

**OPEN SPACE ADVISORY COMMITTEE
STAFF REPORT**

MEETING DATE: June 16, 2014

AGENDA ITEM NUMBER: 3E

STAFF: Juan F. Guzman, Open Space Manager

REQUEST: **Discussion and Possible Action:** To recommend to the Board of Supervisors acceptance of a grant from the Recreational Trails Program, administered by the Nevada State Parks, for \$34,500 for the construction of a non-motorized bridge crossing Ash Canyon Creek and the installation of a kiosk at Ash Canyon Road.

GENERAL DISCUSSION: Staff is pleased to inform the Committee that our Recreational Trails Program (RTP) grant submittal was approved for \$34,500. This grant requires Board approval in compliance with the adopted City Grants Coordination and Tracking Policy. Carson City has had a great successful track record with the RTP grants in the past. This grant application submittal required the past history as provided in Exhibit A.

The Ash Canyon Creek Bridge will span Ash Canyon Creek and will connect two existing trail segments of the Ash Canyon to Kings Canyon Trail, at an elevation of about 5,560 ft. It is accessed from Ash Canyon Road, approximately 1.8 miles west of where the pavement ends on Ash Canyon Road, please see Exhibit B - map.

The current creek crossing is across two logs, see Exhibit B - photo. The new bridge will have a clear span of 20 ft. and a clear width of 6 ft. to allow horses and mountain bike riders with adequate room to use it, please see the attached drawings, please see Exhibit C. The design is for a standard US Forest Service Sawn Timber Stringer Trail Bridge with the railings modified slightly to meet ADA requirements. It will be purchased from a wood beam fabrication company and assembled on site by a licensed contractor. The abutments consist of sill beams set on top of rock-filled gabion baskets. They will be located outside the 100-year floodplain of the creek and there will be no disturbance of the creek normal flow channel and no permanent disturbance within the 100-year floodplain. Appropriate temporary erosion control measures will be implemented during construction, which is scheduled for late summer/fall of 2014.

The project will also include the purchase and installation of an information kiosk at the small trailhead parking area located approximately 1.8 miles west of where the pavement ends on Ash Canyon Road.

The project is for a non-motorized bridge to serve a multi-purpose, non-motorized trail in accordance with the Unified Pathways Master Plan Map attached for your use, please see Exhibit D.

Also attached for your reference is the RecTrails Program Summary, Funding Information, and Project Categories, please see Exhibit E. A minimum match of 20% is required. Staff proposed \$9,232 to be used as a match which equals 21%. Staff anticipates that the entire match will be provided as in-kind volunteer labor vs. cash. The cost of using Lumos and Associates for developing the application was \$3,500, which is the only cash we have spent and not allowed as a match. Lumos and Associates have donated the design of the bridge and the pertinent structural calculations. Please see attachment F, the approved budget for the grant.

Finally, after Board of Supervisors' authorization, the documents enclosed as Exhibit G, must be executed. These documents include:

- 1) Recreational Trails Program Grant Agreement
- 2) Annual Audit Information Survey
- 3) Quarterly Progress Report
- 4) Request for Reimbursement
- 5) Substitute IRS Form W-9
- 6) Title 23 Part 630 – Preconstruction Procedures

RECOMMENDED ACTION: Move to recommend to the Board of Supervisors acceptance of a grant from the Recreational Trails Program, administered by the Nevada State Parks, for \$34,500 match for the construction of a non-motorized bridge crossing Ash Canyon Creek and the installation of a kiosk at Ash Canyon Road.

Exhibit A

Has the applicant received funding from the Recreational Trails Program in the past?

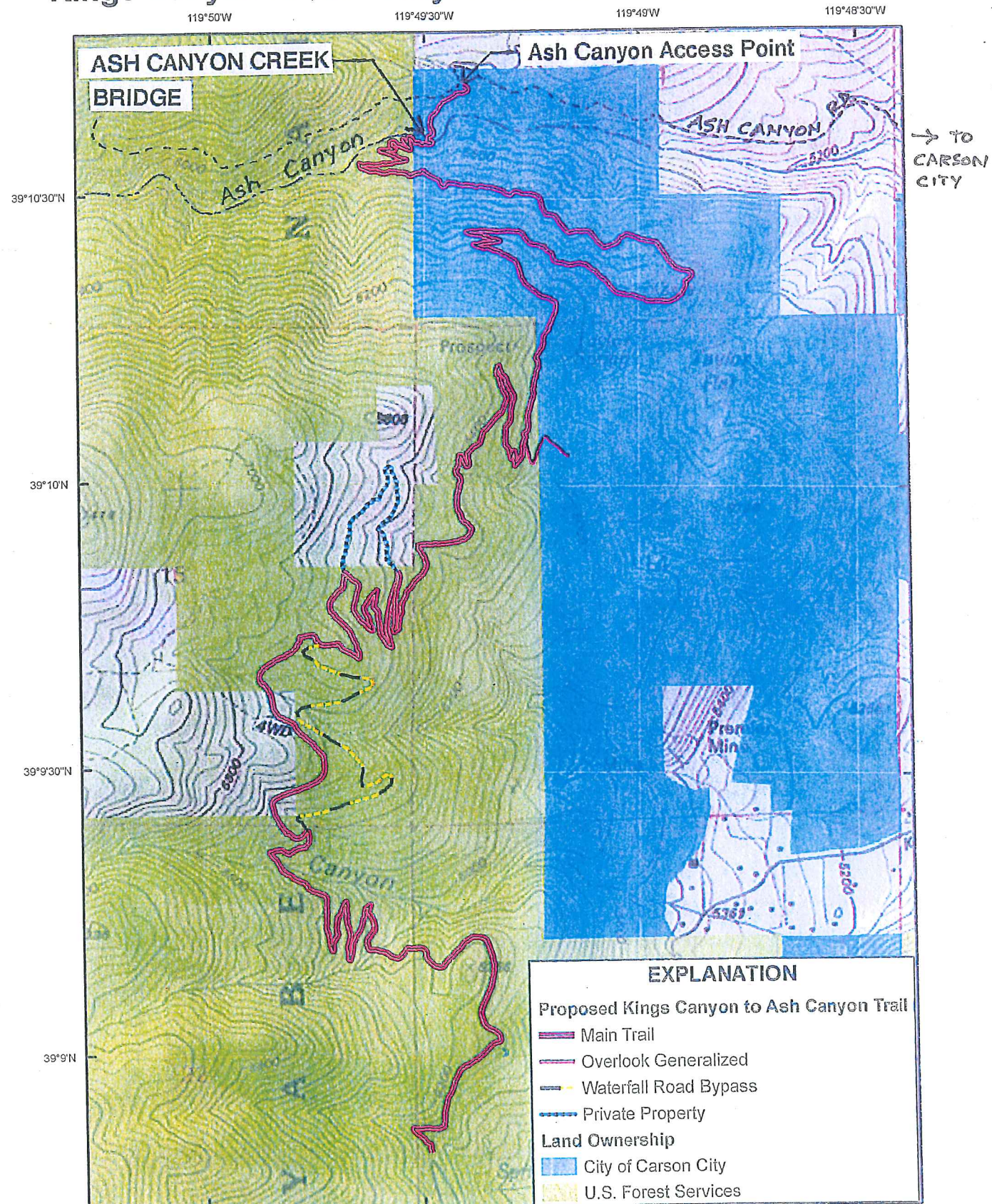
No Yes

List project names, project number, amount received, initial project deadline and date completed.

