert to pdf and upload below.

**See instructions above on map support and recommendations using the Game & Fish map program.*

Combined Maps:

Please upload a series of color photographs that show the project area, land acquisition or specific features. -Photographs should document as many of the proposed scope items as possible. -Please provide a short, written description of each photo. -Attach photos of project area to document condition, particularly of those areas that have experienced impacts. **If there any buildings or structures (including mines, bridges, dams, canals, etc.) that are 50 years or older in or adjacent to (within 100 yards) the project area please include photos of the building/structure and identify as such.*-Submit all your pictures on one (1) PDF file, save to your computer and upload PDF here.

Color Photographs:

Trail Information Table

Purpose of Section: Every trail that will receive funds for activities related to building/maintenance must be identified and listed here separately.

Trail Name/Number:

Allowable Uses (Check all that apply):

Kiosks, Signs & Support Facilities

Section Instructions

-Projects involving the installation of signs, kiosks, and or support facilities (Trailheads, Restrooms) must provide a map and or photo(s) showing the location of each.

-Below, please provide trail name and information on what signs, kiosks, and/or support facilities will be added to trails/ staging

areas.

We do not need maps for fiberglass trail markers/signs that result in less than 12-18 inches of ground disturbance.

Trail Name/ Number:

List as bullet points: Signs/Kiosks/Support Facilities and quantity for above trail/staging area

Upload Maps Here

Additional Documents

Upload any additional documents in the fields below

Additional Document:

Additional Document:

Additional Document:

Additional Document:

Additional Document:

Maps, Trails, & Photos: File Attachments

State Map:

Certification Form:

Linked Form to Application

Instructions:

The authorized official for your agency must sign (Type) in the space provided below. We no longer need a handwritten signature on these documents or a hard copy of the application. However, for the electronic signature process to work the authorized official must also be registered in eCivis with their own unique username and password.

Check the box below each section to confirm acknowledgement

If your supervisor is required to sign grant documents please have your supervisor contact Parks staff at 480-340-1305 for assistance. You cannot sign (Type) on-behalf of your supervisor.

Certification:

Certification & Authorized Signature Requirements:

1. The certified application form can be electronically signed and dated by the individual authorized to act on behalf of the project sponsor entity / organization in conducting all official business related to the project

EXCEPTION:

1. **FOREST SERVICE APPLICANTS:** Per request, Forest Service staff may opt out of electronic signature and provide a hard copy signature of this form. Print this form, collect required signature from the District Supervisor and upload sign Certification Form in the space provided.
2. **BUREAU OF LAND MANAGEMENT APPLICANTS:** District/Field Manager signatures are required. BLM District/Field Managers may register in eCivis and sign this form electronically or follow the FS signature process If needed.

Completed by:

Name:

Title:

Date:

I acknowledge and understand that this grant program operates on a reimbursement basis. Reimbursement occurs only after an expense is paid.

I acknowledge and understand that our agency will comply with all appropriate state and federal regulations, policies, guidelines, and requirements as they relate to the application.

INSURANCE REQUIREMENTS

PROJECT SPONSOR and sub-contractors must procure and maintain occurrence-based insurance policies that cover claims for injury or death to persons or damage to property that may arise from or in connection with the performance of the work hereunder by the PROJECT SPONSOR, its agents, representatives, employees or sub-contractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the PROJECT SPONSOR from liabilities that might arise out of the performance of the work under this contract by the PROJECT SPONSOR, its agents, representatives, employees or sub-contractors, and PROJECT SPONSOR is free to purchase additional insurance.

Minimum Scope and Limits of Insurance: PROJECT SPONSOR shall provide coverage with limits of liability not less than those stated below.

1. Commercial General Liability – Occurrence Form
Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.
 - General Aggregate \$2,000,000

- Products - Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Blanket Contractual Liability - Written and Oral \$1,000,000
- Fire Legal Liability \$50,000
- Each Occurrence \$1,000,000

a. The policy must be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the PROJECT SPONSOR."

b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the PROJECT SPONSOR.

I acknowledge and understand that our agency is required to provide proof of liability insurance at the time of project signature if the grant is awarded.

Upload Proof of Liability Insurance here:

I acknowledge and understand that our agency has access to the required matching funds.

A signature page with the following information must be signed by the Authorized Agent and uploaded below to complete this application

I hereby certify that the information in this application is true and correct and that our agency agrees to comply with all appropriate procedures, guidelines, and requirements established by Arizona State Parks & Trails.

Project Sponsor Name:

Authorized Agent:

Title:

Contact Information:

Date:

Authorized Agent Signature Page

Certification Form: File Attachments

Upload Proof of Liability Insurance here:

Budget:

Application

Please use the following link to view the application budget. This link will open in a new window.

Budget Status