



Delaware County
Multi-Use Trail Assistance
Application Deadline: September 12, 2025

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:	\$ _____	_____ %

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
1610 State Route 521, P.O. Box 8006, Delaware, OH 43015

DCTC Use Only

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