#### Sample form, not for offline completion.

Visit <a href="https://hrvg.grantplatform.com">https://hrvg.grantplatform.com</a> to apply.

# Trail Grant Program

DO NOT CHOOSE: THIS GRANT APPLICATION IS NOT OPEN, APPLICATIONS WILL BE DELETED

#### Grant Start Here

- Pick a unique name for your application. Best practice for names would include a partial organization name and the year of the application. (e.g., "ABC Land Trust XYZ Trail Construction 2025")
- All questions must be answered unless marked optional.
- Grant guidelines to help you in filling out an application are available for download on the Greenway website.
- You will need to <u>download the Grant Application Budget Form from our website</u>, fill it out, and submit to the proper tab.

# You must click the Submit button in order for your application to be sent to us and considered for funding.

| Project/Event Name |  |
|--------------------|--|
|                    |  |

### **Start Here**

| To discuss your project application or for questions about this form, please contact us by   |
|--|
| <u>email</u>   |
| or call 518-473-3835.  |
| I confirm that I meet the eligibility criteria for this grant and that my organization does not currently have an open grant in the selected category. |
| My project is located within the boundaries of the Greenway area (for Community/Compact Planning Grants, and Land/Water Trai                           |

My project is located within the boundaries of the Greenway area (for Community/Compact Planning Grants, and Land/Water Trail Grants) or the NHA area (for Sponsorships and Heritage Development Grants).

See the <u>Greenway Map</u> for Greenway boundaries and the <u>NHA Map</u> for National Heritage Area boundaries.

Before proceeding with an application, please see the goals of the specific grant program, the funding priorities and **specific evaluation guidelines** for the project category, as described in the <u>Grant Guidelines</u> document in the Grant Application Files section of the linked page. Also please review the five <u>Greenway Criteria</u>.

#### **BUTTON INSTRUCTIONS**

When you are applying for funding, the form is an **Application**. When you have received funding, the form becomes a **Grant** (even for **Event Sponsorships**). The online program generally calls everything an application, but once your grant has been awarded treat it as a grant as described below.

#### For Applications and Grants

The **Save and next** button saves your work and allows you to enter information on another tab.

The Save and close button saves your work and close the application/grant, without submitting it to HRVG

The **Preview** button allows you to review all of your work at once.

#### For Applications ONLY

The **Click here to submit your application to HRVG** button submits your application for review by HRVG. *Once selected you may no longer make changes to your application.* 

#### For Grants ONLY

The **Click here to send your Grant documents and requests to HRVG** button submits your Grant requests to HRVG. *Once selected you may no longer make changes to your grant until HRVG staff returns the grant to you for more work.* 

Enter applicant organization information here.

All questions must be answered unless marked optional.

# **Grant Applicant Info**

| Applicant Organization  |  |
|---|--|
|   |  |
| Name of the organization that is applying for the grant or event. |  |
| Applicant Org Address   |  |
|   |  |
| Enter the street address or PO Box, up to two lines               |  |
| Applicant Org City  |  |
|   |  |
| Enter the city in your mailing address                            |  |
| Applicant Org State   |  |
|   |  |
| Enter the state in your mailing address                           |  |
| Applicant Org Zip Code  |  |
|   |  |
| Enter you mailing address zip code                                |  |

| Project or Event Applicant Org County  |
|--|
|  |
| County where the organization is located.  |
| If the organization is not located in the Greenway/National Heritage Area, enter the county the project is located in. |
| Type of Organization   |
|  |
| ○ 501(c)(3) Non-Profit   |
| Is your organization a municipality or a 501(c)(3) corporation?  |
| Note: Community and Compact Planning grants may only be awarded to Municipalities.                                     |
| Are there any Co-Applicants? (optional)  |
| ☐ Yes  |
| Are you partnering with any other organizations on this application  |
| Applicant interest in property   |
|  |
| What is the applicant's interest in the property on which the project will take place? Own, lease, easement, etc.      |
| Federal Tax ID Number  |
|  |
| Enter the TIN or Employer Identification Number for the organization that is applying for the grant.                   |
| Please provide a list of the Letters of Support you are attaching (optional)   |
|  |
| List the submitting entity or person for each letter.  |
| Please attach all letters of support here as PDF or JPEG files. (optional)   |
| All letters must be combined into a single PDF file.   |
|  |

Enter Project Information here.

