Michigan's Iron Belle Trail

2020 IRON BELLE Challenge Grant PROJECT PROPOSAL

Focus of the challenge grant program is on trail segments prepared to go into construction in 2020, continued support of the engineering & design and purchase of Iron Belle Trail signage. THIS IS A REIMBURSEMENT GRANT PROGRAM AND MATCH IS REQUIRED AT LEAST 100% OF AMOUNT GRANTED

MICHIGAN'S IRON BELLE TRAIL FUNDING CRITERIA:

- All projects must match challenge grant with private funds at al least a 60% private/ 40% public ratio
- All projects will meet Americans with Disabilities Act access requirements
- All projects on the bicycle route will use AASHTO design standards (Reduced width may be allowed on a case by case basis)
- Applicants/Co-Applicants are **units of government**, established **trail authority,** or eligible **non-profit** on the Iron Belle Routes
- Trail segment is on the proposed trail route (Iron Belle Map: www.michigan.gov/ironbelle)
- Applicants will have site control (after planning, if route is being determined) and will be the manager of the trail segment
- Successful applicants will be asked to obtain a SIGMA vendor ID number

ELIGIBLE SCOPE ITEMS: Engineering/Design Assistance, Development Costs and Trail Signage

Applicant Organization/Co-Applicants: _____

Project Contact:_____**Phone#:** _____ **E-mail:**_____

SIGMA Vendor ID (If already registered) #:_____ **Federal ID #:**_____

PROJECT LOCATION (Attach Project Location Map):
County:_____ **Township:**_____

Description of Project Location (cross streets, etc.):_____

PROJECT NAME and TYPE (design/construction/signage):_____
Provide a brief description of the project being proposed (attach additional sheets if necessary):

_____

_____

PROJECT SITE CONTROL:
Applicants Interest in the project site is/will be: ____ **Fee Simple** _____**Easement** ____**Lease** ____ **Agreement**

Other- Describe: _____

PROJECT COST ESTIMATE:

Project Element	Cost	Project Element	Cost

TOTAL PROJECT COST_____ **CHALLENGE GRANT AMOUNT REQUESTED**_____

PROJECT MATCH: _____/_____ **SOURCE:** _____
(Funds, In-kind services (type/value))

Return completed form and project map to:

Dakota Hewlett
hewlettd@michigan.gov
517-284-6082

DNR OFFICE USE ONLY:
Date Received_____ Community MOU on file_____
Received Funding in the Past_____