

Florida Department of Transportation Shared-Use Nonmotorized (SUN) Trail Program

Request for Funding



SUN Trail program funding is limited to geographic areas within the SUN Trail network, the provisions of Section 339.81, Florida Statutes, the Florida Department of Financial Services Catalog of State Financial Assistance Number 55.038, and the Florida Department of Transportation (FDOT) Work Program Instructions Part III: Trails.

PART I – APPLICANT INFORMATION

1. Type of Applicant (select one):
 - Municipality/County Government
 - State Agency
 - Federal Agency
 - Recognized Tribal Government
 - Metropolitan/Transportation Planning Organization/Agency (MPO)
2. Name and job title and office of the person who will be in direct contact with FDOT for this project:
3. Agency of the person who will be in direct contact with FDOT for this project:
4. Email of the person who will be in direct contact with FDOT for this project:
5. Telephone Number of the person who will be in direct contact with FDOT for this project:

PART II – PROJECT OVERVIEW

1. Project Name:
2. Municipality where the project is located:
3. County where the project is located:
4. FDOT district number where the project is located:
5. Boundary of the project proposed for SUN Trail funding (give the address or nearest cross streets, municipality, and zip code):
 - a. Termini Begin:
 - b. Termini End:
6. Who is the landowner of the proposed project location?
 - The location of this project is entirely on FDOT right-of-way.
 - The location of this project is entirely on non-FDOT publicly-owned right-of-way.
 - The location of this project is on both FDOT and non-FDOT, publicly-owned right-of-way.
 - Parcels within this project boundary are privately owned, the acquisition of right-of-way must occur.
7. Total length of this project proposed for SUN Trail funding:

Regional Trail System and Individual Trail projects **must meet all eligibility criteria** to receive funding consideration by the SUN Trail program. “Requests for Funding” without the required information are ineligible and will not receive funding consideration.

PART III – ELIGIBILITY CRITERIA

1. Funding is limited to geographic areas within the SUN Trail network. Will the project be developed as a paved multi-use trail within the SUN Trail network?
Yes No
 - a. Provide an aerial location map illustrating the project boundary and project limits.
 - b. Provide a map illustrating the project location within the SUN Trail network.
 - c. Provide the project typical section (this should be a pdf of the typical section schematic depicting existing and proposed features, dimensions, and right-of-way lines).

2. Funding is limited to projects prioritized by the applicable authority. If the project is within a boundary of a Metropolitan/Transportation Planning Organization/Agency (MPO), it must be prioritized by the MPO. Projects outside of an MPO boundary must be identified as a priority of the county (inclusive of their municipalities), tribal government, federal or state agency. Is the project a priority of the applicable authority?
Yes No
 - a. Indicate the priority number of the project:
 - b. Provide the prioritization list.
 - c. Complete Part VII (CERTIFICATION OF PROJECT PRIORITIZATION).

3. Has a non-FDOT governmental entity formally committed to operation and maintenance of the project (long-term trail manager)?
Yes No
 - a. Complete Part VIII (CERTIFICATION OF WILLING MANAGER).

4. Is the project consistent with the applicable comprehensive plan(s), transportation plan(s), or the long-term management plan(s)?
Yes No
 - a. Indicate the type of plan(s), applicable page number(s) and date(s) of adoption:

 - b. Provide documentation of applicable project concurrency information [e.g. supporting resolution(s), excerpt from comprehensive plan(s), transportation plan(s), unit management plans, etc.].

DO NOT PROCEED TO PART IV IF PROJECT RESULTED IN A “NO” RESPONSE IN PART III.

Florida Department of Transportation Shared-Use Nonmotorized (SUN) Trail Program

Request for Funding



A responsible estimate of the project costs is required prior to adoption in the Department’s Five-Year Work Program. Use Present Day Cost values. Projects must follow appropriate design criteria and meet Americans with Disabilities Act requirements. Fill out summary of proposed timeline and funding new needs, then complete Engineer’s Cost Estimate spreadsheet and provide it with the “Funding Request”.

PART V – PROJECT COSTS

1. Funding Phase(s) requested:

Feasibility Study (FS) – FDOT Work Program Fund Code: 1x

Project Development & Environment Study (PDE) – FDOT Work Program Fund Code: 2x

Preliminary Engineering/Design (PE) – FDOT Work Program Fund Code: 3x

Acquisition of right-of-way (ROW) – FDOT Work Program Fund Code: 4x

Construction (CON) – FDOT Work Program Fund Code: 5x

Construction Engineering & Inspection Activities (CEI) – FDOT Work Program Fund Code: 6x

2. Summary of proposed timeline and funding needs:

PHASE	PROPOSED YEAR(S)	AMOUNT(S) REQUESTED	MATCHING FUNDS	TOTAL PROJECT COSTS	SOURCE(S) OF OTHER FUNDS
FS					
PDE					
PE					
ROW					
CON					
CEI					
TOTAL					

3. Provide the [Excel Engineer’s Cost Estimate spreadsheet](#). Estimates shall be broken down to eligible and non-eligible project costs. **Estimates are to be prepared and signed by a Professional Engineer from Agency’s Engineering Office.**

Use the following links to access the basis of estimates manual, as well as historical cost information, and the Reference Guide for State Expenditures for the project area:

[Basis of Estimates Manual](#)

[Historical Cost Information](#)

[Reference Guide for State Expenditures](#)

Projects are not required to meet all of the following selection criteria, a numerical ranking will not be calculated, projects with the greatest strengths will advance more quickly.

