



## 2008 Trans Canada Trail Building Fund Request

All sections must be completed in order to be reviewed for funding.

### 1. Applicant

<b>Organization:</b>
<b>Mailing Address:</b>
<b>Contact Name:</b>
<b>Telephone/Fax:</b> ( ) ( )
<b>E-mail address:</b>
<b>Date:</b>

### 2. Trail

a. Trail name and location: \_\_\_\_\_

**(Important Note:** Requests for Funding *will not proceed for review* unless they are accompanied by a map showing the location of the trail and the portion(s) of trail that the funds are being requested for).

b. Trans Canada Trail registration number: \_\_\_\_\_

c. Date trail registered with TCTF: \_\_\_\_\_

**(Note:** Trails must be registered in order to be eligible for funding).

d. Trail length when completed (in Km) \_\_\_\_\_

e. Length of trail completed to date (in Km) \_\_\_\_\_

### 3. Signage

a. Do you have TCT signage in place? Yes  No

b. Do you have TCT signage on order? Yes  No

c. Do you have Discovery Panels installed? Yes  No

d. Do you have Discovery Panels on order? Yes  No

e. If you answered **no** to any of the above, please describe your schedule for the placement of both the TCT signs and the Discovery Panels.

#### 4. Trail Uses

The following trail activities will be allowed on this segment of TCT:

- |                         |     |                          |    |                          |
|-------------------------|-----|--------------------------|----|--------------------------|
| a. Hiking/Walking       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Cycling              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Cross Country Skiing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Horseback riding     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Snowmobiling         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Other(s)             |     |                          |    |                          |

#### 5. Funding History

- a. Has your organization received funding from the Trans Canada Trail Foundation?  
Yes                      No
- b. If Yes: How much money was received from the TCTF?
- c. If Yes: What was it used for (Please describe projects results)?

#### 6. Trail Description

- a. Ownership (Contact information if different from above)
- b. Management (Contact information if different from above)
- c. Amenities
- d. Season(s) of operation
- e. Distinct features on or near the trail

#### 7. Nature of Proposed Work

(Note: Please visit [www.tctrail.ca](http://www.tctrail.ca) in the Trail Builders section for activities/projects that are eligible for funding).

- a. List and describe in detail all work to be undertaken.
- b. Importance of this project to the trail.
- c. List of partners and their contribution including all letters of support for the project.

#### 8. Budget – Detailed Cost Breakdown

(Detail to include information on costs associated with materials, labour, equipment rental, and surveys).

## 9. Sources of Funding

Partners	Cash Support	Dollar Value of In-Kind Support	Funding Secured Y/N
Partner A			
Partner B			
Partner C			
Partner D			
Partner E			
Trans Canada Trail			
<b>Total:</b>			

**NOTE:** Letters of support from Partners must be attached to this request.

## 10. Other

Has your organization applied for funding for this trail project from Infrastructure Canada, Human Resources Canada or other agencies? Yes  No

If yes, please identify.

Please attach other information if you feel it is important in support of your application for funding.

Please return this completed application to:

**Trans Canada Trail - Manitoba**

*Attn: Jo-Ann Carignan-Vallee*

email to: [jvallee@tctrail.ca](mailto:jvallee@tctrail.ca)

fax: 306-642-5153 Phone: 306-642-4298

Please feel free to contact us if you have any questions about this funding application.