

COMMUNITY WINTER TRAILS PROGRAM

APPLICATION FOR FUNDS

Applicant Information

Name of entity applying for funds: _____

Office address: _____

City: _____

Contact person and title: _____

Phone: _____ Fax: _____

Email: _____

Co-Applicant Information (if applicable)

Name of co-applicant: _____

Office address: _____

City: _____

Contact person and title: _____

Phone: _____ Fax: _____

Email: _____

Project Information

What type of trail?

☐ Connects communities ☐ Connects community to public road system ☐ Connects community to public resource

Describe the locations connected by the trail (names of communities, roads, landmarks, resource).

What is the approximate length of the trail in miles? _____

Describe the terrain (forested, open tundra, river, ocean, lake, etc.) and approximate miles in each terraintype.

Safety Information

Describe any documented safety incidents, concerns, or challenges related to this trail. For example, has anyone been lost or hurt on the trail? What weather conditions make travel especially challenging? Does the terrain make the trail difficult to follow?

On the trail map you are required to submit with this application, please mark areas of safety concern.

Community Contributions

Name all the owners of property that the trail crosses. If possible, please attach authorization or rights-of-entry from property owners.

Will the applicant or co-applicant contribute a donation of money or in-kind services (employee time, equipment, etc.)? Please describe.

Is the applicant willing to contribute to DOT&PF's winter trail inventory by taking a location inventory with a GPS unit, communicating trail changes to DOT&PF, and providing other requested information? ☐ Yes ☐ No

Administrative Contributions

Does the applicant or co-applicant have an existing trail marking program? ☐ Yes ☐ No

If so, please describe the existing program.

Does the applicant or co-applicant have staff available to complete activities associated with an environmental document, land use authorizations, rights-of-entry, financial reporting, and close out reporting? ☐ Yes ☐ No

Describe resources and staff available.

Budget Information

Approximate length of trail in miles: _____

Average distance between markers: _____

Marker type(s), if different than markers described in handbook:

Materials costs, including freight: _____

Cost of labor to install trail markers (number of employees, number of hours, wages):

Equipment costs: _____

Other expenses (please describe):

Total funding request: _____

Additional Information

Please include as many of the following documents with your application as are available:

- ☐ Map of trail location (required)
- ☐ Location of public shelter cabins (noted on map)
- ☐ Points of interest or problem areas (noted on map)
- ☐ Avoidance areas (noted on map, if applicable)
- ☐ Authorization or rights-of-entry from property owners (if available)
- ☐ Digital GPS logs (if available)

Submission Information

Please submit your completed application, including backup documentation, via email, or mail. Email:

dot.wintertrails@alaska.gov

Mail: Alaska Department of
Transportation and Public Facilities
Community Winter Trail Marking
550 West 7th Avenue, Ste 295
Anchorage, AK 99501

DOT&PF accepts applications for the Winter Trail Marking Program continuously all year. Grants will be awarded as funding becomes available. For more information about the program or questions about the application, please email us at dot.wintertrails@alaska.gov.