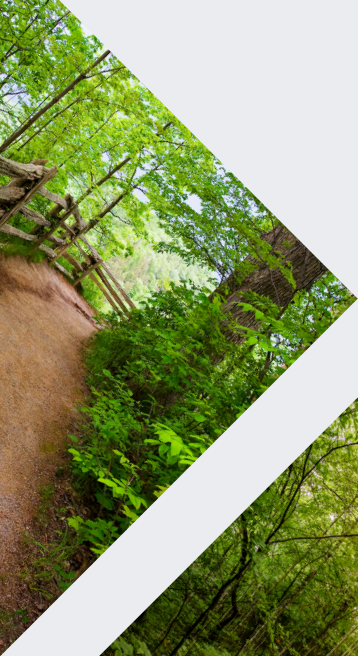GEORGIA
DEPARTMENT OF NATURAL RESOURCES

2025–2026 RECREATIONAL TRAILS PROGRAM NONMOTORIZED

PRE-APPLICATION
EXAMPLE

Georgia Recreational Trails Program

**Upload all documents as PDF only

Applicant Organization *

[   ]

Applicant Organization's Address *

[   ]

City *

[   ]

State *

[Georgia   ▾]

Zip *

[   ]

Federal Employer Identification Number *

[   ]

The IRS provides an overview of FEIN at https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online for more information.

System for Award Management SAM Number *

[   ]

SAM numbers are required for federally funded grants. A SAM number is a unique 12 -character alphanumeric code. Visit SAM.gov.

Applicant Type (check one) *
○ Qualified Local Government
○ State Agency
○ Federal Agency

Main Point of Contact *

[   ]

The individual representing your agency from now until Trail Completion. The person should not change, if possible. May be grant writer, project manager, or another person.

Phone for Main Contact *

[   ]

Email Address for Main Contact *

[   ]

Applicant's Chief Elected Official, Director, or President *

[   ]

Phone for Chief Elected Official, Director, or President *

[   ]

Email for Chief Elected Official, Director, or President *

[   ]

Additional Contact(s): Please include phone number(s) and email

[   ]

Include the representative's name and seat number

Congressional Representative Name & District Number *

[   ]

State Senate Representative Name & District Number *

[   ]

State House Representative Name & District Number *

[   ]

Letter authorizating the grant application on official letterhead signed by the chief elected official. This letter must also include: (1) acknowledgement that this is a reimbursement grant; (2) grant term cannot exceed 24 months; (3) applicant expressly commits to the percentage of match throughout the application. *

[**+** Select a file] [   ] ❓

Project Information

Project Title *

Trail Site Address *

City *

State *

Georgia ⌄

Zip *

County or counties where the trail will be located *

Ownership Requirement: Upload deed(s), lease(s) and/or easement(s) for all parcels of the property for proposed trail project. *

✚ Select a file   ❓

Upload plat/parcel map(s) with legal description of all parcels for the property of proposed trail project

✚ Select a file   ❓

Project Narrative - Provide an general overview of your proposed project. *

Word Count: 0 / 250

Primary Trail Users (check all that apply) *

☐ Pedestrians (hike, walk, &/or run; & wheelchair)
☐ Bicycles
☐ Equestrians
☐ Water Trail (canoe & kayak access along an established water trail)
☐ other

Total Project Cost *

$

Funds Requested *

$

Your Match Commitment

$ 0.00

Percent (%) Matching Funds Calculation

If you do not have the documents as listed. Upload a copy of the letter(s) from a willing seller of the land owner. If the land is to be leased, upload a letter from the lessor

Criteria

Criterion #1 - Project Scope (30 points)

Does your proposed project fit one of the following categories? *

◉ Recreational Trail

○ Acquisition

a) Describe your project. Include the scope of your trail. Include all elements of the proposed project. Explain why you are building this trail. How will this proposed trail enhance access and recreation? *

[text area]

Word Count: **0 / 500**

b) Upload the site plan. *

A site plan is a diagram or map showing the planned trail, along with all trail elements and any relevant landscape, topography, structures, or other features. May be professionally prepared or informally prepared at this stage.

+ Select a file [   ] ❷

Photos of the site with photo key. *

+ Select a file [   ] ❷

Project Location Map with sufficent detail for visiting the site. *

+ Select a file [   ] ❷

Criterion #2 - Project Planning (20 points)

a) Describe your project planning to date. How do you plan to complete the work? What permits will be needed and what permits have already been obtained? *

[text area]

Word Count: **0 / 300**

b) Upload the DNR Implementation Schedule Form *

The Proposed Project Implementation form can be found at https://gadnr.org/sites/default/files/Proposed_Project_Implementation_Schedule.docx for your use.