All questions must be answered unless marked optional.

## **Grant Guidelines**

Please be sure to download and review the the grant guidelines in the program that you are applying and address the Evaluation Criteria in your application.

# **Project Information**

| Regional or Intermunicipal Project/Event  |
|---|
| Yes   |
| □ No  |
| Project County/Counties   |
| Albany  |
| The Bronx   |
| Columbia Columbia   |
| Dutchess  |
| ☐ Greene  |
| New York  |
| ☐ Orange  |
| Putnam  |
| Rensselaer  |
| Rockland  |
|   |
| Check all counties in which the project will occur. Note Bronx, New York, Saratoga and Washington are not eligible for Heritage<br>Development Grants or Sponsorships |
| Project Municipalities  |
|   |
| List all municipalities in which the project or event will be completed/held.   |
| Please specify City/Town/Village  |
|   |
| Project Site Address  |
|   |
| Please provide the physical site address or description of the property location for the project/event. If no such address yet exists, use the applicant's address.   |
| Project Site City   |
|   |
| Please provide the physical site city or cities for the project/event.  |
| Project Site State 2 characters   |
|   |
| Must be NY.   |
| Project Site Zip Code   |
|   |
| This is for the project location, not the applicant address, if different.  |

| Project Summary   | 50 words                       |
|---|--------------------------------|
|   |                                |
| Please provide a short summary of the project.  |                                |
| You will be able to provide a longer project narrative later in the application.  |                                |
| Project Sustainability  | 200 words                      |
| Describe how this project or program will be sustained after the expenditure of this grant funding.   |                                |
| Project Diversity   | 200 words                      |
| Please describe how the project will address issues of diversity and inclusion, such as providing multi-lin programming to low-income and/or minority populations, or increasing access to recreational and other communities.  |                                |
| Project description   | 2000 words                     |
| Please describe the purpose of your project and the anticipated results upon project completion. Please addresses: the goals of this grant program, and the funding priorities and <b>specific evaluation guideline</b> described in the <u>Grant Guidelines</u> document in the Grant Application Files section of the linked page.  If you exceed the word limit you will not be able to submit your application. |                                |
| Please combine all supporting documents (photographs, maps, renderings, etc.) into a single for Maximum size is 25 MB. PDF files only.  | file for uploading. (optional) |
| Please combine all supporting documents (photographs, maps, renderings, etc.) into a single file for uplo   | oading.                        |
| Maximum size is 25 MB. PDF files only.  |                                |
| Senate District   |                                |
|   |                                |
| Please enter the NYS Senate District(s) in which the project is located.  |                                |
| <u>Determine your district</u> .  |                                |
| Assembly District   |                                |
| Please enter the NYS Assembly District(s) in which the project is located.  |                                |
| Determine your district.  |                                |

