

**State of California – The Resources Agency  
DEPARTMENT OF PARKS AND RECREATION**

**RECREATIONAL TRAILS PROGRAM APPLICATION *Non-Motorized Project***

*(Each site shall be considered a Project. Each Project must have its own Application.)*

PROJECT NAME	Grant Request Amount      \$ _____
PROJECT TYPE <i>Non-Motorized Project</i> (Check 1 box only) Acquisition <input type="checkbox"/> Development <input type="checkbox"/>	Required Match Amount      \$ _____ TOTAL PROJECT COST      \$ _____
APPLICANT ( <i>Agency name, address, and zip code</i> )	COUNTY                                      NEAREST CITY
APPLICANT'S REPRESENTATIVE AUTHORIZED IN RESOLUTION	PROJECT ADDRESS (including zip code)
Name ( <i>typed or printed</i> ) and Title	Email address                                      Phone
PERSON with DAY-TO-DAY RESPONSIBILITY for ADMINISTRATION of the GRANT ( <i>if different from Authorized Representative</i> )	
Name ( <i>typed or printed</i> ) and Title	Email address                                      Phone
GRANT SCOPE: ( <i>Items of work to be completed with RTP Funds and the required Match amount. Do not include Project merits.</i> )	
For Development Project, Land Tenure is _____ acres _____ Acres owned in fee simple by Applicant Recordation Number(s): _____ _____ Acres available under a _____ year lease Acres of other interest ( <i>explain</i> ) _____	For Acquisition Projects, Project Land will be _____ acres _____ Acres to be acquired in fee simple by Applicant _____ Acres to be acquired in other than fee simple ( <i>explain</i> ) _____

Project End Date: \_\_\_\_\_

I certify that the information contained in this Application, including required attachments, is accurate.

Signed \_\_\_\_\_  
Authorized Representative as shown in Resolution

Print Name and Title: \_\_\_\_\_

\_\_\_\_\_ Date Signed