+ Select a file [   ] ❷

c) Upload the DNR Cost Estimate Form *

Cost Estimate form can be found at https://gadnr.org/sites/default/files/Cost_Estimate_Form_2023.xlsx for your use.

+ Select a file [   ] ❷

Upload, as a single document, all documents you have related to the acquisition. Documents may include, appraisals, title reports, and or environmental assessments.

+ Select a file [   ] ❷

Criterion #3 - Statewide Trail Needs (30 points)

a) Does your trail fit into one of the following categories? *

- ⦿ Water Trail Access
- ○ Development of New Trail
- ○ Rehabilitation to an existing trail
- ○ Need for more trail connection to different communities.
- ○ None of the Above

Will this project provide one or more new public access points for established water trails?

- ○ yes
- ○ no
- ○ unsure

Have specific environmentally responsible considerations been made in planning for the water trail access facilities?

- ○ yes
- ○ no
- ○ unsure

b) Will this trail provide new signage at the trailhead(s) and/or along the trail or water trail? *

- ○ yes
- ○ no

Criterion #4 - Accessibility (10 points)

b) Will this trail exceed minimum accessibility expectations under the ADA requirement? *

- ⦿ yes
- ○ no

Describe how this trail will exceed minimum accessibility expectations under the ADA requirement.

[   ]

Word Count: 0 / 200

Does the existing or proposed trail project in accordance to the requirements of ABA Chapter 10, section 1017.

- ○ Yes
- ⦿ No

Describe what existing trail or portion of the proposed trail that will be in compliant with the ADA requirements.

[   ]

Criterion #5 - Trail Maintenance (30 points)

a) Does your agency have an approved Trail Maintenance Plan? *

- ○ yes
- ○ no

b) Do you have dedicated funding for ongoing trail maintenance? *

- ○ yes
- ○ no

Criterion #6 - Local Support and Regional Needs (10 points)

Has this existing trail or trail system been identified in an adopted regional or local planning document? Examples may include comprehensive plan, recreation master plan, a county or regional master plan, a trail system plan, a capital improvements plan, or a land use/management plan adopted by the relevant authority. *

- ○ yes
- ○ no

Criterion #7 - Demonstration of Public Financial Support (10 points)

Does this project have financial support from beyond your government in the form of cash commitments and/or in-kind pledges of materials, professional services, and/or volunteer hours? *

- ○ yes
- ○ no

Criterion #8 - Economic Development Opportunities (10 points)

What specific economic benefits can your community gain from this trail project?

[text box]

Word Count: 0 / 200

Do you need space to upload document(s) related to economic development? *

○ yes

○ no

Criterion #9 - Leverage of Grant Funds (20 points)

The RTP Program requires that grantees pay at least 20% of the total project cost. Additional points are awarded for applicants who commit to more than 20% project match. What match does the agency agree to for this proposed trail project. *

○ 0%-19.99%

○ 20%-20.99%

○ 21%-29.99%

○ 30%-39.99%

○ 40%-49.99%

○ 50% or greater

Criterion #10 - Recent RTP Grants (20 points)

Has your agency received a RTP grant in the past ten years? *

If you are unsure whether or agency has received grant funding for GADNR for Motorized Trails in the past ten years, feel free to contact a Grants Specialist.

○ yes

○ no

○ unsure

Criterion #11 - Other Criteria (10 points)

a) What surface or surfaces will be applied to your proposed trail project? *

[text box]

Word Count: 0 / 100

Include the type of surface used in relation to pervious and semi-pervious.

Trail surfaces that are finished with a pervious or semi-pervious surface reduce rainwater runoff and receive additional consideration. Include all trail surfaces you will use in this space.

b) Will your trail project be completed by a Youth Service and Conservation Corps? *

○ yes

○ no

Additional Uploads

Supporting Material if needed (pictures, examples, drawings, letter of support, etc.)

+ Select a file [   ] ❷

Additional Supporting Material if needed (pictures, examples, drawings, letter of support, etc.)

+ Select a file [   ] ❷

Additional Supporting Material if needed (pictures, examples, drawings, letter of support, etc.)

+ Select a file [   ] ❷

CERTIFICATION: The applicant certifies that the data contained in the attached application is true and correct; the application has been duly authorized; and, the applicant understands that any incorrect or incomplete information may cause the application to be rejected.

By typing your name below, serves as your electronic signature. *

[text box]

Title *

[text box]

GEORGIA

DEPARTMENT OF NATURAL RESOURCES

CONTACT US

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