| Congressional District  |                       |
|---|-----------------------|
|   |                       |
| Please enter the US congressional District(s) in which the project is located.  |                       |
| <u>Determine your district</u> .  |                       |
| District Map Year (optional)  |                       |
|   |                       |
| The current map year is 2024.   |                       |
| Consultant Name (optional)  |                       |
|   |                       |
| If you will be using a consultant and have already selected them, please provide the firm's name.   |                       |
| The Community Risk and Resiliency Act (CRRA) of 2014, along with the Smart Growth Public Infrastructure Policy Act prohibits New York State agencies from approving, undertaking, supporting, or funding public infrastructure projects unless the projects are consistent with mitigation of future physical risk from sealevel rise, storm surges, and flooding. Your participation in this grant program is pursuant to this requirement and you acknowledge that if your project is one that seeks to build physical infrastructure it will be consistent with the criteria listed. Full information on the CRRA can be found on the You must acknowledge this by checking the box in order to submit your application. | NYS<br>DEC<br>website |
| Does the project require a permit approval or funding from any governmental agency (federal, state or local)?   |                       |
| ○ Yes   |                       |
| ○ No  |                       |
| Does the project require a permit approval or funding from any other governmental agency (federal, state or local)?   |                       |
| All questions must be answered unless marked optional.  |                       |
| Trail Grant Questions   |                       |
| Trail connects to the Empire State Trail (optional)   |                       |
| Check this box only if the trail directly connects to an EXISTING segment of the Empire State Trail.  |                       |
| Greenway Criteria (optional)  |                       |
|   |                       |
| Please describe how your project addresses <b>one or more of the Greenway Criteria</b> :  |                       |

- 1. Natural and Cultural Resource Protection
- 2. Regional Planning
- 3. Economic Development
- 4. Public Access to the Hudson River and other natural and cultural resources
- 5. Heritage and Environmental Education

| Trail Grant Project Type  |               |
|---|---------------|
| Trail Construction  |               |
| Trail Planning or Design  |               |
| Trail Rehabilitation or Improvement   |               |
| Disaster Recovery and Reconstruction  |               |
| Choose only one. If not sure pick the one that best fits your project. See the <u>Grant Guidelines</u> for help.  |               |
| Intermunicipal/Partnership Projects (optional)  | 300 words     |
| Please indicate if your project involved multiple municipalities or partner organizations, and how they are participating   | g.            |
| Climate Change, Adaptation and Mitigation and Alternative Transportation (optional)   | 300 words     |
|   |               |
| Please describe, if applicable, how the project will reduce greenhouse gas emissions by providing an alternative form within or between communities, projects that are designed to adapt to or mitigate the projected impacts of climate chat provide non-motorized links to public transportation. |               |
| Planning Documentation (optional)   | 300 words     |
|   |               |
| Please describe the project's relationship to or inclusion in other Greenway, local, regional or statewide plans.   |               |
| Biodiversity Component (optional)   | 300 words     |
|   |               |
| Please describe how the project will preserve or enhance biodiversity, or that will increase knowledge of biodiversity a conservation, if applicable.   | nd/or habitat |
| Community Participation (optional)  | 300 words     |
|   |               |
| Please describe how the project will incorporate local community participation, through such avenues as volunteer lab outreach meetings, etc.   | oor, public   |
| ADA Compliance (optional)   | 300 words     |
|   |               |
| Please describe whether the project will be compliant with the Americans with Disabilities Act guidelines.  |               |
| Disadvantaged Communities (optional)  | 50 words      |
|   |               |
| Please indicate whether the project is located within or partially within a NYS Disadvantaged Community.  Please see: <u>Disadvantaged Communities Criteria</u>   |               |
| Regional Economic Development Councils (optional)   |               |
|   |               |
| Please describe how your project aligns with one or more goals and strategies identified by their respective Regional E   | Economic      |

Development Council. Please see: <a href="http://regionalcouncils.ny.gov">http://regionalcouncils.ny.gov</a>

| Greenway Compact Community (optional)   |
|---|
| ○ Yes   |
| ○ No  |
| Please indicate whether the project is located within a Greenway Compact Community. Please see: <a href="https://hudsongreenway.ny.gov/greenway-area-map">https://hudsongreenway.ny.gov/greenway-area-map</a> |
| SEQRA Status – Please select the appropriate action type  |
| Type 1  |
| Type 2  |
| ☐ Unlisted  |
| Upload SEQR File (optional)   |
| If you have completed SEQR for this project, upload the file here.  |
| PDF files only  |
| For further guidance, see <u>NYS DEC website</u> .  |
| If the project is a Type I or Unlisted Action, please attach the Environmental Assessment Form.   |
| If a Determination of Significance has been established, what was the determination? (optional)   |
|   |
| Maps (optional)   |
|   |
|   |



Please upload a map showing the location of the project, and the locations of any connecting trails. For multiple maps, please combine into one file.

