



EAST COAST GREENWAY TRAIL DESIGNATION APPLICATION

Nomination instructions:

1. We encourage you to submit the entire trail even if only a portion of it is now constructed. We will process a full designation but only consider the open section currently designated. As new phases open we will inspect them and move them to full designation status.
2. Please submit the completed application in electronic form to facilitate sharing with our review committee.
3. Please include the following items with this application:
 - the attached nomination form
 - a statement reflecting the endorsement by the State Committee of the designation of this trail
 - a copy of the Trail Manager's Letter of Endorsement. There may be more than one if different sections of your trail are managed by different agencies
 - a completed Trail Inspection Report
 - 4 to 8 photos showing typical trail sections and landscapes along the trail and particularly photos of any situations along the route that pose safety issues such as pot holes, dangerous intersections, tree root exposure, etc.
 - a hard copy map clearly marked to show the north and south ends of the trail section proposed for designation; the completed trail section and any future phases; and marked with any other relevant information requested within the application
4. Please contact ECGA Trail Program Coordinator for more details on submitting hard copy maps (see contact information below)

Any inquiries regarding this application can be directed to:

Eric Weis, ECGA Trail Program Coordinator
(401) 789-4625
eric@greenway.org

EAST COAST GREENWAY TRAIL DESIGNATION APPLICATION

BASIC TRAIL INFORMATION

NAME of NOMINATED TRAIL:

LOCATION

State: County: City:

Segment owned by*:

Contact name/address/phone:

Segment managed by:

Contact name/address/phone:

* if segment is privately owned and trail access is by easement, please see easement section on p. 3

Identify street names for following section of designation form:

Starting point for *entire* trail nominated for designation:

Ending point for *entire* trail nominated for designation:

When applicable supply information requested below:

Starting point for *completed* trail section nominated for designation:

Ending point for *completed* trail section nominated for designation:

TRAIL SEGMENT CHARACTERISTICS

Type of designation: full phased

Length and width of entire trail nominated: length: width:

Miles of trail nominated which are completed:

Miles of this trail that are not yet complete:

Estimated date(s) of completion by phase:

Is trail surface suitable for touring bicycles: Y N

Please attach (or send as hardcopy) a map marked to clearly show trail nominated with start and end points, which sections are complete, as well as future phases of the trail presently being nominated for designation.

QUALIFICATIONS

Describe any trail design, construction or maintenance issues that pose a hazard to the user and that we need to address as a qualification in our designation report:

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TRAIL MANAGEMENT INFORMATION

<p>MANAGEMENT Agency/Organization responsible for trail management: Address: Phone: Fax: email: Who is responsible for routine maintenance? Is the trail fully accessible to emergency vehicles? What emergency call system exists? Are there security patrols? Y N If yes, who provides this service? Is there a "Friends of the Trail" or other support organization in place? Please provide the name of this organization and contact information:</p>
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TRAIL USER INFORMATION

<p>VISITOR TYPES SERVED (please check all that apply) Pedestrians Mountain bikes Cross-country skis In-line skates Touring bikes Equestrians Motorized uses (please list) Is there full wheelchair access to the entire trail, including all access points?</p>
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<p>ACCESS Is this trail open 24 hrs/day, 7 days/wk, 365 days/year? If not, please explain: Describe and locate on the map any other restrictions to safe, comfortable through-use of this trail:</p>
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<p>PUBLIC/PRIVATE EASEMENTS AND AGREEMENTS Is public access to any section of this trail provided by means of an agreement? Yes No If yes, what is the duration of this agreement or easement: Please list and describe the mileage on private land and locate on map:</p>

<p>OTHER INFORMATION Please share any other general information pertinent to the designation of this trail that will help our reviewers:</p>

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NOMINATOR INFORMATION

STATE COMMITTEE CHAIR NOMINATING THIS TRAIL SEGMENT

Name:

Signature (if submitted in hard copy; electronic submission is preferable):

Date:

Phone:

Email:

Describe the manner of the state committee's authorization of this nomination (e.g. vote at meeting with date and vote; electronic meeting vote, etc.):

Please remember to include as attachments the following items when submitting this application:

- Inspection Report
- Manager's Letter of Endorsement
- 4 – 8 photos showing typical trail sections and landscapes in addition to any items being cited as problematic issues with the trail (i.e., qualification to designation)

Please remember to mark as requested and return by mail the trail map supplied by ECGA national office for the trail nomination in question.