



**North Dakota Parks and Recreation Department
Recreation Division – 701-328-5357 – parkrec@nd.gov**

Recreational Trails Program(RTP) Grant Application

Recreational Trail Program (RTP) grants are available to the State of North Dakota, political subdivisions, and nonprofit organizations in order to assist in the development, maintenance, or rehabilitation of recreational trails. The RTP is an assistance program of the U.S. Department of Transportation's Federal Highway Administration (FHWA). The program is administered by the Recreation Division of the North Dakota Parks and Recreation Department (NDPRD).

Project proposals must be approved at the state and federal levels. A Recreational Trails Program Advisory Committee (RTPAC) made up of private, state, and federal individuals evaluates and ranks the projects. Projects selected at the state level are submitted to the FHWA for final review and approval.

RTP grants reimburse up to 80 percent of the cost for development, maintenance, or rehabilitation of recreational trails. Engineering fees exceeding more than 20% of total project cost are not eligible for reimbursement. Project sponsors cannot be reimbursed for funds that are incurred before an application is approved and a local grant agreement is signed.

The application cycle is open from December 1, 2017 to January 31, 2018 at 1:00 P.M. Central Time.

Date:

CONTACT INFORMATION

Project Sponsor:

(Must be political subdivision)

Project Name:

DUNS #:

(D-U-N-S® Number or Dun & Bradstreet ID Number (Data Universal Numbering System) is a 9 digit number that is unique to each business that has one)

Primary Contact

Name:

Title:

Address:

City, State, Zip:

E-Mail:

Phone:

County:

Alternate Contact

Name:

Title:

Address:

City, State, Zip:

E-Mail:

Phone:

County:

REIMBURSEMENT CONTACT INFORMATION

Name and address for where reimbursement payments should be sent.
If same as Primary/Alternate Contact, please state "Same as Primary OR Same as Alternate Contact"

If not, please fill out below.

Reimbursement Contact

Name:

Title:

Address:

City, State, Zip:

E-Mail:

Phone:

County:

Estimated Start Date: Estimated Completion Date:

(Grant recipients have 18 months to complete projects)

*All RTP projects must meet accessibility guidelines in compliance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973 and the Architectural Barriers Act. For more information refer to the U.S. Access Board at www.access-board.gov. Look for the Reg Neg Committee 1999 Report: Accessibility Guidelines for Outdoor Developed Areas.

Does the proposed project meet requirements of the American with Disabilities Act and Architectural Barriers Act?

Briefly Explain.

Do you have an established Title VI program? Yes No

["http://www.fhwa.dot.gov/civilrights/programs/tvichcklist.cfm"](http://www.fhwa.dot.gov/civilrights/programs/tvichcklist.cfm)

PROJECT LOCATION

Property Name:

Physical Address:

County:

Legal Description:

Township: Range: Section:

Latitude (degrees, minutes, seconds): example: 46°78'56.9"

Longitude (degrees, minutes, seconds): example: 100°62'21.7"

You can omit the (°) symbol "degrees", just put in a space instead.

PROJECT INFORMATION

1. Based on the State Comprehensive Outdoor Recreation Plan (SCORP), please identify the following:
["http://www.parkrec.nd.gov/information/department/attachments/scorp-2013-2017.pdf"](http://www.parkrec.nd.gov/information/department/attachments/scorp-2013-2017.pdf)

Region

Primary: Secondary: Tertiary:

2. Is the scope of the project:

- Construction of New Recreation Trails Number of miles
- Restoration of Existing Trails Number of miles
- Trail Extension *Number of miles
- Purchase and Lease of Recreational Trail Construction and Maintenance Equipment
- Development and Rehabilitation Trailhead Facilities and Trail Linkages
- Land Acquisition/Easements
- Trail Accessibility Assesment

*Based on the above checked box, the total mileage of your trail is now:

3. Check all uses the project impacts:

- Walking/Hiking Cross-Country Skiing ATV Riding
- Bicycling In-Line Skating Off-Road Motorcycling
- Horseback Riding Snowmobiling Other

4. Classification of Land:

Who holds the title to the project land?

- State
- Federal
- Local
- Private

5. Does any of the project fall within a federal highway right-of-way? Yes No

["http://www.parkrec.nd.gov/recreation/grants/rtp/rtpprojectselection.html"](http://www.parkrec.nd.gov/recreation/grants/rtp/rtpprojectselection.html), click on North Dakota National Highway System Map.

6. Does your project take place within the jurisdiction of one of the three Metropolitan Planning Organizations (MPO): Bismarck-Mandan, Fargo, or Grand Forks? If yes, which one?

- Bismarck-Mandan
- Fargo
- Grand Forks
- No, this project is not within an MPO

Has your project received approval from the MPO? Yes No

BUDGET INFORMATION

Total project cost:

Total grant amount requested:

Would partial funding affect the completion of the grant? Yes No

If yes, briefly explain.