Maximum file size is 25MB.

Enter a minimum of two contacts and a maximum of four. Be as complete as possible. Not all questions are required, e.g., if you only have one email only enter it once.

## **Contacts**

|   | Contact Info               | Grant Signatory | Lead contact | Alternate Contact 1 | Alternate Contact 2 |
|---|----------------------------|-----------------|--------------|---------------------|---------------------|
| 1   | Courtesy title<br>(Mr./Ms. |                 |              |                     |                     |
| 2   | First Name                 |                 |              |                     |                     |
| 3   | Middle Initial             |                 |              |                     |                     |
| 4   | Last Name                  |                 |              |                     | -                   |
| 5   | Job Title                  |                 |              |                     | -                   |
| 6   | Organization               |                 |              |                     | -                   |
| 7   | Street Address 1           |                 |              |                     |                     |
| 8   | Street Address 2           |                 |              |                     |                     |
| 9   | City                       |                 |              |                     | -                   |
| 10  | State                      |                 |              |                     | -                   |
| 11  | Zip Code                   |                 |              |                     | -                   |
| 12  | Phone 1                    |                 |              |                     |                     |
| 13  | Phone 2                    |                 |              |                     | -                   |
| 14  | Email 1                    |                 |              |                     |                     |
| 15  | Email 2                    |                 |              |                     | -                   |
| A minimum of 2 contacts is required for an application to be considered complete. |                            |                 |              |                     |                     |
| Website (optional)  |                            |                 |              |                     |                     |
|   |                            |                 |              |                     |                     |

Please enter your website. If you do not have a website, leave blank.

All questions must be answered unless marked optional.

# Timeline & Budget

Do not change this tab after project is awarded. Timeline changes (and extension requests) must be made on the "Grantee MOUs, Requests, Final Reports" tab.

Timeline Start Date

Enter the date you anticipate beginning your project.

This date may not be before the date the grant is awarded. See "My Applications" where you started the application process for more information on the anticipated award date.

| Timeline End Date   |  |   |            |                           |                                |
|---|--|---|------------|---------------------------|--------------------------------|
|   |  |   |            |                           |                                |
| Enter   | the date you anticipat                   | e completing your project.                            |            |                           |                                |
| Time  | eline Description and                    | Dates   |            |                           |                                |
|   | Task Name                                | Step Description                                      | Start Date | End Date                  | Notes                          |
| 1   | Task 1                                   |   |            |                           |                                |
| 2   | Task 2                                   |   |            |                           |                                |
| 3   | Task 3                                   |   |            |                           |                                |
| 4   | Task 4                                   |   |            |                           |                                |
| 5   | Task 5                                   |   |            |                           |                                |
| 6   | Task 6                                   |   |            |                           |                                |
| 7   | Task 7                                   |   |            |                           |                                |
| 8   | Task 8                                   |   |            |                           |                                |
| 9   | Task 9                                   |   |            |                           |                                |
| 10  | Task 10                                  |   |            |                           |                                |
|   |  | begin and end date of each quire about MOU start-date |            | needed. Tasks can not beg | in prior to award date, please |
|   | -  |   | <b>J.</b>  |                           |                                |
| Requ  | iested award amoun                       | t   |            |                           |                                |
|   |  |   |            |                           |                                |
|   | mum awards are as fol                    |   |            |                           |                                |
| Community Planning Grants: \$20,000 for projects with a single applicant, \$30,000 for intermunicipal projects (those with at least one co-applicant) |  |   |            |                           |                                |
| Compact Planning Grants: \$50,000 County Compact Updates: \$75,000 County Compact Creation: \$100,000   |  |   |            |                           |                                |
| Heritage Development Grants: \$7,500  |  |   |            |                           |                                |
| • Trai<br>• Trai<br>• Trai  |  |   |            |                           |                                |
| See p   | See program guidelines for full details. |   |            |                           |                                |

Please indicate amount of match that your municipality or organization will spend directly in your own funds. This will be detailed in the budget submitted the last field below. If none, enter 0.