PART VI – SELECTION CRITERIA

1. Does the project enhance the safety of bicyclists, pedestrians, and motorists?

Yes No

If yes, check applicable attributes and briefly describe how the project meets the selection criteria.

Project includes a safety element.

The location of the project is within a hazardous biking/walking zone or in an area with significant numbers of safety concerns.

Project implements a bicycle and pedestrian safety action plan. Give the name of the plan and date of adoption.

Other (list)

Briefly describe how the project enhances the safety of bicyclists, pedestrians and motorists. (1000-character limit):

2. Is the project recognized as having regional, state, or national importance?

Yes No

If yes, check applicable attributes and briefly describe how the project meets the selection criteria.

Project is a part of a Regional Trail System prioritized by the Florida Greenways and Trails Council.

Project is a part of a National Recreational Trail, East Coast Greenway or a trail that has other national importance.

Project implements an adopted regional bicycle, pedestrian, or trail master plan. Give the name of the regional plan(s).

Other (list)

Briefly describe how the project is recognized as having regional, state, or national importance (1000-character limit):

Florida Department of Transportation Shared-Use Nonmotorized (SUN) Trail Program

Request for Funding



3. Is there a non-SUN Trail financial contribution (match dollars) committed to this specific project being proposed for SUN Trail funding (select the most appropriate response)?

Funds are leveraged by multiple public/private sources of investments dedicated to this specific project segment (e.g. federal, state, local, non-profit, private landowner contributions).

If yes, what is the total percentage of match?

What are the sources?

Funds are leveraged by at least one more public/private source of investment dedicated to this specific project segment.

If yes, what is the total percentage of match?

What is the source?

Funds are not leveraged by public/private sources of investments dedicated to this specific trail segment (matching funds are not available for this project).

4. Does the project blend transportation modes by completing, improving, or enhancing existing facilities?

Yes No

If yes, check applicable attributes and briefly describe how the project meets the selection criteria.

Project implements Complete Streets goals and initiatives.

Project implements Safe Routes to Schools goals and initiatives.

Project provides a direct connection to regional transit systems (e.g. rail stations, express or local bus routes).

Project is in a designated multi-modal district.

Project has the potential to reduce vehicular congestion.

Project improves access in a Bicycle Friendly Community or Bicycle Friendly University, as designated by the League of American Bicyclists. If yes, indicate the name of the designated community or university:

Project improves access in a Walk Friendly Community, as designated by the Pedestrian and Bicycle Information Center. If yes, indicate the name of the designated community:

Other (list)

Briefly describe how the project blends transportation modes (1000-character limit):

Florida Department of Transportation Shared-Use Nonmotorized (SUN) Trail Program

Request for Funding



5. If proposing construction funding, select the most appropriate response:

Project is ready for immediate construction and all pre-construction phases are complete.

Project is capable of near-term development; the design is nearly complete and permitting is underway.

The Project Development and Environment Study (PDE) is complete/nearly complete.

None of the above statements are true.

6. Does the project have documented public support?

Yes No

If yes, select from the following and briefly explain how the project meets the selection criteria.

The greater community supports the project as demonstrated by recently adopted proclamations or resolutions expressing commitment. Give the resolution number, adopted date and participating parties.

Demonstration of public support is consistent across multiple entities representing the greater community rather than a select few interest groups. Briefly explain. (100-character limit):

Recent community surveys indicate both need and support for the project. Briefly explain. (100-character limit):

An advertised public meeting for discussing the project occurred. Give the date and type of meeting.

Other (list)

7. Does the project have a significant immediate impact to the quality of life by enhancing economic opportunities and providing connectivity to destinations?

Yes No

If yes, check applicable attributes and briefly describe how the project meets the selection criteria.

The project connects to or through federal, state, or local conservation/recreation areas. List public lands.

The project connects people to jobs, businesses, or civic resources.

The project is along or connects to a Florida Scenic Highway. List the Scenic Highway(s).

The project is within a Florida Trail Town as designated by the Florida Department of Environmental Protection.

The project is part of a public/private partnership where developers, linear corridor owners, small businesses, corporations, foundations, or private sector partners are directly supporting the project.

The project is within a Rural Economic Development Initiative (REDI) Community defined pursuant to Section 288.0656, Florida Statutes. List the REDI area.

The project is within a Rural Area of Opportunity (RAO) defined pursuant to Section 288.0656, Florida Statutes. List the RAO Area.