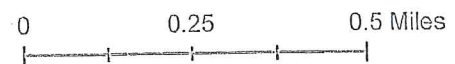
Project names	Project number	Amount received	Initial project deadline	Date completed	Comments
Linear Bike Path Improvements	A-96-06	\$16,375	May 1998	June 1998	Time extension allowed for final inspection by Nevada State Parks and State Bicycle Coordinator.
Linear Park Mountain Bike/ Hiking Trail (Phase II)	B-98-03	\$69,500	Oct 2000	April 2000	
Mexican Ditch Trail	B-98-02	\$25,000	July 2001	Nov 2000	
Linear Park Bicycle/ Hiking Trail Project (Phase IIIA)	FY 2000-09	\$63,735	Sept 2001	Sept 2001	
Linear Park Bicycle/ Hiking Trail Project (Phase IIIB)	FY 2001-21	\$77,360	Sept 2002	May 2002	
Linear Park Bike/Hike Trail Project	FY 2007-21	\$100,000	Aug 2009	Jan 2009	
Mexican Ditch Trail Bridges	FY 2007-23	40,000	Aug 2009	Aug 2009	
Fulstone Wetlands Trail Project	2008-20	\$100,000	Dec 2010	July 2011	Time extension approved - due to early snow and freezing, impacts to plantings and revegetation.
Urban Fishing Pond	2009-13	\$100,000	Dec 2011	June 2010	

Exhibit B

Kings Canyon to Ash Canyon Non-Motorized Multi-Use Trail



Base from ESRI ArcGIS Online Map service
http://services.arcgisonline.com/arcgis/service:USA_Topo_Maps,2011,StatePlaneNevadaWest
 North American Datum of 1983 (CORS96), Vertical



Carson City Parks and Recreation Department
Ash Canyon to Kings Canyon Trail
Ash Canyon Creek Bridge Project

Application for Recreational Trails Program Funding



March 1, 2014

Exhibit C

CARSON CITY PARKS AND RECREATION DEPARTMENT ASH CANYON TO KINGS CANYON TRAIL ASH CANYON CREEK BRIDGE

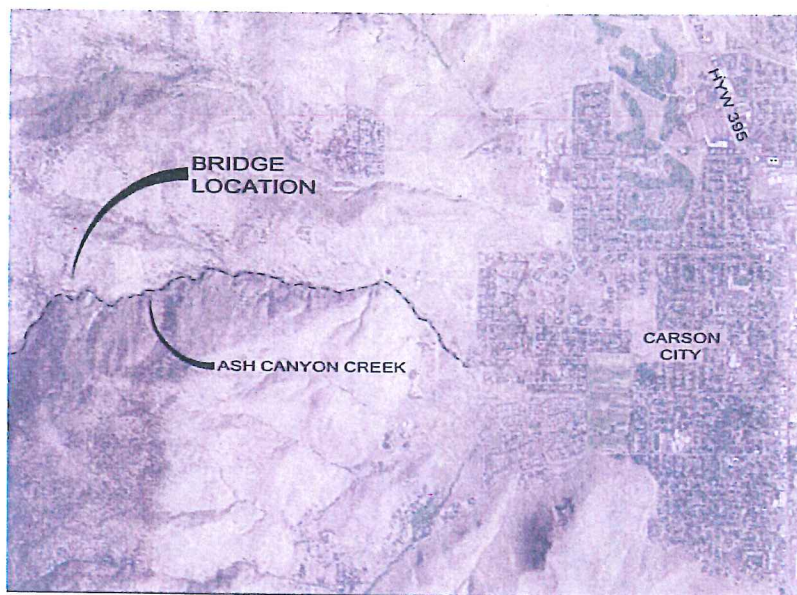
JANUARY 2014

PREPARED FOR:
CARSON CITY PARKS AND RECREATION DEPT.
3303 BUTTI WAY
CARSON CITY, NEVADA 89701
PH.: (775) 887-2262

IN COLLABORATION WITH:
MUSCLE POWERED
P.O. BOX 2402
CARSON CITY, NEVADA 89702
PH.: (775) 315-6763

AND:
UNITED STATES FOREST SERVICE
CARSON RANGER DISTRICT
1536 SOUTH CARSON STREET
CARSON CITY, NEVADA 89701
PH.: (775) 882-2766

ENGINEER
 800 EAST COLLEGE PARKWAY
CARSON CITY, NEVADA 89706
PH.: (775) 883-7077
FAX: (775) 881-7114



VICINITY MAP

SHEET INDEX

- C1 TITLE SHEET
- C2 SITE PLAN, GENERAL NOTES AND LEGEND
- C3 BRIDGE PLAN AND ELEVATION
- D1 BEARING DETAILS
- D2 FOUNDATION DETAILS

APPROVED BY:

JEFF SHARP, P.E. _____ DATE
CARSON CITY ENGINEER

CARSON CITY DEVELOPMENT ENGINEERING _____ DATE

ROGER MOELLENDORF _____ DATE
CARSON CITY PARKS AND RECREATION DIRECTOR



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PLANNING
LANDSCAPE ARCHITECTURE
SURVEYING
CONSTRUCTION MANAGEMENT



CARSON CITY PARKS AND RECREATION DEPARTMENT
ASH CANYON TO KINGS CANYON TRAIL
ASH CANYON CREEK BRIDGE
TITLE SHEET
1/9/14
CARSON CITY

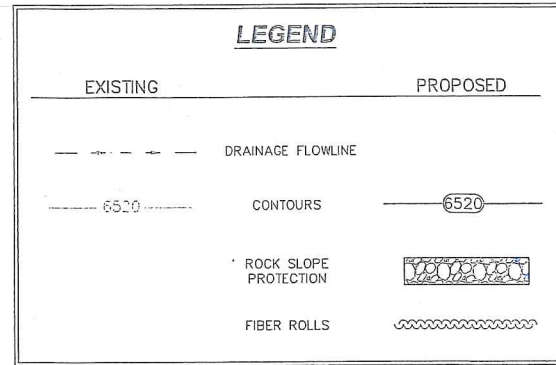
REV	DATE	DESCRIPTION

C1

DATE: JANUARY 2014
DRAWN BY: KLN
DESIGNED BY: CLM
CHECKED BY: CLM
JOB NO.: 8021.000

GENERAL NOTES:

- ALL CONSTRUCTION MATERIALS AND METHODS SHALL CONFORM TO THE REQUIREMENTS OF CARSON CITY DEVELOPMENT CODE, LATEST EDITION. IMPROVEMENT CONSTRUCTION SHALL COMPLY WITH THESE PLANS, CURRENT "ORANGE BOOK" STANDARD SPECIFICATIONS FOR PUBLIC WORKS CONSTRUCTION, AND THE CURRENT USDA FOREST SERVICE SPECIFICATIONS FOR CONSTRUCTION OF ROADS AND BRIDGES.
- CONTRACTOR SHALL NOTIFY, 48 HOURS PRIOR TO ANY EXCAVATION WORK, THE FOLLOWING UNDERGROUND UTILITY SERVICE: UNDERGROUND SERVICES ASSOCIATION (USA) 1-800-227-2600.
- THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING SURVEY MONUMENTS AND OTHER SURVEY MARKERS DURING CONSTRUCTION.
- THE CONTRACTOR AGREES TO ASSUME SOLE RESPONSIBILITY FOR JOB SITE CONDITIONS DURING THE COURSE OF CONSTRUCTION OF THIS PROJECT, INCLUDING SAFETY OF ALL PERSONS AND PROPERTY, AND FURTHER AGREES THAT THIS REQUIREMENT SHALL APPLY CONTINUOUSLY AND NOT BE LIMITED TO NORMAL WORKING HOURS IN ACCORDANCE WITH THE PROVISIONS OUTLINED BY THE PROJECT CONTROL AND THE STANDARD SPECIFICATIONS.
- SHOULD IT APPEAR THAT THE WORK TO BE DONE, OR ANY MATTER RELATIVE THERETO, IS NOT SUFFICIENTLY DETAILED OR EXPLAINED ON THESE PLANS, THE CONTRACTOR SHALL CONTACT THE ENGINEER FOR SUCH FURTHER EXPLANATIONS AS MAY BE NECESSARY.
- AT ALL TIMES DURING CONSTRUCTION ADEQUATE TEMPORARY EROSION CONTROLS SHALL BE IN PLACE AS SHOWN ON THE PLANS.



BASIS OF BEARING:

THE BASIS OF BEARING FOR THIS SURVEY IS A LINE BETWEEN FOUND CP#500 5/8 REBAR AND FOUND CP#503 5/8 REBAR BEARING OF S15°52'27.36"E, MEASURED PER THIS SURVEY.

BASIS OF ELEVATION:

BASIS OF ELEVATION FOR THIS PROJECT IS CP# 500 WITH AN ASSUMED ELEVATION OF 5575.00

NOTE: ADD 5,500 FEET TO NEW CONSTRUCTION GRADE CALLOUTS.

TEMPORARY CONTROL POINT DATA				
POINT NO.	NORTHING	EASTING	ELEVATION	MONUMENT TYPE
500	10000.000	10000.000	5575.00	5/8 REBAR
502	9987.907	10027.224	5569.16	NAIL IN 3.5FT STUMP
503	9925.077	10021.306	5568.33	NAIL IN 3.5FT STUMP

ABBREVIATIONS

AC ASPHALT CONCRETE	MAX. MAXIMUM
AGG AGGREGATE	MB MACHINE BOLT
BVCS BEGINNING OF VERTICAL CURVE STATION	MH MANHOLE
BVCE BEGINNING OF VERTICAL CURVE ELEVATION	MI ?
C-C CENTER TO CENTER	MIN MINIMUM
CMP CORRUGATED METAL PIPE	NTS NOT TO SCALE
CL CENTER LINE	OC ON CENTER
COMP COMPACTION	OH OVERHEAD
CONC CONCRETE	P PINE TREE
CP CONTROL POINT	PC POINT OF CURVE
DF DOUGLAS FIR	PC POWDER COATED
DIA DIAMETER	PCC POINT OF COMPOUND CURVE
ELEV ELEVATION	PL PORTLAND CEMENT CONCRETE
EVCS END OF VERTICAL CURVE STATION	PL PROPERTY LINE
EVCE END OF VERTICAL CURVE ELEVATION	PRC POINT OF REVERSE CURVE
E ELECTRIC	PRVC POINT OF REVERSE VERTICAL CURVE
ELEC ELECTRIC	PT POINT OF TANGENCY
EX EXISTING	PT PRESSURE TREATED
F FIR TREE	PVC POLYVINYL CHLORIDE
FFC FRONT FACE OF CURB	PVI POINT OF VERTICAL INTERSECTION
FES FLARED END SECTION	PVMT PAVEMENT
FG FINISH GRADE	BT RIGHT
FL FLOW LINE	SEZ SLOPE (FT./FT.)
G GAS	SD STREAM ENVIRONMENT ZONE
GALV GALVANIZED	SD STORM DRAIN
GB GRADE BREAK	SF SQUARE FEET
HDPE HIGH DENSITY POLYETHYLENE PIPE	SS SANITARY FEET
HP HIGH POINT	STA STATION
HSS HOLLOW SQUARE SECTION	TR TREADED
LP LOW POINT	TYP TYPICAL
LT LEFT	W WITH
LVC LENGTH OF VERTICAL CURVE	WL WATERLINE

LUMOS & ASSOCIATES

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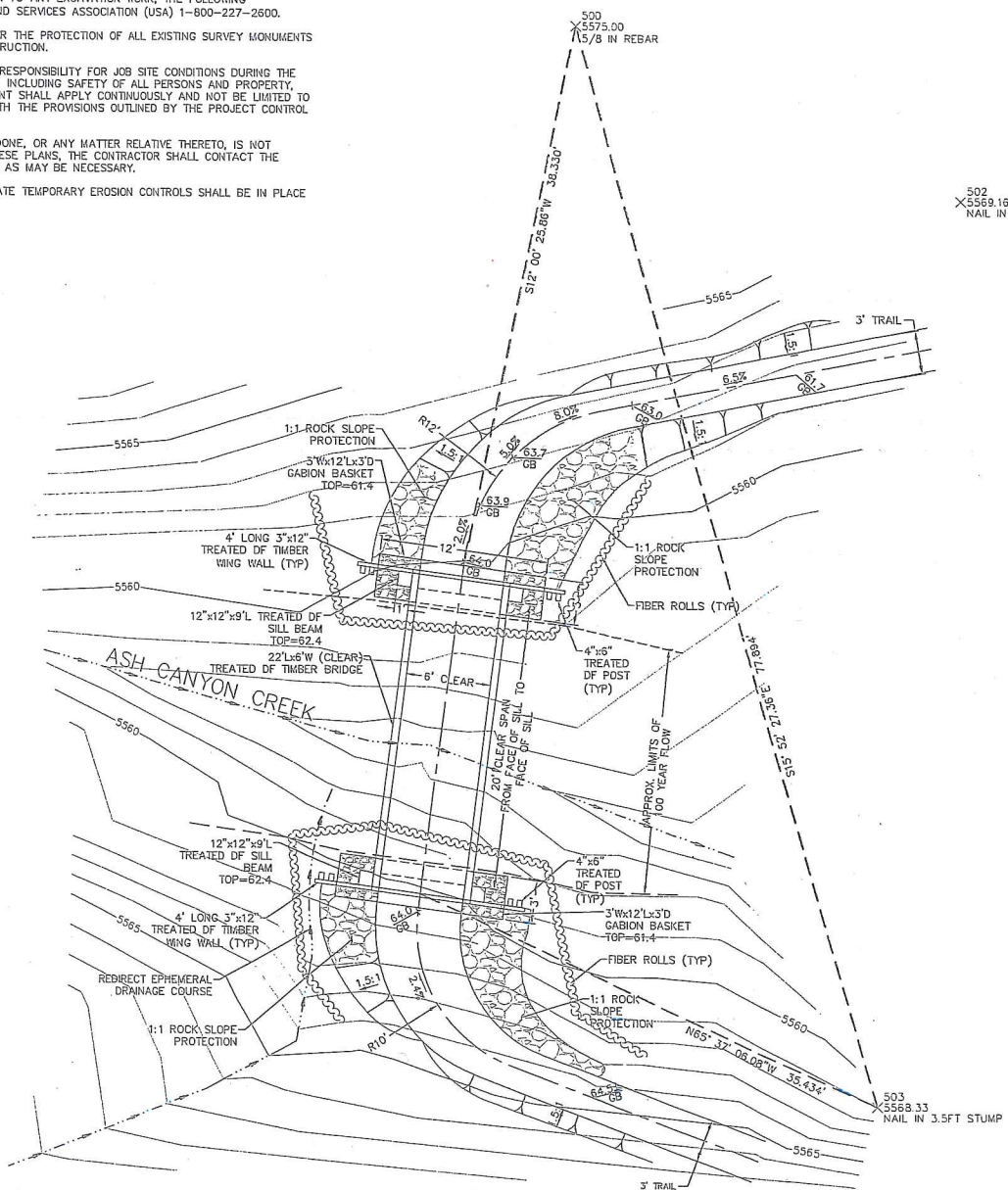
STATE OF NEVADA
CHARLES L. MACQUARIE
Exp. 12/31/15
Professional Engineer
No. 7489