Cash match

| In-kind match  |
|--|
|  |
| Please indicate the total amount of in-kind (volunteer and staff time) that will be contributed to the project. This will be detailed in the budget submitted in the next field. If none, enter 0. |
| Budget   |
| <b>单</b>   |
| Download the <u>Grant Application Budget Form</u> from the Greenway website.  Fill it out and then upload the budget form here as an Excel file, do not convert to PDF.                            |
| Signatory & Resolution   |
| Application Signatory Name   |
|  |
| The person who is authorized by the governing body to sign the application and, if awarded, the grant MOU.   |
| Application Signatory Title  |
|  |
| The signatory's position within the applicant organization.  |
| Signatory Address Block (optional)   |
|  |
| If the Application/MOU Signatory has a different address than the organization, enter the Signatory's full address here.   |
| If the addresses are the same, leave this blank.   |
| Signatory Phone  |
|  |
| Signatory email  |
|  |
| Application Signed Date (optional)   |
|  |
| The date the application is signed/submitted.  |
| Board Resolution is included   |
| Yes  |
| □ No   |
| Every applicant must upload a resolution authorizing the submission of this application. The resolution must come from the governing body (town board, city council, board of directors).          |

Check Yes if you have a resolution to upload now. Check no if the resolution will be coming after you submit your application.

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| I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal law.   |
|--|
| Grantee MOUs, Requests, Final Reports  |
| **This area is for use only after you are awarded a  |
| grant. Anything you upload here during the application   |
| process will not be seen by reviewers.   |
| Upload your MOU's, Extension Requests, Budget Change Requests, Final Reports, and other pertinent files in the upload area at the bottom of this page.   |
| Please combine individual files for each document into one file if it is under the maximum file size of 50MB. For example only submit one file for a Claim for Payment, containing the signed cover, in-kind match forms, receipts, etc. or a single document for Final Reports. PDF files are preferred.  |
| Signed and Notarized MOUs: Your MOU will be emailed to you after an award has been made, upload the signed and notarized MOU below.  Signed and Notarized Extensions: Once approved an MOU extension will be emailed to you, upload the signed and notarized Extension below.  Final reports: Once you have completed your grant, upload your Final Report below.  Timeline and Budget changes Go to the Timeline & Budget tab and revise the Timeline as needed and upload a new budget form. The budget form may be found at <a href="Greenway Grants">Greenway Grants</a> . |
| To request Payment, please click on the "Payments" tab.  The state of the "Payments" tab.  |
| Note: If you are submitting a request on both the 'Grantee MOUs, Requests, Final Reports' and 'Payments' tabs, please remember to fill out all sections and upload your documents to both tabs (hit  |
| after finishing each tab), then hit the resubmit at the bottom of the page when done with both. If you hit resubmit before<br>both tabs are complete, you will need to contact   |
| Greenway staff so they can reset your 'application' to resubmission required.  |
| Filename (optional)  |
|  |
|  |