Other (list)

Florida Department of Transportation Shared-Use Nonmotorized (SUN) Trail Program

Request for Funding



8. Does the project enhance or preserve environmental resources?

Yes No

If yes, check applicable attributes and briefly describe how the project meets the selection criteria.

The project's environmental impact assessment or statement did not identify specific issues.

The project's environmental approval and permitting process is complete.

The project restores or mitigates impacts of environmental degradation.

The project incorporates water quality or drainage improvements.

The project incorporates conservation initiatives to restore/maintain connectivity by reducing vehicle-caused wildlife mortality.

The project ensures the Florida Ecological Greenway Network (FEGN) maximizes protection of high priority linkages; the project is within a Priority 1 or 2 Critical Linkage as identified by the FEGN.

Briefly describe how the project enhances or preserves environmental resources. (1000-character limit):

9. Does the project facilitate a system of interconnected trails by closing a gap in the SUN Trail Network?

Yes No

If yes, how many miles of connected trail, open to the public will be available once this specific project is complete?

List the trail names:

10. The project includes cost-saving elements.

Yes No

If yes, briefly describe the potential for overall cost savings for completing this project in conjunction with another project (e.g. new/resurfacing roadway, redevelopment/new development project, trail phase/extending trail project). Provide the other project(s) scope and schedule, the funding source, the funding year, and if funding is through FDOT, provide the Financial Management Number. (1000-character limit):

PART VII – CERTIFICATION OF PROJECT PRIORITIZATION

1. For projects within a MPO boundary, complete the following information. If the project is outside of a MPO boundary, continue to Part VII, question #2.

Name of applicable MPO/TPO:

MPO/TPO Contact:

MPO Address:

Municipality, State and Zip:

Contact Email:

Contact Telephone Number:

Signature:

Print Name:

Title:

Date:

Your signature confirms the requested project is (1) consistent with MPO/TPO plans and documents; (2) it is an eligible priority of the MPO/TPO, (3) the MPO/TPO supports the project; and (4) you possess authorization to sign the certification of project prioritization.

Florida Department of Transportation Shared-Use Nonmotorized (SUN) Trail Program

Request for Funding



2. For projects outside of a MPO boundary, complete the following information:

County Name:

Contact Name:

Contact Address:

Municipality, State and Zip:

Contact Email:

Contact Telephone Number:

Signature:

Print Name:

Title:

Date:

Your signature confirms the requested project is (1) consistent with applicable county, municipality, comprehensive plan(s) and/or the long-term management plan(s) and documents; (2) it is an eligible priority of the County (tribal government, federal or state managing agency); (3) the applicable entity supports the project; and (4) you possess authorization to sign the certification of project prioritization.

Florida Department of Transportation Shared-Use Nonmotorized (SUN) Trail Program

Request for Funding



SUN Trail funded projects require a non-FDOT governmental entity formally committed to providing maintenance of the project (long-term trail manager). FDOT will enter into an agreement or other form of documented commitment with the entity to ensure that a local sponsor/agency is committed to long-term trail maintenance (long-term trail manager). The managing entity will be responsible for the day-to-day upkeep and daily operation; protection for the trail users; they will reduce safety hazards that occur; and they will ensure a quality level of service is maintained on the facility. Activities may consist of litter pick-up, trash removal, debris removal, soil and weed control, graffiti removal, mowing, sweeping, sign replacement, shrub trimming, maintenance of drainage, and other regularly scheduled maintenance activities. For trails constructed in the FDOT ROW, FDOT will provide remedial maintenance which involves repairing, replacing, or restoring major components that may have been damaged or destroyed. Minor repairs such as sealing asphalt pavement or repainting may occur every five to ten years, while major repairs may occur every 20 to 25 years. The area of responsibility will be the footprint of the trail within FDOT ROW as defined by the district. ALL other maintenance will be the responsibility of the non-FDOT governmental entity.

Submit the Certification of Willing Manager(s) for all proposed trail segments.

PART VIII – CERTIFICATION OF WILLING MANAGER(S)

Name of Project:

FROM:

Name of Managing Entity:

Name of Contact and Job Title:

Address:

Municipality, State, and Zip Code:

Contact Email:

Contact Telephone Number:

Signature:

Print Name:

Title:

Date:

Your signature serves as certification of (1) a commitment from your agency to maintain the facility requested and that your agency will enter into a Maintenance Memorandum of Agreement with the Department for the Project prior to the completion of design, or at the time of programming funding for any project proposed for a later phase; (2) the information in this "Request for Funding" is true and accurate; (3) to comply with the federal Uniform Relocation Assistance and Real Property Acquisition Policies Act (The Uniform Act) for any right-of-way actions required for the project; (4) to comply with the Americans with Disabilities Act; (5) lands developed with SUN Trail funds will be available for public use for the lifespan of the improvement; (6) support of other actions necessary to fully implement the proposed project; (7) and you possess authorization to sign the certification of the willing manager.