



# Delaware County Multi-Use Trail Assistance Application

Deadline: January 31, 2019

**APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone (office):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_

**Email:** \_\_\_\_\_

(Note: Contact should be available during business hours and be best to answer or coordinate a response to questions.)

**PROJECT NAME:** \_\_\_\_\_

**Brief Project Description:**

**How does this Project relate to the Delaware County Trail System Master Plan?**

## PROJECT FINANCIAL INFORMATION

Funding Amount Requested: \$ \_\_\_\_\_ (\*)

Proposed Use for DCTC Funds:

### Project Estimated Costs

(include an opinion of cost estimate signed/sealed/stamped by a registered professional engineer)

|                            |          |         |
|----------------------------|----------|---------|
| Engineering:               | \$ _____ |         |
| Construction:              | \$ _____ |         |
| Right-of-way or easements: | \$ _____ |         |
| Contingency:               | \$ _____ | _____ % |
| TOTAL ESTIMATED COST:      | \$ _____ |         |

### Project Financial Resources

|                            |          |                            |
|----------------------------|----------|----------------------------|
| Local Revenues:            | \$ _____ | _____ %                    |
| Other Public Revenues:     |          |                            |
| _____                      | \$ _____ | _____ %                    |
| _____                      | \$ _____ | _____ %                    |
| _____                      | \$ _____ | _____ %                    |
| * DCTC Funding Requested:  | \$ _____ | _____ %                    |
| TOTAL FINANCIAL RESOURCES: | \$ _____ | _____ %<br>must equal 100% |

Does your community have a financial plan for maintenance of the trail?

Please explain:

## DETAILED PROJECT DESCRIPTION

(include a route map with property ownership identified, site photos and other appropriate info)

Specific Location and Work to be completed (including begin and end termini):

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Number of properties intersecting trail: \_\_\_\_\_

Have all necessary easements on private property been secured? ☐ N/A ☐ Yes ☐ No

Is the trail located within existing right-of-way? ☐ Yes ☐ No

Is the trail part of a preserve, natural or scenic corridor? ☐ Yes ☐ No

Are there constructability issues or environmental concerns? ☐ Yes ☐ No

Please explain how these will be addressed.

Does this trail connect to an existing trail? ☐ Yes ☐ No

Is the trail part of (or link to) the Central Ohio Greenway Trail system? ☐ Yes ☐ No

Is the trail part of (or link to) the Delaware County Trail System Master Plan? ☐ Yes ☐ No

If yes to any of the above three questions, please explain:

Does the trail provide a transportation alternative along with recreation? ☐ Yes ☐ No

Does the trail connect destination locations (schools, parks, retail, restaurants, etc.)? ☐ Yes ☐ No

Please explain:

Please explain the Economic Opportunities this project may provide:

Please explain the Health Benefits this project may provide:

**PROJECT SCHEDULE** (Enter dates as mm/dd/yy:)

|                                     |                   |                 |
|-------------------------------------|-------------------|-----------------|
| Engineering/Design                  | Begin date: _____ | End Date: _____ |
| Right-of-way/Easement Acquisition   | Begin date: _____ | End Date: _____ |
| Bid Advertisement and Award         | Begin date: _____ | End Date: _____ |
| Construction                        | Begin date: _____ | End Date: _____ |
| When Funds from DCTC will be needed | Begin date: _____ | End Date: _____ |

**SUPPLEMENTAL QUESTIONS**

Has your community adopted a Local Trail Plan? ☐ Yes ☐ No

Does your community have a Complete Streets policy or standards? ☐ Yes ☐ No

Are trails part of your community's zoning and development requirements? ☐ Yes ☐ No

Is there documented public support for the project? ☐ Yes ☐ No

Please explain:

Is there developer involvement in the project? ☐ Yes ☐ No

Please explain:

## ADDITIONAL

Please provide any additional information that you feel will be important for the committee to consider prior to making a decision to recommend funding for this project:

(i.e. copies of Local Trail Plan, Complete Streets info, zoning/development documentation, map showing connection to destination locations or other trails, impact on school zones, evidence of easements/right-of-way, proof of other public funding, legislation passed regarding this project, etc.)

## APPLICANT CERTIFICATION

The undersigned certifies: (1) he/she is legally authorized to request and accept financial assistance from Delaware County; (2) to the best of his/her knowledge and belief, all representations that are part of this application are true and correct; (3) all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and, (4) should the requested financial assistance be provided, the applicant will comply with all assurances required by Ohio law.

Certifying Representative: \_\_\_\_\_  
(Printed form, type or print Name and Title)

Original Signature / Date Signed: \_\_\_\_\_

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### DCTC Use Only

|                       |                      |                              |
|-----------------------|----------------------|------------------------------|
| Project # _____       | Population Proximity | Recommend Project: YES or NO |
| Date submitted: _____ | 1 miles: _____       | Amount funded: _____         |
| Date reviewed: _____  | 2 miles: _____       | BCC Resolution: _____        |