



**STATE OF ARKANSAS**

**DEPARTMENT OF HEALTH (ADH)**

**Center for Health Advancement (CHA)**

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**REQUEST FOR APPLICATIONS**

**for**

General Operation & Maintenance of Health &  
Fitness Trails in Arkansas

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**Date Issued:**

March 4, 2008

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## TABLE OF CONTENTS

### **Section I      Program Overview**

- A      Purpose**
- B      Background**
- C      Available Funding**
- D      Schedule of Events**

### **Sections II     Applicant Requirements**

- A      Eligible Applicants**
- B      Requirements for Funding**
- C      Use of Funds**
- D      Accessibility Requirements**
- E      Health & Fitness Trail Specification Guidelines**

### **Sections III    Instructions for Completing an Application**

- A      Letter of Intent**
- B      Submission Deadline**
- C      Where to Mail or Deliver Applications**
- D      Application**

### **Section IV     Review of Applications & Award Notifications**

- A      Review for Compliance with RFA Requirements**
- B      Evaluation & Scoring**

### **Section V      General Information**

- A      Reimbursement Guidelines**
- B      Quarterly Reporting of Activities**
- C      Program Monitoring**

#### **Attachments**

- I      Application**
- II     Budget**
- III    Letter of Intent**

## SECTION I. PROGRAM OVERVIEW

### A. Purpose

The purpose of this Request for Applications (RFA) is to select locations in Arkansas for general operation and maintenance of health and fitness trails.

### B. Background

The Task Force on Community Preventive Services and a broad team of experts including those from the Centers for Disease Control and Prevention (CDC) have found that people will become more physically active in response to the creation of or improved access to places for physical activity, combined with distribution of information. Based on this review, the Task Force issued a strong recommendation to implement such efforts.

Regular physical activity greatly reduces the risk of dying from coronary heart disease, the leading cause of death in the United States. Physical activity also reduces the risk of developing diabetes, hypertension, and colon cancer; enhances mental health; fosters healthy muscles, bones and joints; and helps maintain function and preserve independence in older adults.

### C. Available Funding

A total of \$50,000 is available to fund projects requested through this process. The projected funding cycle is July 1, 2008 through June 30, 2009. If the project is not completed by June 30, 2009 an extension may be considered. Sub grantee must submit a written request, signed by the Mayor or an authorized official, requesting an extension. Request must also include a projected completion date.

### D. Schedule of Events

Event	Date
RFA Issued	March 4, 2008
Due date for letters of intent	March 28, 2008
<b>Due date for Applications*</b>	<b>By 4:30 p.m. April 17, 2008</b>
Completion of application reviews, sub grantee selection and award notice mailed.	May 1, 2008
Start date of sub grant	July 1, 2007

**\*Applications must be received by the ADH no later than 4:30 p.m. April 17, 2008.**

## **SECTION II. APPLICANT REQUIREMENTS**

### **A. Eligible Applicants**

Eligible applicants are incorporated cities, county, or other non-private entities serving public needs, or joint applications between a city or county and other organizations and individuals.

### **B. Requirements for Funding**

In order to be eligible for funding, the applicant must own or lease property suitable for maintenance or further development. The applicant must submit a copy of an easement, deed or a lease with a term of 15 years or more, with the completed application. A copy of a letter from the owner expressing the intent to sell, lease, or provide an easement for an appropriate amount of property for the project must be submitted if the applicant does not have possession of the property at the time of the application. However, funds will not be released to the sub grantee until an executed deed or lease is submitted.

The applicant must provide a city council or a quorum court resolution supporting the project application, if the project is requested by a city or county.

### **C. Use of Funds**

Funds may be used for overlay or resurfacing of existing trails or other physical enhancements to an existing health and fitness trail. Operation and maintenance costs may be covered as part of the proposed budget.

Funds may not be used for land purchases; programmatic uses; brochures; purchase of tools, purchase of personal or athletic equipment; or projects providing private or selected patronage.

### **D. Accessibility Requirement**

Facilities must be open to the general public in accordance with Title VI of the 1964 Civil Rights Act. The facility must remain open at all reasonable times; however, facility may be reserved for special events, or may be closed during certain periods for security purposes.

All developed facilities shall provide barrier free access as provided by the American with Disabilities Act of 1990 (42 U.S.C. 1218); section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794; Arkansas Architectural Barriers Act of 122 of 1967.

### **E. Health & Fitness Trail Specification Guidelines**

Review criteria for proposals for general operations and maintenance funding will give preference to trails that meet the minimum requirements and specifications for a Health and Fitness Trail.

These standards have been established to assure a level of quality which will withstand public recreation use, on a sustained bases, for a 15 year life expectancy of the facility.

The following specifications are provided as minimum requirements for a health and fitness trail.

Construct approximately 1320 L.F. (minimum of 5% slope or 10% slope for a maximum of 30') of asphalt trail 6 feet in width, on handicapped parking space 13' x 18' with sign and a handicapped accessible path leading from the parking space to the trail facility (minimum of 36" in width).

Trail and site preparation shall include: (1) the removal of obstructions, grass, and provide a solid construction foundation (2) smooth and compact subgrade; place and compact 4" of SB-2 gravel base to a minimum of 7' in width and slope to surface (3) apply asphaltic seal coat to sub-base (4) install 2" asphalt surface – construct

surface with a minimum of ¼" per foot cross slop for drainage (5) all walkways, trail and parking must have a sealed finished surface which meets barrier free accessibility standards.

