

**NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION
TRANSPORTATION ENHANCEMENT PROGRAM**

**2009-2010 Round Application Form for
Candidate Projects**

1. Sponsor Information

Applicant Name:
Southern New Hampshire Rail Trail Alliance
Mailing Address: See below contact information

Contact Name: **William J. Scott**
Title: **Community Development Director, Town of Salem**
Mailing Address: **Town Hall, 33 Geremonty Drive, Town of Salem, New Hampshire, 03079**
Telephone: **603-890-2007**
Email: wscott@ci.salem.nh.us

Sponsoring Regional Planning Commission:
Regional Planning Commission(s) Rockingham Regional Planning Commission (Salem and Windham) and Southern New Hampshire Regional Planning Commission (Derry)

Eligibility Application Type: In accordance with page 3 of the 2009 – 2010 Transportation Enhancements Program Application and Guidance, prepared by NHDOT, the application has direct eligibility under the following items:

- Item 1. Provision of facilities for pedestrians and bicycles.
- Item 8. Preservation of abandoned railway corridors (including the conversion and use of the corridors for pedestrian or bicycle)

Brief Description: The SNHRTA will represent the combined interests of the participating communities with the Town of Salem serving as the primary grants management entity through its Community Development Office. The TE application will address trail components and that will result in construction of appurtenances and new trail sections creating unimpeded access to over ten miles of trails, of the Salem to Concord Bikeway plan, across three communities serving resident populations of over 70,000 persons.

Letters from the sponsoring RPCs regarding project specific comments from the RPC and the overall regional priority rankings letter with this proposed project highlighted will be attached by NHDOT staff and considered as part of the NHDOT review of projects. Points will be awarded as follows:

<u>Rank</u>	<u>Points</u>
1	45
2	15
3	5

For NHDOT use only:

Application # _____

LOI Received: _____

MMW Att. Name: _____

MMW Date: _____

Date Received: _____

By: _____

Score: _____