BUDGET INFORMATION WORKSHEET

Total Project Cost	<input type="text"/>	
Total Grant Amount Requested	<input type="text"/>	
Cost Category	Amount	
Land, structures, rights-of-ways, etc.	<input type="text"/>	
Relocation expenses and payments	<input type="text"/>	
Architectural and engineering fees	<input type="text"/>	
Demolition and removal	<input type="text"/>	
Construction	<input type="text"/>	
Equipment	<input type="text"/>	
Materials	<input type="text"/>	
Miscellaneous	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
TOTAL	<input type="text"/>	
Matching Funds		
Source	Amount	Description
Cash Match	<input type="text"/>	<input type="text"/>
Donated Equipment Value	<input type="text"/>	<input type="text"/>
Donated Labor	<input type="text"/>	<input type="text"/>
Force Account Labor	<input type="text"/>	<input type="text"/>
Donated Material	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL MATCHING FUNDS	<input type="text"/>	<input type="text"/>

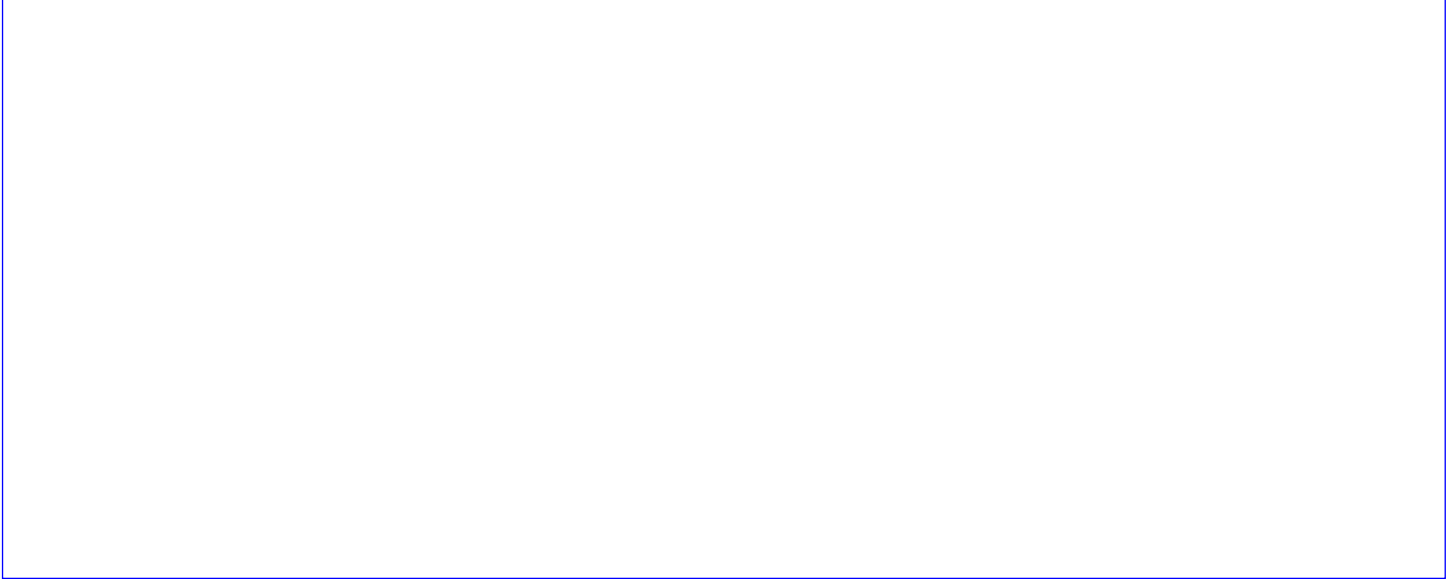
Requirement and Evaluation Criterion:

Each application must address each of the following requirements in the order they appear below:


1. A project description sufficient to understand the project. Indicate prominently whether this is primarily construction of new recreation trails; restoration of existing trails; development and rehabilitation of trailside and trailhead facilities and trail linkages; purchase and lease of recreational trail construction and maintenance equipment; land acquisition/ easements; or trail accessibility assessment. Please explain if the application is for one or more phases of a multi-phase project.

2. Clearly defined goals for the project (with a delineation of which user groups would benefit from the project).

3. Costs associated with the project (with estimates of the following components: material/service purchases including hardware, paint, lumber, sand/gravel concrete, landscape materials, signs, design/engineering services, contractor services, equipment rates, equipment costs, and land lease payments). Please reference budget information worksheet, as necessary.



4. Evidence of local/area support (council resolutions, minutes of public meetings, letters of support, etc.). Evidence of MPO support must be included if applicable.



5. Availability/access to 20% match for eligible elements of the project proposal. Matching funds must not be from other federal sources such as Transportation Enhancement (TE) or Transportation Alternatives Program (TAP) through the Department of Transportation. A resolution from the sponsor of the project regarding the availability of funds will be required prior to any award of a grant.

6. Evidence of applicant capability to carry out project. For development projects, applicant capability to operate, maintain, and protect trail and facilities when completed).

