



Connecticut
Department of Energy &
Environmental Protection

Connecticut Recreational Trails Program Grant Information and Application

(For any State funds that may become available in 2025-26)

Deadline for Submission is December 18, 2025

Print or type unless otherwise noted.

Part I: General Information

Project Title:

Estimated Total Project Cost: \$ (include labor)

Total Amount Requested: \$ (up to 80% of total project cost)

Project Proposal Type (check all appropriate boxes):

☐ Planning/Design ☐ Construction ☐ Maintenance ☐ Acquisition ☐ Education
☐ Equipment ☐ Amenities ☐ Publications ☐ Outreach

Part II: Applicant Information

1. Applicant Information:

Name:

Title:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Email:

2. Chief Executive Officer:

Name:

Title:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Email:

Part II: Applicant Information (continued)

3. Grant Administrator:

Name:

Title:

Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Email:

4. Organization or Municipality's Tax ID (FEIN) Number:

5. Legal name of your Organization (<https://www.concord-sots.ct.gov/CONCORD/>) or Municipality (<https://portal.ct.gov/>):6. State Legislative District (<https://cga.ct.gov/>):

7. Property owner information, if different than applicant:

Name:

Title:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Email:

Note: If the applicant is not the property owner, permission for public recreational access must be documented. Include such documentation as **Attachment A**.

Part III: Project Information1. **Project Description - Attachment B (See Application Guidelines for information that must be included):**

- Reference Maps included in **Attachment C** as appropriate.
- If you are proposing an Educational Project, Project Description should provide project overview, with focus on guiding questions of the "Educational Project Supplemental Application" (DEEP-TRAILS-APP-001A) as **Attachment H**.

Part III: Project Information (continued)**2. Project Maps. – Attachment C (See Application Guidelines for information that must be included)****3. Grant Selection Criteria.** Per the Application Guidelines check the Yes or No box as applicable and provide details as specified.**Yes No**

- ☐ ☐ This project serves an CT DECD listed Distressed Municipality.
- ☐ ☐ This project connects to publicly available trail(s) on state, municipal or land trust owned land. (Please note in Project Description if property has been acquired through OSWA).
- ☐ ☐ This project is part of a CT Greenways Council designated Greenway.

If Yes, provide the name of the Greenway:

- ☐ ☐ This project will connect schools, downtown, public spaces for a community within urban or rural areas (as defined by CTDOT), or tribal land, that have limited access to trails and outdoor recreation opportunities within a 10-minute (1/2 mile) walk in urban areas, and 10-mile drive in rural areas.
- ☐ ☐ This project is included in a local and/or regional plan or addresses a goal of the Statewide Comprehensive Outdoor Recreation Plan (SCORP). Copies of relevant excerpts will be required if your application is selected. Please do not send them in advance.
- ☐ ☐ This project provides new opportunities where none previously existed, where input from the underserved community was part of the planning process and indications are strong that they will benefit from the resource.
- ☐ ☐ This organization has had projects funded or has a current active grant through DEEP's Federal or State Recreational Trails Program.

If Yes, provide and title, date, and status of these grants:

- ☐ ☐ This project is the Next Phase of a project previously **completed** (no outstanding grant balance) and funded by DEEP's Federal or State Recreational Trails Program.
- ☐ ☐ This project is receiving funding from other State or Federal agencies.

If Yes, provide source of funding:

- ☐ ☐ This project develops or incorporates innovative technology or approaches that can be applied to other properties or resources.

Part III: Project Information (continued)

4. Site Suitability:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The project is located in a Federal Emergency Management Agency (FEMA) floodzone. |
| <input type="checkbox"/> | <input type="checkbox"/> | The project is within an Aquifer Protection Area. |
| <input type="checkbox"/> | <input type="checkbox"/> | The project lies within an area identified by the CT DEEP Natural Diversity Data Base as possibly containing endangered species. |
| <input type="checkbox"/> | <input type="checkbox"/> | The project may impact significant historical or archaeological sites. |
| <input type="checkbox"/> | <input type="checkbox"/> | The project is within the coastal area. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there reserved rights/restrictions or environmental intrusions (power lines, dumps, factories, roads, etc.) on or in close proximity to the trail? |

If Yes, please give details:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The property through which the trail will pass is suspected of containing hazardous and/or contaminated materials. What has been done to screen for these materials? |
|--------------------------|--------------------------|--|

If Yes, please give details:

Part III: Project Information (continued)

5. Site Accessibility and User Group Information:

- a) Will your trail serve any elderly housing projects, housing authority (public housing), underserved communities, affordable housing developments, or low or very low-income areas or neighborhoods?