1/9/14
CARSON CITY PARKS AND RECREATION DEPARTMENT
ASH CANYON TO KINGS CANYON TRAIL
ASH CANYON CREEK BRIDGE
SITE PLAN, GENERAL NOTES AND LEGEND
CARSON CITY

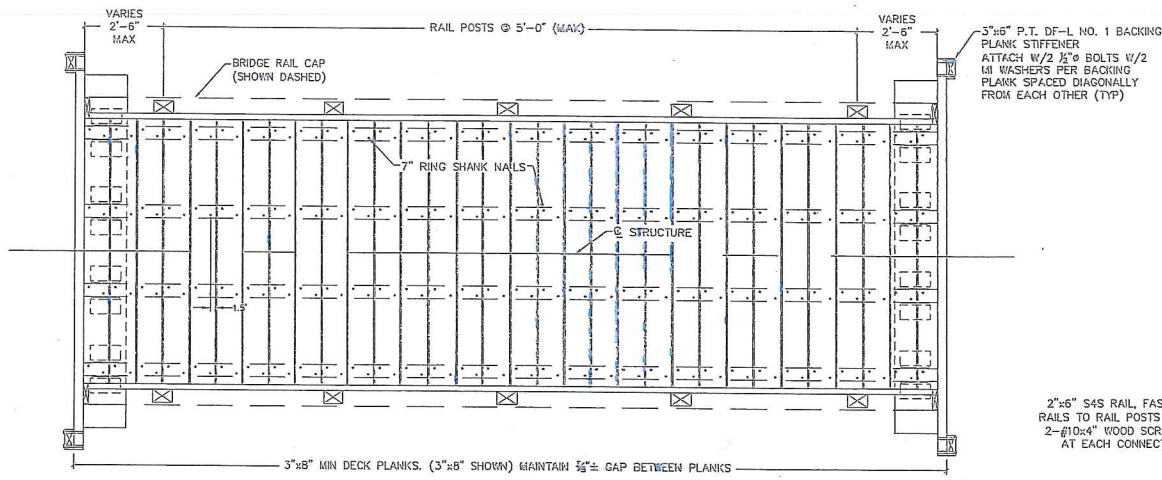
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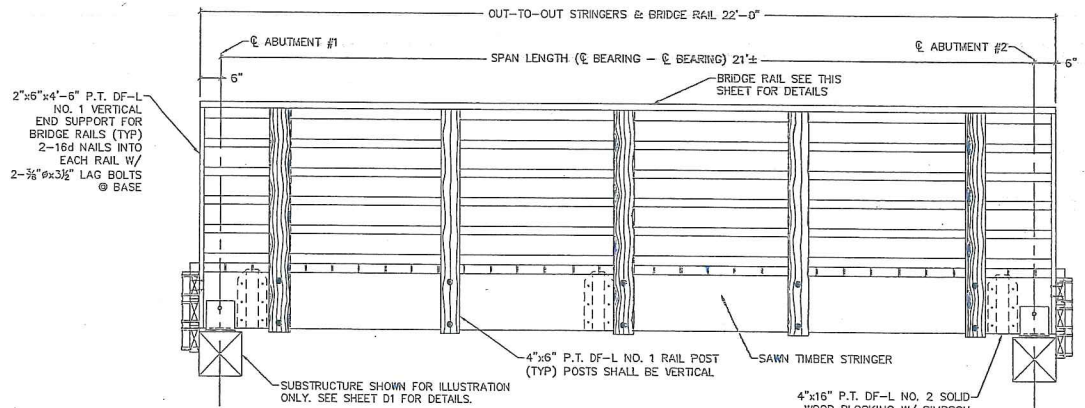
DATE: JANUARY 2014
DRAWN BY: KLN
DESIGNED BY: CLM
CHECKED BY: CLM
JOB NO.: 8021.000



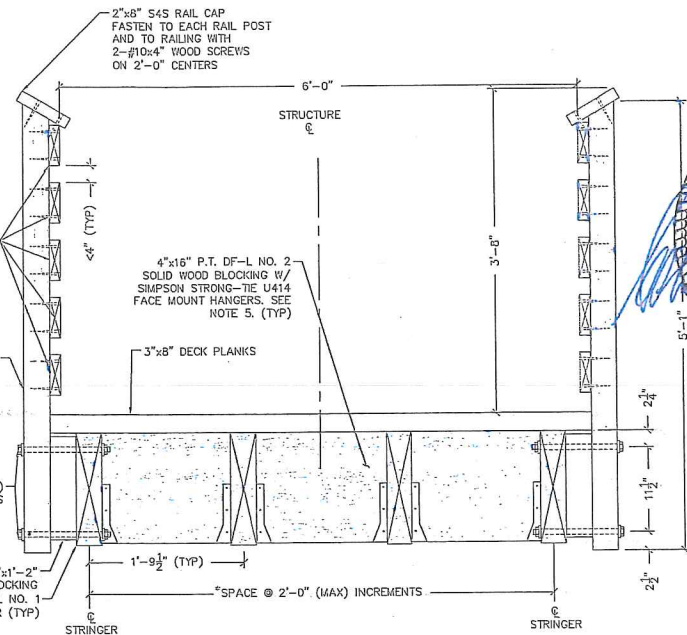
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 1/9/2014 10:20:50 am
 10/27/2014 10:20:50 am



PLAN
N.T.S.



ELEVATION
N.T.S.



1 TYPICAL DECK SECTION WITH RAILING
C3 SCALE: N.T.S.

TABLE 1 SOLID SAWN STRINGER SIZE REQUIREMENTS

TIMBER SPECIES -- DOUGLAS FIR -- LARCH STRUCTURAL GRADE -- NO. 1				
DESIGN LOADING IN POUNDS PER SQUARE FOOT				
CLEAR SPAN	PEDESTRIAN LIVE LOAD	MOVING POINT LOAD	GROUND SNOW LOAD	STRINGER SIZE
20'-0"	100 PSF	2,000 LBF	152 PFS	6"x16"

THE MINIMUM STRINGER DEPTH FOR BRIDGES WITH PEDESTRIAN RAILS IS 15". BRIDGES WITH STRINGER DEPTHS LESS THAN 15" SHALL HAVE CURBS ONLY.
INSTALL BRACING WITHIN A DISTANCE OF THE DEPTH OF THE BEAM FROM THE CENTERLINE OF BEARING.
STRINGER LENGTH EQUAL TO STRINGER DEPTH PLUS ONE FOOT.

