

This form must be completed, signed, and submitted with your complete application package

Applicant Name	
Contact Person Name & Title	
Applicant Street Address	
Mailing Address (if different from street address)	
Telephone Number	
Contact E-mail Address	
Applicant Type (select one) <ul style="list-style-type: none"> ▪ State, ▪ Local, ▪ Tribe, ▪ Federal, or ▪ Non-Profit (if non-profit, please also list locality) 	<p align="center">US Congressional District</p> <p align="center">Virginia State Senate District Virginia</p> <p align="center">House District</p> <p align="center">County/Independent City & FIPS Code</p> <p align="center">Tax Parcel ID Number</p> <hr/> <p>Project Title</p>
Total Project Cost (100%) \$	Award Request Amount (up to 80% of total cost but not more than category maximum request) \$
Certification Statement <p>By submitting this application package for consideration for funding through the Recreational Trails Program, I hereby certify the information contained in this application is true and correct. I understand this application will be rated on the basis of the information submitted and the submission of incorrect or inaccurate data or an incomplete application can result in this application becoming ineligible for funding.</p> <p>I hereby certify that if awarded, the applicant will comply with all Federal, Commonwealth of Virginia and local laws and regulations. I hereby certify that the applicant understands the Recreational Trails Program is an 80-20 matching reimbursement program requiring verification of expenditures in order to receive reimbursement. Further, in signing and submitting this application, I hereby certify that the applicant is capable of providing the matching contribution and of financing the project while seeking periodic reimbursement.</p>	
Name of Official with Signatory Rights <p align="center">Title</p> <p align="center">Signature</p> <p align="center">Date</p>	