

Trail Town Self-Assessment

Trail

Is your town connected to (or near) a regional trail? (see page 11)

Yes: What regional trail(s):

No

List other neighboring trails and their proximity to your town (in miles):

What types of trails exist in/near your town (hiking, biking, paddling, multi-use, equestrian, etc.)?

Who maintains your trail(s)? Please identify each trail and the manager:

Accessibility

What is the location of the trail, compared to the business district? Does your trail go right through the heart of downtown? Or is it more towards the edge of town?

Do you have signage on the trails that clearly identifies the direction/distance to your town? Can trail users easily recognize that your town is near the trail? Please describe.

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Town Participation

Are your business owners and citizens aware that there is a trail near your town? Are they well-informed about the trail? If not, what steps will you take to accomplish these goals?

What events take place on or near your trail? Please specify the purpose of the event, degree of local participation, who hosts it, how often it occurs, and recent attendance numbers (if available):

Do you have a Trail Town plan or local development plan that includes trails? Please describe:

Describe the citizen initiatives in your own town that foster and maintain trail growth and traffic:

Describe any efforts that have been made to coordinate with neighboring communities on trail related events/activities and trail connectivity:

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Amenities (select all that apply)

- Public Restrooms
- Trailheads
- Trash cans/Recycle bins
- Water Fountains
- Bike Racks
- Bicycle Repair Stations
- Boat Docks & Launches
- Hitching Posts, Mounting Stations, Water Troughs, etc.
- Welcome Center
- Pavilions
- Picnic Tables
- Free Parking
- Other:

Information

When visitors come to your town, how do they get information?

Physical location to get information: _____

Website location: _____

Is there wayfinding signage and information about the town on the trail?

- Yes No

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What type of information is provided on the wayfinding signage on the trail? (select all that apply)

- Mileage
- Direction
- Other trails
- Towns
- Attractions
- Restrooms
- Local Businesses
- Overnight Accommodations
- Emergency Information

In town, is there wayfinding signage and information about the amenities?

- Yes No

What type of information is provided on the wayfinding signage in town? (select all that apply)

- Mileage
- Direction
- Other trails
- Towns
- Attractions
- Restrooms
- Local Businesses
- Overnight Accommodations
- Emergency Information

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Health

Is your town engaged in any healthy community initiatives? Please describe:

Safety

- Yes No Does your town have wide sidewalks (10-12')?
- Yes No Does your town have protected bike lanes?
- Yes No Does your town have crosswalks?
- Yes No Is your downtown business district well-lit?
- Yes No Is your downtown safely navigable by foot/bicycle?
- Yes No Does your trail/town have emergency wayfinding points/signage?
- Yes No Does your trail/town have emergency call boxes?
- Yes No Is your community engaged in any safety initiatives?
- Yes No Have first responders received training for trail emergencies?

Has local law enforcement taken any initiatives to address pedestrian and bicycle safety? Please describe:

Are your law enforcement officers and first responders familiar with the trail location, terrain, and length? Please describe the extent of their knowledge and any training they have received on this:

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For each of the following, please list the contact person and their telephone number:

Fire Department

Police Department

Medical Services

List all medical services available to trail users, including specialized equipment, training, and facilities:

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Businesses

Overnight Accommodations: (please select all that apply)

- Hotel
- Motel
- Bed & Breakfast
- Vacation Rentals
- Hostel
- Cabins
- Camping
- Other: _____

Restaurants & Food Options: (please select all that apply)

- Fast Food
- Locally-Owned Restaurants
- Coffee Shop
- Brewery
- Tavern
- Pub
- Bakery
- Other: _____

Retail & Services: (please select all that apply)

- Grocery Store
- Convenience Store
- Pharmacy
- General Store
- Laundromat
- Bank/ATM
- Gas Station

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Emergency Services

Post Office

Other: _____

Outdoor Recreation Outfitters: (please select all that apply)

Rentals

Sales

Equipment & Repairs

Apparel

Supply Re-stock

Equine Supplies

Other: _____

For each of the following, please list the contact person and their telephone number:

