



**STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Local Trail Management Grant Program Application**

1. APPLICANT INFORMATION

Name of Applicant: Hernando County
Contact: Michelle Miller

2. Project Information

Name of Trail: Cypress Lake Preserve
Project Type: Maintenance

3. Project Location

Street Address: 33241 Ridge Manor Blvd.
City: Brooksville
County: Hernando

The Local Trail Management Grant Program is created to assist local governments with costs associated with the operation and maintenance of trails within the Florida Greenways and Trails System.

4. IS THE TRAIL LOCATED WITHIN THE FLORIDA GREENWAYS AND TRAILS SYSTEM?

If Yes, submit a map of the project area providing a description and sketch of the project area boundaries.

Trail Florida Greenways: Yes

The department shall give priority to each of the following: • A local government that provides cost share for the costs associated with the operation and maintenance of the trails (except for trails within fiscally constrained counties or rural areas of opportunity). • Trails within fiscally constrained counties or rural areas of opportunity • Trails within the Florida Wildlife Corridor as defined in s. 259.1055.

5. WILL THE LOCAL GOVERNMENT PROVIDE A COST SHARE FOR THIS PROJECT?

Local Cost Share: No

If Yes, provide the cost share amount in the Financial Information section below.

6. IS THE PROJECT WITHIN THE RURAL AREA OF OPPORTUNITY (RAO)?

Rao Identify:

7. IS THE TRAIL LOCATED WITHIN THE FLORIDA WILDLIFE CORRIDOR

Florida Wildlife Corridor:Yes

If Yes, submit a boundary map of the trail project with the Florida Wildlife Corridor identified on the map

8. OPERATIONS AND MAINTENANCE:

A local government may not use grant funds for planning , design, or construction of trails.

A local government may only use grant funds for the operation and maintenance of trails. Operation and maintenance of trails,includes,but is not limited to:

purchase of equipment and capital assets;

Funding of necessary repairs to ensure the safety of trail users; and

necessary maintenance, such as pressure washing, bush pruning, and clearing debris.

Provide a brief description of how funding for the trail project will be utilized. You may select more than one. Include funding request amount for each item selected

The applicant will purchase equipment and or capital assets.

Equipment Capital:\$0.00

The applicant will fund necessary repairs to ensure the safety of trail users

Repairs:\$0.00

The applicant will fund necessary maintenance, such as pressure washing,bush pruning, and clearing debris.

Maintenance:\$74,250.00

Other:\$1,000.00

9. FINANCIAL INFORMATION:

A. Local Trail Management Grant Funds Requested(State Share)

State Share: \$75,250.00

B. Local Funds Available: (Grantee Share - not required)

Cash:\$0.00

In Kind:\$0.00

The TRAIL-GO program receives \$4 million annually contingent upon legislative appropriation. Individual applications are limited to the request amount of \$200,000. Applicants may submit more than one application during the submission period.

Upload

Uploaded Files

Title	File Type	Created
Hernando County Cypress Lake Preserve FGT Map	PDF	8/21/2024 12:37 PM
Hernando County Cypress Lake Preserve Florida Wildlife Corridor Map	PDF	8/21/2024 12:37 PM

Submittal

Grantee's Certification Statement

By signing this Statement page,the undersigned certifies that:

- 1.This application is in all respects fair and submitted in good faith without collusion or fraud;
- 2.If selected through this application process,the recipient will work in good faith and in partnership with the Department of Environmental Protection to manage its subcontractors in a timely and accurate manner;
- 3.Any funds awarded as a result of this application process will not be used as matching funds to apply for or receive other state funds without departmental review and approval;
- 4.The undersigned has full authority to bind the applicant.

The selection of the checkbox below acts as your signature.

Grantee's Authorized Signer's Name

Please see the certification statements above and ensure you have entered a value for each indicated required field or section in your application. Once all fields are complete, click the checkbox to agree to the certification statements and select "Submit" below

Certification Agreement: ☒

Signature: Michelle
Miller

Signature Title:Grant Writer

Signature Date:8/21/2024