- NOTES:**
- ALL DIMENSIONS IN TABLE-1 ARE NOMINAL.
 - FASTEN DECK PLANKS TO STRINGERS WITH TWO ROWS OF 3/8" Øx7" RING SHANK NAILS PER PLANK AT EACH STRINGER. ALTERNATE CENTERS.
 - SPlice RAILS AT POSTS. RAILS SHALL BE CONTINUOUS FOR TWO POST SPACES. DO NOT LOCATE MORE THAN ONE RAIL SPLICE AT ANY ONE BRIDGE RAIL POST.
 - 1/2" SPACE BETWEEN BLOCKING AND BACK WALL FOR AIR CIRCULATION.
 - BRACING REQUIRED AT THE ENDS OF EACH MEMBER. THE BRACING SHALL BE FULL DEPTH AND PLACED WITHIN A DISTANCE OF THE DEPTH OF THE BEAM FROM THE CENTERLINE OF BEARING. BRACING REQUIRED AT MID-SPAN FOR SPANS OVER 20' LONG.



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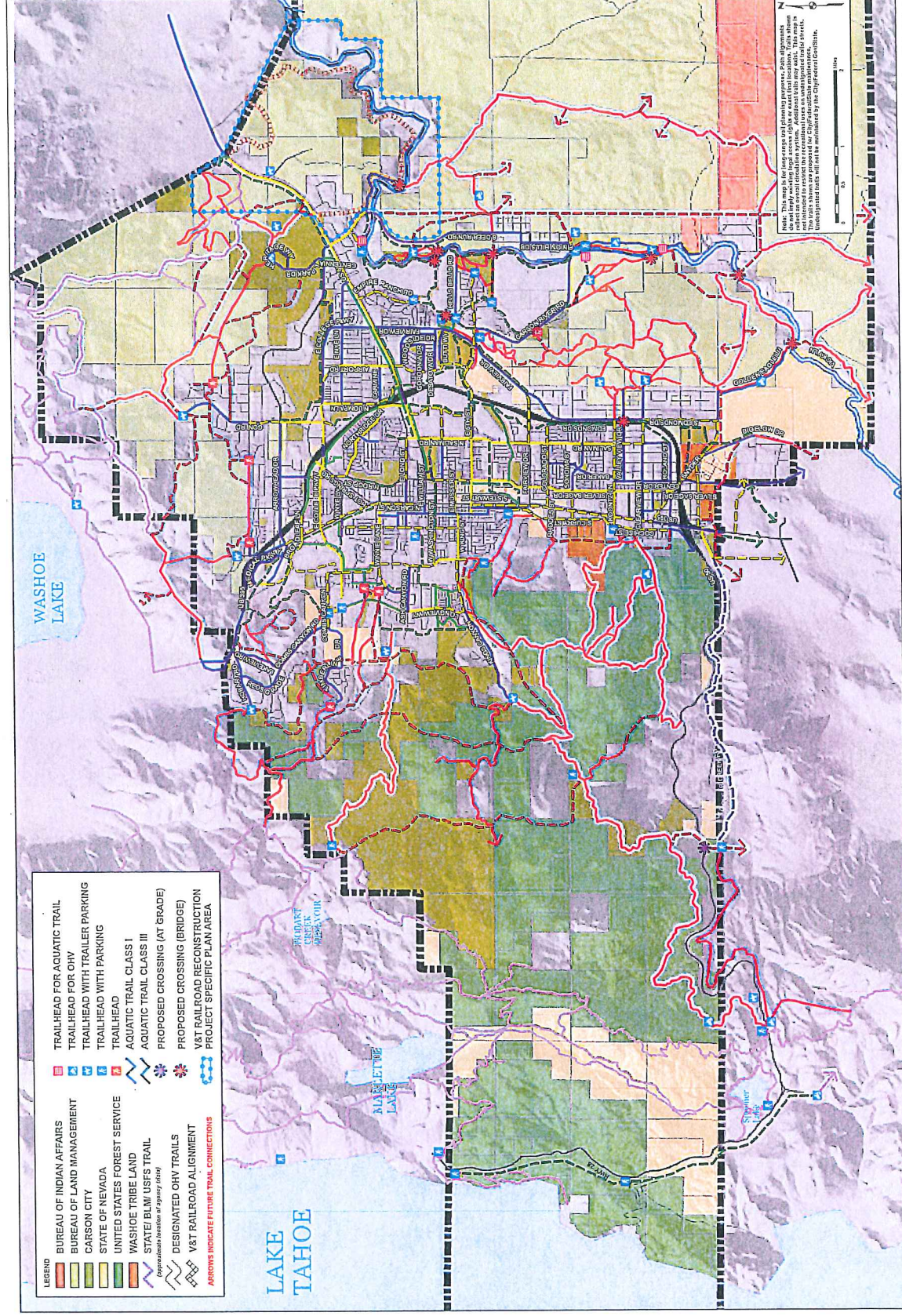
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REV	DATE	DESCRIPTION

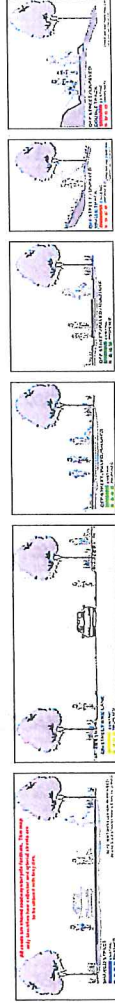
C3

DATE: JANUARY 2014
DRAWN BY: CLD
DESIGNED BY: CSH
CHECKED BY: CLM
JOB NO.: 8021.000

Exhibit D



**UNIFIED PATHWAYS
MASTER PLAN
CARSON CITY,
NEVADA**



Approved: April 18, 2008
 WILSON
 W
 ASSOCIATE
 CARSON CITY

Exhibit E

RECTRAILS PROGRAM SUMMARY

http://www.fhwa.dot.gov/environment/recreational_trails/legislation/#recreational

Federal funding for 2013 and 2014 is authorized under the "Moving Ahead for Progress in the 21st Century Act" (MAP-21), Public Law 112-141.

Prior to this time, it was funded under the Safe, Accountable, Flexible, and Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) signed into law in 2005, continuing the National Recreational Trails Program (RecTrails or RTP). This Program provides for the allocation of federal gas taxes paid on non-highway recreation fuel use and is administered by the Federal Highway Administration (FHWA). Administration of the program has been delegated by the Governor through the Nevada Department of Transportation to the Division of State Parks.

The RTP is designed to supplement and assist current federal, state, local and volunteer trail efforts. Through financial and technical assistance, and improved communications among all trail interests, the program is intended to expand the quantity and improve the quality of recreational trails in America. This program requires states to (1) designate a state official responsible for the trails program, (2) create a state recreational trails advisory board and (3) use the funds to meet the goals of the Trails Act.

The Division of State Parks has an approved 2010 Statewide Comprehensive Outdoor Recreation Plan (SCORP) that addresses issues related to recreational trails. In addition, the Nevada 2005 State Recreational Trails Plan lists issues (see Appendix D for a complete list of all 13 State Trails Plan issues). Projects submitted for funding will be specifically assessed as they address State Recreational Trails Plan issues.