| Notes to Applicant/Grantee (optional)  |
|--|
|  |
| Specific Communications to applicant/grantee will be found here.   |
| What are you submitting or requesting? (optional)  |
| Signed & notarized MOU   |
| Extension of time to complete your grant   |
| Signed & notarized extension   |
| Final report   |
| Budget change  |
| Revise Timeline  |
| Project rescope  |
| Return an Unused Grant   |
| Other Please choose as many selections as necessary. Once you have done so, follow the instructions to complete your submission or request.  |
| Extension, Budget Change, Rescope, or Returned Grant Justification (optional) 1000 words   |
| Please note: If you are requesting a budget change, change of scope, time extension, or revision of timeline, you MUST fill out the section "Extension, Budget Change, Rescope, or Returned Grant Justification." Please include the date of your request, and clearly state the reasons for the requested changes.  Revised Timeline and Budget Section |
| New Timeline Start Date (optional)   |
|  |
| Enter the date you anticipate beginning your project.  |
| This date may not be before the date the grant is awarded. See "My Applications" where you started the application process for more nformation on the anticipated award date.  |
| New Timeline End Date (optional)   |
| Enter the date you anticipate completing your project.   |

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New Timeline Description and Dates. Please include already completed tasks with month completed and tasks (optional) that have yet to be completed.

|    | Task Name | Step Description | Start Date | End Date | Notes |
|----|-----------|------------------|------------|----------|-------|
| 1  | Task 1    |                  |            |          |       |
| 2  | Task 2    |                  |            |          |       |
| 3  | Task 3    |                  |            |          |       |
| 4  | Task 4    |                  |            |          |       |
| 5  | Task 5    |                  |            |          |       |
| 6  | Task 6    |                  |            |          |       |
| 7  | Task 7    |                  |            |          |       |
| 8  | Task 8    |                  |            |          |       |
| 9  | Task 9    |                  |            |          |       |
| 10 | Task 10   |                  |            |          |       |

Enter up to 10 tasks and the begin and end date of each. Add brief notes as needed.

**Revised Budget Section (optional)** 



Download the <u>Grant Application Budget Form</u> from the Greenway website. Fill it out and then upload the budget form here.

#### Upload all files but Budget forms or Claims for Payment below.

Files may be formatted as follows:

- 1. Please combine individual files of the same file type into one file if it is under the maximum file size of 50MB. For example only submit one file for a Final Report containing only PDF files. Add a second file with all pictures. PDF files are preferred.
- 2. Upload pdf, xlxs, xls, gif, jpeg/jpg, png, tif/tiff, mp4, mp3, mpeg, m4p, m3p, or zip files.
- 3. Maximum file size is 50MB per piece.
- 4. A maximum of ten pieces can be uploaded with your application.
- 5. Video attachments may be hosted on a video site such as YouTube or Vimeo.
- 6. After uploading your files, please fill in the file name in the box below the file.
- 7. 7. Claims for Payments/Payments Requests have been moved to the "Payments" Tab

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# This area is for use only after you are awarded a grant. Anything you upload here during the application process will not be seen by reviewers.

**Claims for Payment Requests**: Upload your Claim for Payment form below. See <u>Claims for Payment</u> for forms.

For MOU's extensions, final reports, or any other requests for the HRVG, please go to the 'Grantee MOUs, Requests, Final Reports' tab.

| File | Name (optional) |  |  |  |  |
|------|-----------------|--|--|--|--|
|      |                 |  |  |  |  |

# **Payments Requests**

Note: If you are submitting a request on both the 'Grantee MOUs, Requests, Final Reports' and 'Payments' tabs, please remember to fill out all sections and upload your documents to both tabs (hit

#### Save + Next

after finishing each tab), then hit the resubmit at the bottom of the page when done with both. If you hit resubmit before both tabs are complete, you will need to contact

#### **Greenway staff**

so they can reset your 'application' to resubmission required.

| Notes to Grantee from HRVG |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|
|                            |  |  |  |  |  |  |
|                            |  |  |  |  |  |  |

#### Upload all files below.

Files may be formatted as follows:

- 1. Please submit a total of two files:
  - One file for a Claim for Payment containing the signed CFP and backup documents, preferably as a PDF. Please submit the second file as an EXCEL file for the Match Documentation Worksheet.
- 2. Upload pdf, xlxs, xls, or zip files.
- 3. Maximum file size is 50MB per piece.
- 4. A maximum of 2 pieces can be uploaded with your request.

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