



**Delaware County  
Multi-Use Trail Assistance  
Application Deadline: June 16, 2023**

**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:	\$ _____	_____ %
<b>TOTAL ESTIMATED COST:</b>	<b>\$ _____</b>	

**Project Financial Resources**

Local Revenues:	\$ _____	_____ %
Other Public Revenues:		
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
* DCTC Funding Requested:	\$ _____	_____ %
<b>TOTAL FINANCIAL RESOURCES:</b>	<b>\$ _____</b>	<b>_____ %</b>

must equal 100%

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

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 how the project will address equity or quality of life needs especially for the disadvantaged and/or underserved populations within your community:  
 (Such populations may include low-income, minorities, senior citizens, veterans, children, persons with mental/physical disabilities, college students or other groups unintentionally excluded from planning processes)

Please explain the Economic Opportunities 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: \_\_\_\_\_

Submit Applications to Delaware County Trail Committee c/o DCRPC  
109 N. Sandusky Street, P.O. Box 8006, Delaware, OH 43015

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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: \_\_\_\_\_