FHWA guidelines require each state to establish a State Recreational Trails Advisory Board (SRTAB) consisting of both motorized and non-motorized trail users. This board is charged with evaluating proposed projects and making recommendations on projects to be funded. In Nevada, an Ad Hoc Nevada State Recreational Trails Advisory Committee, comprised of federal, state, and local government officials, and representatives of trail user groups from across Nevada, performs this function. See Nevada State Parks website <http://parks.nv.gov/> for more information.

The U.S. Congress or the Nevada Department of Transportation (NDOT) Director may authorize spending limits less than the apportionment to the State of Nevada. Federal rescissions are also a possibility that would further reduce available funding.

States may provide funds as grants to private individuals and organizations, city, county, state, and federal governmental entities, and special government districts, such as General Improvement Districts.

FUNDING INFORMATION 2014

All project sponsors are advised to read this manual thoroughly before proceeding with an application. Project sponsors are **highly encouraged** to call the State Trails Administrator, Jenny Scanland at (775) 684-2787 for application assistance.

The RecTrails Program is a reimbursable program for costs actually incurred. Project sponsors must incur project costs and then submit requests for reimbursement. Project sponsors may request reimbursement quarterly while the project is underway, or as a full sum upon project completion. Costs incurred prior to project approval and issuance of a Notice to Proceed, are not eligible for reimbursement. Payments usually take over one month to process.

FUNDING ALLOCATION: Federal requirements mandate a maximum of 7% of the state's allocation may be used by the state to administer the program; a maximum of 5% may be used for educational projects.

- 40 percent shall be used for recreational trail or related projects that facilitate diverse recreational trail use within a recreational trail corridor, trailside, or trailhead, regardless of whether the project is for diverse motorized use, for diverse non-motorized use, or to accommodate both motorized and non-motorized recreational trail use;
- 30 percent shall be used for uses relating to motorized recreation; and
- 30 percent shall be used for uses relating to non-motorized recreation.

AMOUNT YOU CAN REQUEST: Non-motorized and educational applications have a funding request maximum of \$200,000 and a minimum of \$4,000. Motorized applications have no maximum request ceiling, and a minimum of \$4,000.

MATCHING REQUIREMENTS

- There is a required matching share from a project sponsor. In Nevada, the match requirements are 20% matching share for non-motorized projects and 5% for motorized projects.
- The matching share may include volunteer labor, in-kind services, cash, and the donation of private funds, materials, and services at fair market value. Please only submit match directly related to the construction or implementation of the program. Do not over inflate your match.
- In 2012, the RTP committee voted to allow (beginning with 2012 grants) for one public trail work day to occur per project and the costs including volunteer hours can be used as match not to exceed \$2,000.00. (Volunteer rate valued at \$21.79 per hour; untrained is \$15.00).
- Federal funds can be used toward the 20% matching share; the total federal share cannot exceed 95% of the total project cost. Non-federal funds must provide the minimum of 5% of the total project cost.
- **PLANNING AND ENVIRONMENTAL ASSESSMENT COSTS INCURRED PRIOR TO PROJECT APPROVAL.**—*The Secretary may allow preapproval planning and environmental*

compliance costs *to be credited toward the non-Federal share* of the cost of a project described in subsection (d)(2) (other than subparagraph (H)) in accordance with subsection (f), limited to costs incurred less than 18 months prior to project approval. *They may not be reimbursed, only used as match.*

- **INDIRECT COSTS** - If the applicant has an **ICAP** (Indirect Cost Allocation Plan), they can claim “up to 7%” of the federal portion of the grant. Because there is an ICAP, the remaining amount can be claimed as match. The ICAP must be current and not expired, with the cognizant federal agency. The remaining ICAP % amount can be used as match.
- If a grantee does not have an ICAP, they cannot claim 7% indirect costs. If a grantee wishes to develop an ICAP, they must submit one with this application to State Parks who will work with Federal Highways to accept ICAP proposals prior to grant award. If the applicant has no ICAP, no indirect costs can be reimbursed or used for match.

PROJECT CATEGORIES

The funding categories are defined as:

➤ **Category 1 - Non-motorized for single use.**

A project primarily intended to benefit only one mode of non-motorized recreational trail use, such as pedestrian only, or equestrian only. Projects serving various pedestrian uses (such as walking, hiking, wheelchair use, running, bird-watching, education, interpretation, backpacking, etc.) constitute a single use for the purposes of this category. Note: wheelchair use by mobility-impaired people, whether operated manually or powered, constitutes pedestrian use, not motorized trail use. Projects serving various non-motorized human-powered snow uses (such as skiing, snow shoeing, etc.) constitute a single use for this category.

➤ **Category 2 - Non-motorized for diverse use.**

A project primarily intended to benefit more than one mode of non-motorized recreational trail use such as: walking, bicycling, and skating; both pedestrian and equestrian use; and pedestrian use in summer and cross-country ski use in winter.

➤ **Category 3 - Diverse use (motorized and non-motorized).**

A project intended to benefit both non-motorized recreational trail use and motorized recreational trail use. This category includes projects where motorized use is permitted, but is not the predominant beneficiary. This category includes projects where motorized and non-motorized uses are separated by season, such as equestrian use in summer and snowmobile use in winter. Other examples: a common trailhead project serving separate ATV and bicycle trails; purchasing a machine to groom both snowmobile and cross-country ski trails.

➤ **Category 4 - Motorized for single use.**

A project primarily intended to benefit only one mode of motorized recreational use, such as snowmobile trail grooming. A project may be classified in this category if the project also benefits some non-motorized uses (it is not necessary to exclude non-motorized uses), but the primary intent must be for the benefit of motorized use.

Exhibit F

**Nevada Recreational Trails Grant Application
FY2014**

Applicant: Carson City Parks and Recreation Department

Project Name: Ash Canyon Creek Bridge

Item Description	Federal Grant	Federal Match	Non-Federal Match	Total
Design and Engineering Costs (Breakdown costs & purpose)			Site Survey, hydraulic analysis, bridge and site design & drafting, meetings: 94 hrs x \$21.79/hr = \$2,048	\$2,048
Planning costs				
Direct labor costs				
<u>Volunteer or donated labor</u> # hrs unskilled labor @\$15/hr = # hrs skilled labor @\$21.79 /hr =			Layout of bridge, excavation and construction of gabion abutments & bridge approaches: 370 hrs x \$15/hr = \$5,550 75 hrs x \$21.79/hr = \$1,634	\$7,184
Purchase or rental of equipment				
Construction or other Contract Attach a copy of estimate or identify what contract will include	Construction contract with Horizon Construction to transport bridge materials to site, assemble bridge & construct abutments: \$18,000			\$18,000
Purchase of Materials List items & cost of each item or group of items	Prefabricated bridge kit, delivered: \$11,000 Gabion baskets and rock: \$3,000 1 Trailhead Kiosk and 1 trailhead sign: \$2,500			\$17,000
Vehicle Gas and Maintenance				
Other: be specific				
Totals	\$34,500		\$9,232	\$43,732
Percentages	79%		21%	100%

Note: required match is 20% for non-motorized and 5% for motorized. Federal dollars cannot exceed 95% of the project. Only eligible costs directly related to the project can be used as match.