7. Site and project quality: consideration of the needs of the intended trail user group(s); aesthetic quality of the trail location; appropriateness of the trail for the intended or existing uses; clarity, detail, and quality of project plan/design; quality of existing development (if any) on site or in corridor; attention to safety, accessibility and health considerations.

8. Public need for and benefit of project: safety concerns, urgency of action, potential to lose the opportunity, number of people who would benefit from the project when compared to cost. Why should this project be funded? How many people could be expected to use the trail over the course of the year as a result of funding the project?

9. Attention to the potential environmental impact of the project and efforts to mitigate adverse effects: Possible areas of consideration include but are not limited to: noise, odors, dust, surface erosion, fish and wildlife populations, damage to wetlands, or other ecologically sensitive natural resources or historical/archeological remains. All applications are subject to review by the State Historical Society. If sponsor has a recent cultural review letter or document, please include with the application attachments.

10. Impact on adjoining landowners in the vicinity of the project: Identify adverse impacts that might be realized as a result of completing the project, and how the project design attempts to mitigate adverse impacts. How might the project improve conditions for adjacent landowners?



ATTACHMENTS: In a separate e-mail, please scan attachments and save as a PDF and e-mail to, kstankiewicz@nd.gov

- * A legible copy of the Warranty Deed (project sponsor must have clear title to the project lands through Warranty Deed).
- * Project location map. NOTE: Map should be an aerial view that allows project site and its location to be easily identified. Include street names, entrance site, marked trail and mile markers (use Google Maps).
- * Site Development Plans.
- * Written assurances/leases that confirm the project will be open for public use.
- * If applicable, recent past cultural review letters or documents.
- * If applicable, written confirmation of MPO approval.

Certifications Regarding Debarment, Suspension and Other Responsibility Matters, Drug-Free Workplace Requirements and Lobbying

Persons submitting this form should refer to the regulations referenced below for complete instructions:

Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions – The prospective primary participant further agrees by submitting this proposal that it will include the clause titles, “Certification Regarding Debarment, Suspension, Ineligibility and voluntary Exclusion – Lower Tier Covered Transaction,” provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. See below for language to be used; use this form for certification and sign; Certification Regarding Drug- Free Workplace Requirements-Alternate I. (Grantees Other Than Individuals) and Alternate II. (Grantees Who are Individuals) – (See Appendix C of Subpart D of 43 CFR Part 12)

Checking the boxes on this form and submitting it provides for compliance with certification requirements under 43 CFR Parts 12 and 18. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the funding agency determines to award the covered transaction, grant, cooperative agreement or loan.

PART A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions

CHECK IF THIS CERTIFICATION IS FOR A PRIMARY COVERED TRANSACTION AND IS APPLICABLE.

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Part B: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

CHECK IF THIS CERTIFICATION IS FOR A LOWER TIER COVERED TRANSACTION AND IS APPLICABLE.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

- Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Part C: Certification Regarding Drug-Free Workplace Requirements

CHECK IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS NOT AN INDIVIDUAL

Alternate I. (Grantees Other Than Individuals)

- The grantee certifies that it will or continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about-
 - The dangers of drug abuse in the workplace;
 - The grantee's policy of maintaining a drug-free workplace;
 - Any available drug counseling, rehabilitation, and employee assistance programs; and
 - The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
 - Abide by the terms of the statement; and
 - Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification numbers (s) of each affected grant;
 - (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 - Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),(b),(c),(d),(e) and (f).
- The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant: Place of Performance (Street address, city, county, state, zip code)

Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>

Check if there are workplaces on file that are not identified here

Part D: Certification Regarding Drug-Free Workplace Requirements

CHECK IF THIS CERTIFICATION IS FOR AN APPLICANT WHO IS AN INDIVIDUAL

Alternate II. (Grantees Who Are Individuals)

1. The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
2. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number (s) of each affected grant.

Part E: Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative

CHECK IF CERTIFICATION IS FOR THE AWARD OF ANY OF THE FOLLOWING AND THE AMOUNT EXCEEDS \$100,000: A FEDERAL GRANT OR COOPERATIVE AGREEMENT; SUBCONTRACT, OR SUBGRANT UNDER THE GRANT OR COOPERATIVE AGREEMENT.

CHECK IF CERTIFICATION IS FOR THE AWARD OF A FEDERAL LOAN EXCEEDING THE AMOUNT OF \$150,000, OR A SUBGRANT OR SUBCONTRACT EXCEEDING \$100,000, UNDER THE LOAN

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the authorized certifying official, I hereby certify that the above specified certifications are true and that all information in this application is accurate to the best of my knowledge:

Responsible Official's Signature

Responsible Official's Title

Political Subdivision (Project Sponsor)

Date

Please submit one electronic copy by 1:00 P.M. Central Time on January 31, 2018 to: kstankiewicz@nd.gov

If you have any questions, please contact Kevin Stankiewicz at 701-328-5364 or kstankiewicz@nd.gov

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