Reset Form

APPLICATION FOR NEXT LEVEL TRAILS GRANT

State Form 56616 (R / 12-18)
DEPARTMENT OF NATURAL RESOURCES

APPLICANT INFORMATION

Name of organization City of Auburn	Type of organization ☑ Unit of Government ☐ Non-Profit
Address of organization *(number and street, city, state, and ZIP code)* 210 E Ninth Street, Auburn IN 46706	
Name of primary contact person Michael Ley	Title of primary contact person Mayor
Telephone number (260) 925-5430	E-mail address mdley@ci.auburn.in.us

PROJECT INFORMATION

Name of project Cedar Creek Trail - Outdoor Theater Leg	Significance ☑ Local ☐ Regional
Brief description of project Eleventh Street pedestrian bridge installation, trail along Cedar Creek with direct access to DeKalb Outdoor Theater, railroad bridge restoration, trail to Eckhart Park	

Project Location

County (Counties) DeKalb	Cities / towns / townships (if rural) Auburn	Is this project part of an existing local or regional plan? ☑ Yes ☐ No
Name(s) of trail(s) (if any) this project will connect to, or extend Eckhart Park Trail, Hague Nature Trail		
Is project offered in collaboration with another Next Level Trails applicant? ☐ Yes ☑ No	If yes, name of Collaborative applicant	

Project Summary

Total miles this project will develop	Type of trail use *(check all that apply)* ☑ Hiking / Pedestrian ☑ Bike ☐ Equestrian ☐ Other:	
Type of trail surface *(check all that apply)* ☐ Pavement type: asphalt / concrete ☐ ADA Compliant Crushed Stone ☐ Natural ☐ Other:		
Land acquisition? *(check one)* ☐ Yes ☑ No	Trail corridor real estate rights held by applicant *(check all that apply)* ☐ Owned fee simple ☑ Easement	Estimated completion date *(month, year)*

FUNDING

Cost Estimate

Type	Estimate
Design and Engineering *(if applicable)*	
Land Value *(if applicable)*	
Fee Simple	
Easement	
Trail Construction	
Total Project Cost	$ 0.00

Match

Type	Value	Name of Partner *(if applicable)*
Total Match Value	$ 0.00	
Percentage Match ***(Must meet program minimum of 20% match.)***	0.0%	
GRANT AMOUNT REQUESTED	$ 0.00	

To the best of my knowledge, information in this application is true and correct. The applicant will comply with all conditions of the program if funding is approved.

Signature of authorized representative	Date *(month, day, year)*