

**Application to the Vermont Trails System**

**Trail Name:** \_\_\_\_\_

**Starting & End Points:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Length in Miles:** \_\_\_\_\_

**Date Trail Completed:** \_\_\_\_\_

**Please mark all trail uses that apply:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hiking            | <input type="checkbox"/> Equestrian           | <input type="checkbox"/> Snowmobiling            |
| <input type="checkbox"/> Running/Walking   | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> All Terrain Vehicles    |
| <input type="checkbox"/> Biking            | <input type="checkbox"/> Snowshoeing          | <input type="checkbox"/> Off Highway Motorcycles |
| <input type="checkbox"/> Accessible Access | <input type="checkbox"/> Water Trail          | <input type="checkbox"/> Multi-Use _____         |
| <input type="checkbox"/> In-line Skating   | <input type="checkbox"/> Community Rec. Path  | <input type="checkbox"/> Education/Interpretive  |
|  |   | <input type="checkbox"/> Other _____             |

**Trail Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**ADA Compliant: (If applicable, please describe how this trail complies with the Americans with Disabilities Act)**

\_\_\_\_\_

\_\_\_\_\_

**Land Ownership (Please check all that apply):**

- Trail Crosses Private Land (owned by a private landowner or non-profit organization)
- Trail Crosses Public Land (owned by a public entity)
- Trail Crosses Privately Owned Land with Public Easement (in whole or part)

*Please note: Applicants must receive and retain written permission from private landowners. See certification statement below.*

To aid in the application review process please answer the following questions briefly and legibly on a separate piece of paper.

- 1) Please describe how this trail is consistent with the statewide goals, objectives or priorities identified in the Vermont Trails and Greenways Plan (see SCORP – Statewide Comprehensive Recreation Plan Chapter 4, 2005-2009).**
- 2) Explain the trail's local, regional or statewide significance, including transportation alternatives.**
- 3) State this trail's local, regional, or statewide significance. To what extent does the trail presently provide linkage (or lead to future linkage) to other trails, bicycle-pedestrian paths, community centers, scenic corridors, or other natural, cultural, historical and recreational areas?**
- 4) What degree of public support is evident for this trail? Please provide at least two letters of support.**
- 5) Who is responsible for managing and maintaining the trail? Please describe the long-term maintenance plan for this trail. (Labor, materials, timeline and how it will be funded.)**
- 6) Please describe how the trail will further the education, safety awareness and/or environmental stewardship of public users of the trail.**
- 7) Please list any other considerations that may aid in the application review process.**

#### **Maps**

Please include a detailed map of your trail along with any descriptive literature. Please use color topographical maps whenever possible. Maps should be clearly labeled and show GPS coordinates if possible. Be sure your map is clear enough to locate the trail or trailhead and to navigate the trail itself, and be placed on a web site if approved.

#### **Certification Statement**

I certify that the above information is true and valid. I also certify that I have obtained and retained written landowner permission from private landowners or, in the case of publicly owned lands, a letter of support from the relevant public agency responsible for managing the lands in question, and the necessary permissions from all affected landowners to use and maintain this trail in accordance with 10 VSA Section 444. I also certify that all applicable state, local, or other laws and regulations have been complied with.

\_\_\_\_\_  
**Authorized Representative's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Authorized Representative**

**Contact Information:**

Applicant's Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone/Email \_\_\_\_\_

Trail Managing Organization  
(if different from above) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_