



**Delaware County
Multi-Use Trail Assistance
Application Deadline: October 1, 2026**

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: \$ _____ (*) - no more than 50% of Total

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: _____