Exhibit G

STATE OF NEVADA
Division of State Parks
Recreational Trails Program Project Agreement

Project Sponsor: Carson City		Project Number: 2014--06	
Project Name: Ash Canyon Bridge			
Period Covered by Agreement:			
From: date of this signed agreement			
To: 12/31/2015			
Scope of Work:			
1. Purchase and installation of bridge at Ash canyon, signs and kiosk			
Standards applied to this project: ADA, CCMC			
Total Project Cost:		Federal Grant Share: \$ 34,500 <u>79</u> %	
\$ 43,732		Matching Share: \$ 9,232 <u>21</u> %	
The following attachments are hereby incorporated into this agreement:			
<input checked="" type="checkbox"/> General Provisions			
<input checked="" type="checkbox"/> Project Application			
The project sponsor agrees to submit quarterly progress reports and quarterly requests for reimbursement. Reports must be submitted to the Nevada Division of State Parks on the forms provided by the Division on the dates listed below, in accordance with Nevada's FY2002 Recreational Trails Program Manual. Quarterly progress reports must be in narrative format and contain detailed information about work accomplished during the previous quarter, as it pertains to the scope of work in this Project Agreement.			
Quarters and due dates:			
1 st quarter	January 1 through March 31	Report due:	April 10
2 nd quarter	April 1 through June 30	Report due:	July 10
3 rd quarter	July 1 through September 30	Report due:	October 10
4 th quarter	October 1 through December 30	Report due:	January 10
Requests for reimbursement must be accompanied by copies of receipts, copies of cancelled checks or payment vouchers. 25% of the total grant amount will be retained by the Nevada Division of State Parks			

until a representative from the Recreational Trails Program has completed the final inspection and has verified the scope of work is complete and the project meets the applicable standards and specifications, as noted above.

The State of Nevada hereby promises, in consideration of the promises made by the Project Sponsor herein, to take the necessary steps and action and to attempt to enter into an agreement with the Federal Highway Administration to obtain Federal Money for that portion of the project referred to as Federal Assistance, to accept such funds from the United States and to tender to the Project Sponsor that portion of the obligation which is required as the Federal Grant.

The Project Sponsor hereby promises, in consideration of the promises made by the State of Nevada herein, to execute the project described above in accordance with the terms of this agreement and as described in the Nevada Recreational Trails Program Grants Manual.

In witness whereof, the parties hereto have executed this agreement as of the date below:

STATE OF NEVADA

PROJECT SPONSOR

By:

By:

Signature

Signature of Representative

Jenifer Scanland

Typed Name

Typed Name

State Trails Coordinator

Title

Name of Board/Commission/Agency

Date

Date

Reimbursement checks should be made payable to:

Contact Person: Carson City Parks and Recreation Department

Name: Juan F. Guzman, Open Space Manager

Address: 3303 Butti Way, #9

City, State, Zip: Carson City, NV 89701

Phone: (775) 887-2262 x 30341

Fax: (775) 887-2145

E-mail: jguzman@carson.org

**NEVADA DIVISION OF STATE PARKS
INTERNAL AUDIT
ANNUAL AUDIT INFORMATION SURVEY**

Grant Recipient: _____

FEDERAL PROGRAM AWARD INFORMATION

1. Please fill in the table below to show all grant money "claimed or reimbursed" to your organization from Nevada Division of State Parks for the claim period July 1, 2011 through June 30, 2012, the total claim for your organization:

Program	Land & Water Conservation Fund	Grant Agreement Number	Total Amount Reimbursed
Recreational Trails Program CFDA 20.219	CFDA 15,916		

If the amount you expended does not agree with our records, we will contact you.

2. Did your institution expend \$500,000.00 or more in all Federal awards (including awards not listed on this survey) during your most recent fiscal year? Yes ___ No ___

Note: Non-Federal entities that expend \$500,000.00 or more in a year in total Federal Awards are required to have a single or program-specific audit conducted for that year in accordance with *OMB Circular No. A-133*. The *A-133 Audit and Data Collection Form* Must be submitted to the Nevada Division of State Parks within nine months after the close of your fiscal year.

INFORMATION CONCERNING AUDITS

- 3. When does your fiscal year end? _____
- 4. How often is your agency audited? _____
- 5. When was the last audit performed? _____
- 6. What time period did it cover? _____
- 7. Which accounting firm conducted the audit? _____

Authorized Signature Title Date

Please return the completed survey form no later than Sept. 1, 2012 to:
Nevada Division of State Parks, Recreation Trails
901 S. Stewart Street
Carson City, NV 89701
If you have any questions, please call the Recreation Trails Manager
(775)684-2787

QUARTERLY PROGRESS REPORT
2014 – 06 ASH CANYON BRIDGE KIOSK AND SIGNS
(Submit this form every quarter)

- I am
 I am not

submitting a request for reimbursement with this quarterly progress report.

Percent of Project Completed to Date: _____ %

Recreational Trails Program

Project Number: 2014-06 Grant Expiration Date: 13/31/2015
Grant Name: Ash Canyon Bridge
Contact: Juan Guzman

Please verify and update the project sponsor contact data as needed.

- Submission Period (*Check one*): January 1- March 31 (due April 10)
 April 1- June 30 (due July 10)
 July 1- September 30 (due October 10)
 October 1- December 31 (due January 10)

Quarterly Progress: (*Narrative description of work accomplished this quarter as it pertains to the scope of work.*)

REQUEST FOR REIMBURSEMENT

2014 – 06 ASH CANYON BRIDGE

(Submit this form only if requesting reimbursement or match)

Project # 2014-06

- I am submitting a request for reimbursement.
 I am submitting a request for match adjustment.

Dates This Request Covers From: _____ to _____.

INSTRUCTIONS

1. Complete each blank every quarterly reporting period. If you are not submitting a request for reimbursement with this quarterly report, please enter zeroes in the appropriate columns.
2. Round requests for reimbursement to the nearest dollar—**do not show decimals**.
3. Attach receipts, copies of checks or vouchers documenting proof that payment has been made for this reimbursement request. Documentation must be clearly labeled whether it is to apply toward the match or the grant share. The request must demonstrate that both the grant share and the matching share are being met.

A	B	C	D	E	F	G
Grant Award			Requests for Reimbursements			Balance Remaining (B-F)
Type	Amount	%	This Request	Previous Requests	Total (D + E)	
Grant	\$34,500	79%	\$	\$	\$	\$34,500
Match	\$ 9,232	21%	\$	\$	\$	\$ 9,232
Total	\$43,732	100%	\$	\$	\$	\$43,732

Grant Share Request:

Please provide an itemized list of expenditures applied toward the grant share for this request.
(Please, only information pertinent to the reimbursement justification)

Matching Share:

Please provide an itemized list of expenditures applied toward the matching share for this request.
(Please, only information pertinent to the match justification)

Signature

Date

Contact Person: Carson City Parks and Recreation Department

Name: Juan F. Guzman, Open Space Manager

Address: 3303 Butti Way, #9

City, State, Zip: Carson City, NV 89701

Phone: (775) 887-2262 x 30341

Fax: (775) 887-2145

E-mail: jguzman@carson.org

**STATE OF NEVADA
REGISTRATION
SUBSTITUTE IRS FORM W-9**



Mail or fax to:
STATE CONTROLLER'S OFFICE
 555 E WASHINGTON AVE STE 4300
 LAS VEGAS NV 89101-1071
PHONE: 702/486-3810 or 702/486-3856
FAX: 702/486-3813

Asterisked () sections are mandatory and require completion.*

1. *NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
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2. *ADDRESS/CONTACT INFORMATION

Address A – Physical address of <input type="checkbox"/> Company Headquarters <input type="checkbox"/> Individual's Residence Is this a US Post Office deliverable address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Address B <input type="checkbox"/> Additional Remittance – PO Box, Lockbox or another physical location.		
Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
E-mail Address			E-mail Address		
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact			Primary Contact		

3. *ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN)	<input type="checkbox"/> LLC How does LLC report to IRS? <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SSN
		Name associated with SSN:
		EIN
New TIN? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide previous TIN & effective date.		Previous TIN: _____ Date: _____

OTHER INFORMATION Check all that apply.

