

APPLICANT INFORMATION							
Name of organization						Type of organization Unit of Government Non-Prof	it
Address of organization (number and street, city, state, and ZIP code)							
Name of primary contact person				Title of primary contact persor			
Telephone number ()			E-mail address				
			PRO	IECT IN	FORMATION		
Name of project					TORMATION	Significance Local Regional	
Brief description of project							
Project Location							
County (Counties) Cities / towns / townships (if				rural)	Is this project part of an existing local or regional plan'	? No	
Name(s) of trail(s) (if any) this project will connect to, or extend							
Is project offered in collaboration with another Next Level Trails applicant? If yes, nat					me of Collaborative applicant		
Project Summary							
Total miles this proje		Type of trail u	se <i>(check all that ap</i> Pedestrian	pply) Bike	☐ Equestrian ☐	Other:	_
Type of trail surface (check all that apply) Pavement type: ADA Compliant Crushed Stone Natural Other:							_
Land acquisition? (check one) Trail corridor real estate rights held by applic ☐ Yes No ☐ Owned fee simple Ease					Estimated completion date (month, year)		
				FUN	DING		
Cost Estimate							
Туре				Estimate			
Design and Engineering (if applicable)							
Land Value (if applicable)							
Fee Simple							
Easement							
Trail Construction Total Project Cos							
Match	J.						
Type					Value	Name of Partner (if applicable)
Total Match Valu							
Total Match Valu	Ie e						
		ram minimun	n of 20% match.)				
	ie ch (Must meet prog	ram minimun	n of 20% match.)				
	ch (Must meet prog	ram minimun	n of 20% match.)				
Percentage Mato	ch (Must meet prog						
Percentage Mato	ch (Must meet progr T REQUESTED knowledge, information				ne applicant will comply with a	all conditions of the program if funding is approved Date (month, day, year)	