

SHARED-USE PATH PROPOSAL AND EVALUATION FORM

Massachusetts Department of Conservation and Recreation

1. Third-Party Proponent Contact:

Name

Title

Organization

Phone

Address

City

Email

State

Zip Code

2. **Scope:** Provide a description of the proposed trail and project. Include the current phase (e.g., feasibility, design, construction) and how it may impact DCR land. Include a detailed map with property ownership delineated, as well as proposed trail specifications.

3. **Outreach:** Briefly describe public outreach, support, and planning to date. Include references in any approved plans.

4. Demand and Management:

- a. What is the evidence for demand for this project?

b. What costs are associated with this phase of the project and how will this project be funded?

c. Who will manage and maintain this trail project in the future?

5. Initial Evaluation:

a. Historic, cultural or archaeological resource impacts / issues:

b. Community impacts / issues:

c. Rare, endangered and threatened species or natural community resources / impacts:

d. Is the trail located in NHESP Priority Habitat? Yes No

e. Other critical wetland, natural resources or wildlife habitat resources / impacts:

f. Other potential impacts or conflicts:

6. Maps: Please attach all relevant maps including overview, detail, resources, and others that will help make a determination for the project.

DCR REVIEW OF PROPOSED TRAIL PROJECT

(This section to be completed by DCR staff)

1. DCR Point Person Contact:

Name

Title

DCR Division

Phone

DCR Office Address

City

DCR Email

State

Zip Code

2. Is this project supported by existing DCR plans? Yes No

3. Is it embodied in an RMP or Trail Plan? Yes No

If not, is the project supported by DCR Operations and the Trails and Greenways Section? Yes No

4. What are the potential short- and long-term management issues associated with this project?

DCR TRAIL PROPOSAL APPROVALS

Within one month of the date submitted by proponent, please finalize approval or disapproval and email the e-signed copy of the completed form to:

Gerald Autler, Director, Trails and Greenways
gerald.autler@mass.gov

Regional Director
Signature and Date

*Recommend
Approval*

*Recommend
Rejection*

*With Noted
Considerations
Below*

District Manager
Signature and Date

*Recommend
Approval*

*Recommend
Rejection*

*With Noted
Considerations
Below*

Cultural Resources
Signature and Date

*Recommend
Approval*

*Recommend
Rejection*

*With Noted
Considerations
Below*

Ecology
Signature and Date

*Recommend
Approval*

*Recommend
Rejection*

*With Noted
Considerations
Below*

Design & Project Mgmt
Signature and Date

*Recommend
Approval*

*Recommend
Rejection*

*With Noted
Considerations
Below*

Engineering
Signature and Date

*Recommend
Approval*

*Recommend
Rejection*

*With Noted
Considerations
Below*

This trail project is approved to proceed in accordance with, but not limited to, DCR policies and procedures as described below and in communication going forward. By signing this form, DCR is providing approval for the project proponent to move forward with the project, taking all necessary and required steps prior to implementation. The completion of this project is dependent upon all steps being completed successfully. This form does not guarantee completion of the project and DCR reserves the right to rescind approval if necessary.

Trails and Greenways
Signature and Date

*Recommend
Approval*

*Recommend
Rejection*

*With Noted
Considerations
Below*