### **SECTION III. INSTRUCTIONS FOR COMPLETING AN APPLICATION**

#### **A. Letter of Intent**

A letter of intent should be received by March 28, 2008. A Letter of Intent does not obligate the submission of an application for funds, but it will provide information needed to plan for proposal review. See Attachment III for a Letter of Intent form. Letter of Intent forms should be mailed to: Arkansas Department of Health, Center for Health Advancement, Attention: Maria Jones, 4815 West Markham Street, Slot 41 Little Rock, AR 72205-3867.

#### **B. Submission Deadline**

Applications must be received by close of business (4:30 P.M.) April 17, 2008. **Applications received after this date and time will NOT be reviewed and will be returned to the applicant.**

#### **C. Where to Mail or Deliver Applications**

Applications must be delivered or mailed via US Parcel Post to the following address:

Arkansas Department of Health  
Center for Health Advancement  
Attention: Maria Jones  
4815 West Markham Street, Slot 41  
Little Rock, AR 72205-3867

#### **D. Application**

Complete and submit a Health and Fitness Trail General Operation & Maintenance Application (Attachment I) signed by the mayor, county judge or authorized official. If the application is a joint application between the city or county and another organization, the executive of that organization must sign as a joint sponsor.

Submit cost estimates to include –

- Cost for overlay or resurfacing of existing trails or other physical enhancements to an existing health and fitness trail.
- Other maintenance or operational costs itemized.

Expenses beyond the subgrant amount will be the responsibility of the subgrantee.

## **SECTION IV. REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS**

### **A. Review for Compliance with RFA Requirements**

Applications will be date and time stamped upon receipt, and must be received by or before the deadline. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to the review.

### **B. Evaluation and Scoring**

Applications will be reviewed by a selection committee that consists of one (1) representative from the Arkansas Governor's Council on Fitness; one (1) representative from ADH Chronic Disease Branch; and one (1) representative from ADH Center for Health Advancement.

Each application will be evaluated and scored by the review committee on a scale of 0 to 100 points. Funding will be awarded based on highest scores. The evaluation criteria will include applicant's plan for promoting use of the trail, match support and community buy-in to preserve and maintain the trail.

## **SECTION V. GENERAL INFORMATION**

### **A. Reimbursement Guidelines**

The sub grantee will be reimbursed monthly on an "Actual Cost" method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within the approved budget's itemized listing of allowable program cost. No advance payments are allowed.

### **B. Quarterly Reporting of Activities**

The sub grantee is required to submit quarterly progress reports.

### **C. Program Monitoring**

The ADH may inspect the project site at any reasonable time during and after project completion. A final inspection will take place after the grantee notifies the ADH of the project completion.

**Arkansas Department of Health  
Application Form  
General Operation & Maintenance of a Health & Fitness Trail**

A. Applicant (City or County) Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ County \_\_\_\_\_

B. Certification of Chief Executive Officer:

“I hereby certify that the information contained in the following application is true and correct to the best of my knowledge.”

Signature \_\_\_\_\_  Mayor  County Judge

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

C. Joint-Sponsor’s Name: (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_

D. Application Preparers Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

E. Is the project in a flood plain or wetland? To determine if the project area is in a flood plain or designated wetland, contact your local Planning or Economic Development District office.

\_\_\_\_\_

F. Describe any other trails in the area. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. What is the population of your community? \_\_\_\_\_

H. Will this project serve a larger area?     Yes     No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Project Justification: Explain what conditions in your community make this project necessary. Include a description of why the maintenance project is needed and why your area needs these facilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. Operating and maintaining a trail long term takes on-going people and financial resources. The facility must be maintained regularly including mowing grass, litter pickup, root, weed and grass eradication near trail, etc. Explain where the funds for this extended maintenance will come once the project is completed.

\_\_\_\_\_  
\_\_\_\_\_

K. If someone other than the city or county will maintain the trail, attach a copy of a contractual agreement with any committee, club, organization, group, or individual that will perform the maintenance.

L. Indicate which is attached a:     Deed     Lease     Easement     Letter of intent to sell, donate or lease the property for project development.

M. List additional project elements the local sponsor will construct at their expense or that will be donated that will be made a part of the project. Examples might include benches, large trail sign, additional parking, trail lights, etc. If none, state "none".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N. Describe the amount of cash funds and fund sources the local sponsor will contribute to the project. If none, state "none".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O. Describe what local labor the sponsor will contribute to the project. If none, state "none".

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P. Describe what programs the local sponsor will establish to make use of the project facilities. Start up dates and program specifics must be described in detail. If none, state "none".

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Q. Describe plans for promoting use of the trail.

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## **Budget**

Provide a cost breakdown for the project. Include all cost associated with the project that the sub grantee expects to be reimbursed for with this funding. Also include any match support for the project and the source of the support.

**Letter of Intent**

If you intend to apply for funding from the Arkansas Department of Health for the general operation and maintenance of a health and fitness trail, please complete and return this form.

Completion does not obligate the submission of an application for funds. It does, however, provide information on the geographical distribution of potential applications. It will also provide us with information to plan application review.

*Please submit this form to:*

*Arkansas Department of Health  
Center for Health Advancement  
Attention: Maria Jones  
4815 West Markham Street, Slot 41  
Little Rock, AR 72205-3867*

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***Intent to Apply for funding:***

*Name of Applicant*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*Street Address*

*City*

*County*

*Contact Person* \_\_\_\_\_ *Title* \_\_\_\_\_

*E-mail Address* \_\_\_\_\_

*Phone #* \_\_\_\_\_ *Fax#* \_\_\_\_\_