<input type="checkbox"/> Doctor or Medical Facility	<input type="checkbox"/> In-State (Nevada)
<input type="checkbox"/> Attorney or Legal Facility	<input type="checkbox"/> DBE Certificate #:

4. ELECTRONIC FUNDS TRANSFER PREFERENCE Do you want payments to be directly deposited into your bank account?
 Yes – Complete the following information **and** provide a copy of a voided imprinted check for the account. If there are no checks for the account, restate the bank information on letterhead. **A deposit slip will not be accepted.** For a savings account, provide a signed letter with the bank information. Information on this form and the support documentation must match. Allow 10 working days for activation.
 No - Go directly to section 5 – **IRS Form W-9 Certification and Signature.**

The information is for address <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Both		
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Select only one: Send Direct Deposit Remittance Advices by <input type="checkbox"/> US mail <input type="checkbox"/> E-mail to <i>E-mail address must be 30 characters or less.</i>
Transit Routing Number	Bank Account Number	

5. *IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev October 2007).

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Print Name & Title of Person Signing Form	Date
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FOR STATE CONTROLLER'S OFFICE USE ONLY		Name of State agency contact & phone number:
Primary 1099 Vendor Entered By <input type="checkbox"/>	1099 Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No Date	Comments

Registration Instructions

General Instructions:

1. The substitute IRS Form W-9 is for the use of United States entities only. Non-US entities must submit an IRS Form W-8.
2. Type or legibly print all information except for signature.
3. Asterisked (*) sections or items are mandatory and require completion. Sections or items without an asterisk are optional.

Specific Information:

1. ***NAME**
 - a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.
 - b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.
 - c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.
2. ***ADDRESS/CONTACT INFORMATION**
 - a. Address A – *If the address is non-deliverable by the United States Postal Service, complete both Address A and B sections.*
Company – Provide physical location of company headquarters.
Individual – Provide physical location of residence.
E-mail – Provide complete e-mail address when available.
Telephone Number – Include area code.
Fax Number – Include area code.
Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.
 - b. Address B – Provide additional remittance address and related information when appropriate.
3. ***ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)**
 - a. Individual – A person that has no association with a business.
 - b. Proprietorship – A business owned by one person.
 - c. Partnership – A business with more than one owner and not a corporation.
 - d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.
 - e. LLC – Limited Liability Company. **Must mark appropriate classification – proprietorship, partnership or corporation.**
 - f. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.
 - g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.
 - h. Doctor or Medical Facility – Person or facility related to practice of medicine.
 - i. Attorney or Legal Facility – Person or facility related to practice of law.
 - j. In-state – Nevada entity.
 - k. Disadvantaged Business Enterprise (DBE) – A small business enterprise that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. **Provide certification number.** See <http://www.nevadadbe.com> for certification information.
 - l. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS. **Per the IRS, use the owner's social security number for a proprietorship.**
4. **ELECTRONIC FUNDS TRANSFER PREFERENCE**

Electronic Funds Transfer (EFT) is optional. However, it is the preferred method of payment to all payees of the State of Nevada. Provide a copy of a voided imprinted check or restate bank information on letterhead. **A deposit slip will not be accepted.**

 - a. *Bank Name – The name of the bank where account is held.
 - b. *Bank Account Type – Indicate whether the account is checking or savings.
 - c. *Transit Routing Number – Enter the 9-digit Transit Routing Number.
 - d. *Bank Account Number – Enter bank account number.
 - e. *Direct Deposit Remittance Advice – Select the preferred method for receiving remittance advices. E-mail address must be 30 characters or less. Companies should provide an address that will not change, i.e. accounting@business.com.
5. ***IRS FORM W-9 CERTIFICATION AND SIGNATURE**
 - a. The Certification is copied from IRS Form W-9 (rev. October 2007). See IRS Form W-9 for further information.
 - b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
 - c. Print the name and title, when applicable, of the person signing the form.
 - d. Enter the date the form was signed. Forms over three years old will not be processed.

Do not complete any remaining areas. They are for State of Nevada use only.

Mail, Fax or E-mail signed form to: NEVADA STATE CONTROLLER'S OFFICE
555 E WASHINGTON AVE STE 4300
LAS VEGAS NV 89101-1071
Fax: 702/486-3813
E-mail: vendordesk@controller.state.nv.us

Sending to any other location will delay processing.

Questions can be directed to 702/486-3810 or 702/486-3856 or e-mailed to vendordesk@controller.state.nv.us.

Title 23: Highways

PART 630—PRECONSTRUCTION PROCEDURES

Subpart A—Project Authorization and Agreements

§ 630.112 Agreement provisions.

[↑ top](#)

(a) The State, through its transportation department, accepts and agrees to comply with the applicable terms and conditions set forth in title 23, U.S.C., the regulations issued pursuant thereto, the policies and procedures promulgated by the FHWA relative to the designated project covered by the agreement, and all other applicable Federal laws and regulations.

(b) Federal funds obligated for the project must not exceed the amount agreed to on the project agreement, the balance of the estimated total cost being an obligation of the State. Such obligation of Federal funds extends only to project costs incurred by the State after the execution of a formal project agreement with the FHWA.

(c) The State must stipulate that as a condition to payment of the Federal funds obligated, it accepts and will comply with the following applicable provisions:

(1) *Project for acquisition of rights-of-way.* In the event that actual construction of a road on this right-of-way is not undertaken by the close of the twentieth fiscal year following the fiscal year in which the project is authorized, the STD will repay to the FHWA the sum or sums of Federal funds paid to the transportation department under the terms of the agreement. The State may request a time extension beyond the 20-year limit with no repayment of Federal funds, and the FHWA may approve this request if it is considered reasonable.

(2) *Preliminary engineering project.* In the event that right-of-way acquisition for, or actual construction of, the road for which this preliminary engineering is undertaken is not started by the close of the tenth fiscal year following the fiscal year in which the project is authorized, the STD will repay to the FHWA the sum or sums of Federal funds paid to the transportation department under the terms of the agreement. The State may request a time extension for any preliminary engineering project beyond the 10-year limit with no repayment of Federal funds, and the FHWA may approve this request if it is considered reasonable.

(3) *Drug-free workplace certification.* By signing the project agreement, the STD agrees to provide a drug-free workplace as required by 49 CFR part 29, subpart F. In signing the project agreement, the State is providing the certification required in appendix C to 49 CFR part 29, unless the State provides an annual certification.

(4) *Suspension and debarment certification.* By signing the project agreement, the STD agrees to fulfill the responsibility imposed by 49 CFR 29.510 regarding debarment, suspension, and other responsibility matters. In signing the project agreement, the State is providing the certification for its principals required in appendix A to 49 CFR part 29.

(5) *Lobbying certification.* By signing the project agreement, the STD agrees to abide by the lobbying restrictions set forth in 49 CFR part 20. In signing the project agreement, the State is providing the certification required in appendix A to 49 CFR part 20.