☐ Yes ☐ No

Please describe the methods or means by which these user groups will access the site.

- b) Will this trail be multi-use or single-use? To be considered multi-use the trail must allow two (2) or more of the following four user group categories: foot-travel (hike, ski, roller blade, etc.), bicycle/mountain bike, equestrian, and motorized.

☐ Yes ☐ No

- c) List the user group or groups that would be utilizing this trail? Provide some indication of use intensity expected (i.e. user/week).

- d) To what degree will this project provide accessibility to people who have disabilities?

6. Public Participation:

- a) Please describe how public participation at the local level was or will be included in planning this project.

7. Letters of Support: Attachment D Letters demonstrating support for your project are welcomed digitally or hard copy.

Part III: Project Information (continued)

8. **Scope of work:** You will be granted 3 years to complete your project. Provide your "Project Tasks, Subtask identification and deliverables, and Timeline," as **Attachment E** in a table format as shown below.

**Per CGS 23-103(c) Trail Publications referencing specific bikeways, pedestrian walkways, greenways, or multi-use trails.*

<i>Project Tasks and Anticipated Completion Timeline</i>			
Tasks	Project Task Types	Project Subtasks	Timeline
Task A	Planning		
Task B	Design		
Task C	Land Acquisition		
Task D	Construction		
Task E	Maintenance		
Task F	Trail Publications*		

Part III: Project Information (continued)

9. **Project Cost Estimates:** Provide an itemized project cost breakdown as **Attachment F**. Describe the means by which said cost was derived. List any engineers, appraisers, contractors or manufacturers that were consulted. Use the following table format shown below:

Name of Applicant	
Project Cost Estimates	
Item (should correspond to your scope of work and may have more detail)	Cost
Task A –	
Task B –	
Task C –	
Task D –	
Task E –	
Task F –	
TOTAL Project Costs	\$
Match ($\geq 20\%$ of total project costs.)	\$
Grant Amount ($\leq 80\%$ of total project costs)	\$

Part IV: Supporting Documents

Please check the attachments submitted as verification that *all* applicable attachments have been submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g. Attachment A, etc.) and be sure to include the applicant's name.

- ☐ **Attachment A:** If the applicant is not the property owner, provide documentation of your permission for public recreational access. If the property was acquired through OSWA or has other Conservation Easements provide easement language.
- ☐ **Attachment B:** Project Description as described in Part III, item 1 of this application.
- ☐ **Attachment C:** Project location map(s) - Provide map(s) and detailed site plan as described in Part III, item 1 of this application.
- ☐ **Attachment D:** Letters of Support - provide project tasks as a described in Part III, item 7 of this application.
- ☐ **Attachment E:** Scope of Work - provide project tasks as a described in Part III, item 8 of this application.
- ☐ **Attachment F:** Project Cost Estimates - provide budget information as described in Part III, item 9 of this application.
- ☐ **Attachment G:** Provide Maintenance Plan as described in Part III, item 10 of this application.
- ☐ **Attachment H:** "Educational Project Application Supplement" (use form provided).

Part V: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the applicant must sign this part.

An application will be considered incomplete unless all required signatures are provided.

[If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.]

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)

Submission and Deadline: Proposals must be received by **December 18, 2025**.

Email is preferred, DEEP.CTTrails@ct.gov CC: kimberly.bradley@ct.gov

OR

Mail reports **on a CD** or other electronic storage device as appropriate to:

Kimberly Bradley, Trails & Greenways Program Coordinator
Department of Energy and Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

Attachment H: Educational Project Application Supplement

Print or type responses to items 1 through 5, unless otherwise noted. This supplemental application must be completed and submitted with a completed ***Recreational Trails Program Application*** (DEEP-CRTP-APP-002) for those proposing an educational project.

Supplemental Project Information

Applicant Name:

1. **Need for Proposed Education:** Why are you proposing this educational project and how did you determine the need for this educational program.

2. **Target Audience:** Describe your target audience. Will you reach a local, regional, statewide or national audience?

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

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