

SEE 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

Are you applying for a grant from the Recreational Trails Program (RTP) or the Heritage Fund (HF)?
RTP

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

Company/Agency/Organization Website

Project Coordinator Name:

Job Title:

Email

Phone

Secondary Project Coordinator Name: -

Job Title:

Email

Phone

Project Information

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

Provide nearest town / city to project location:

Program/Project Congressional District (check all that apply)

Program/Project Legislative District (check all that apply)

County (Select all that apply):

Project Request Amount:

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

Upload Project Timeline

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

Average Score

of Reviews

0

of Denials

0

Additional Information

Please use the following link to view the Budget

Budget Worksheet

[View Budget Worksheet](#)

Application Goals

[View Application Goals](#)

Applications: File Attachments

Upload 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 Applications

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)

Nonprofit Eligibility:

Linked Form to Applications

Instructions

This form is specific to Non-Profit Organizations and Clubs. All other agencies only need to answer the yes/no question at the beginning, then they may mark this form as complete.

Nonprofit Certification Statement

Is your agency a non-profit or club?

Move on to the next form as this form only applies to Non-Profits/Clubs

Resolution:

Linked Form to Applications

Instructions

Resolution

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

**If 'Yes', mark this form as complete as it only pertains to local government agencies and non-profits.*

Categorical Exclusions:

Linked Form to Applications

Categorical Exclusion

Is this an education only project where no ground disturbance will occur? If so, select Yes and move on to the next form.

Criteria RTP/HF:

Linked Form to Applications

Are you applying for a grant from the Recreational Trails Program (RTP) or the Heritage Fund (HF)?

RTP Safety and Environmental Education Criteria Response

- 1. Provide a clear summary of the specific tasks to be accomplished during the course of the educational program, including both grant- and match-funded activities. This should directly reflect your budget and should point out the specific tasks of the project; where the work/programming will take place, what will be accomplished, how it will be accomplished, and by whom. Do not generalize - be clear, realistic and concise with this summary.**
- 2. Describe how your project fulfills a recognized recreational, social or environmental need. Describe the need, how it has been documented and how the project fulfills it.**
- 3. Detail the range of trail uses/users the project will actively educate and train, and how this program will contribute to the enhancement of the trail system in Arizona, or how it works towards solving an existing problem or issue that the trail community has encountered.**
- 4. Provide a description of any support your project has from the community and any partnerships that will be formed among trail users, organizations, agencies, and others.**
- 5. Add any additional information, not listed above, as to how your project meets the program criteria listed in the guidelines.**

Linked Form to Applications

Instructions

MAP RECOMMENDATIONS

Maps: *If you are submitting more than one (1) map please combine all maps into one (1) file, convert to a PDF document and then upload to this section.*

Photos: *If you are submitting more than one (1) photo please combine all photos into one (1) file, convert to a PDF document and then upload to this section.*

Maps and Photos

Maps:

Photos:

Additional Documents

Upload any additional documents here:

Additional Upload:

Additional Upload:

Additional Upload:

Certification Form:

Linked Form to Applicaitons

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.

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.

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Proof of Liability Insurance Acknowledgement:

Upload Proof of Liability Insurance here:

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

Reimbursement Acknowledgment

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.

Compliance Acknowledgement

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

Matching Funds Acknowledgement

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

Budget:

Application

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

Budget Status