Chamber of Commerce

Visitor, Tourism or Economic Development Council

Mayor or City Council or City Commissioner's Office

This form is intended to be submitted by a City (or County) government representative. Support groups may assist with the completion of this Assessment but the Primary Contact must be from the City/County government. Please provide contact information for the applicant below: (name, title, phone number, email)

Applicant

Signature: _____

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Statement of Intent

It is the intent of _____ (name of community, town, city, etc.) to be recognized as a Trail Town by the Office of Greenways and Trails through the Florida Department of Environmental Protection. By execution of this consent, the undersigned confirm the community's desire to participate in the Office of Greenways and Trails' Trail Town Program.

Date: _____

Printed Name: _____

(Signature of community leadership)

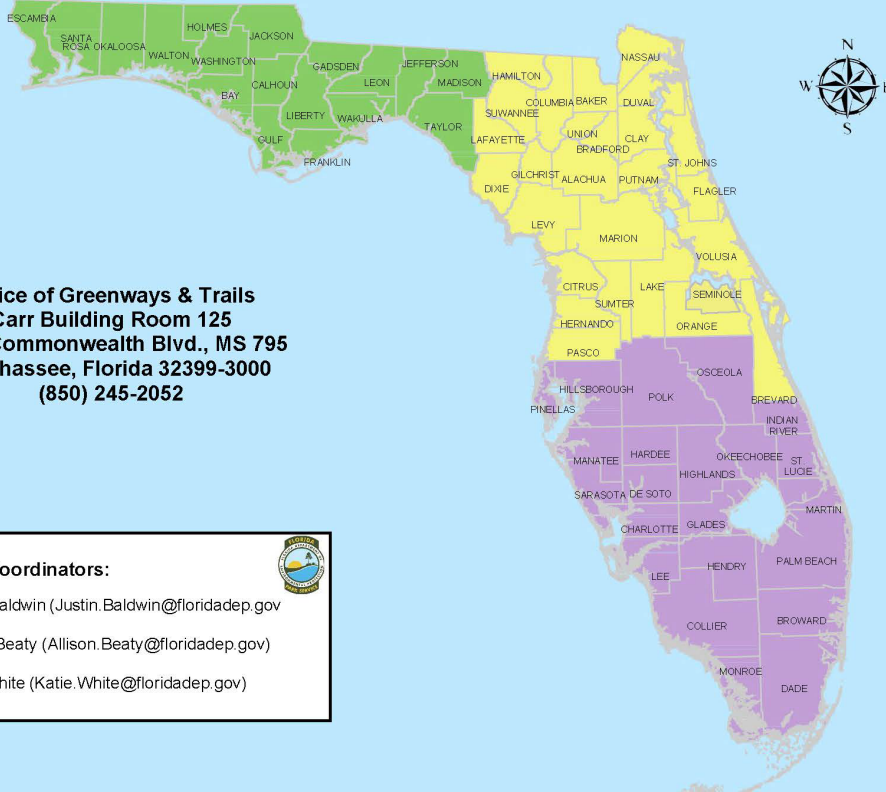
Mail or email to:

Office of Greenways and Trail
Department of Environmental Protection
3800 Commonwealth Blvd, MS 795
Tallahassee, FL 32399-3000

OfficeofGreenwaysandTrails@FloridaDEP.gov

Contact information for Regional Coordinators:
<https://floridadep.gov/parks/ogt/content/contacts>

Office of Greenways & Trails Coordinators



Office of Greenways & Trails
Carr Building Room 125
3800 Commonwealth Blvd., MS 795
Tallahassee, Florida 32399-3000
(850) 245-2052

Land Trail Coordinators:

-  Justin Baldwin (Justin.Baldwin@floridadep.gov)
-  Allison Beaty (Allison.Beaty@floridadep.gov)
-  Katie White (Katie.White@floridadep.gov)



Region 1: Northwest (green)

Justin Baldwin

Justin.Baldwin@floridadep.gov

(850) 245-2063

Region 2: North/Central (yellow)

Allison Beaty

Allison.Beaty@floridadep.gov

(850) 245-2054

Region 3: South (purple)

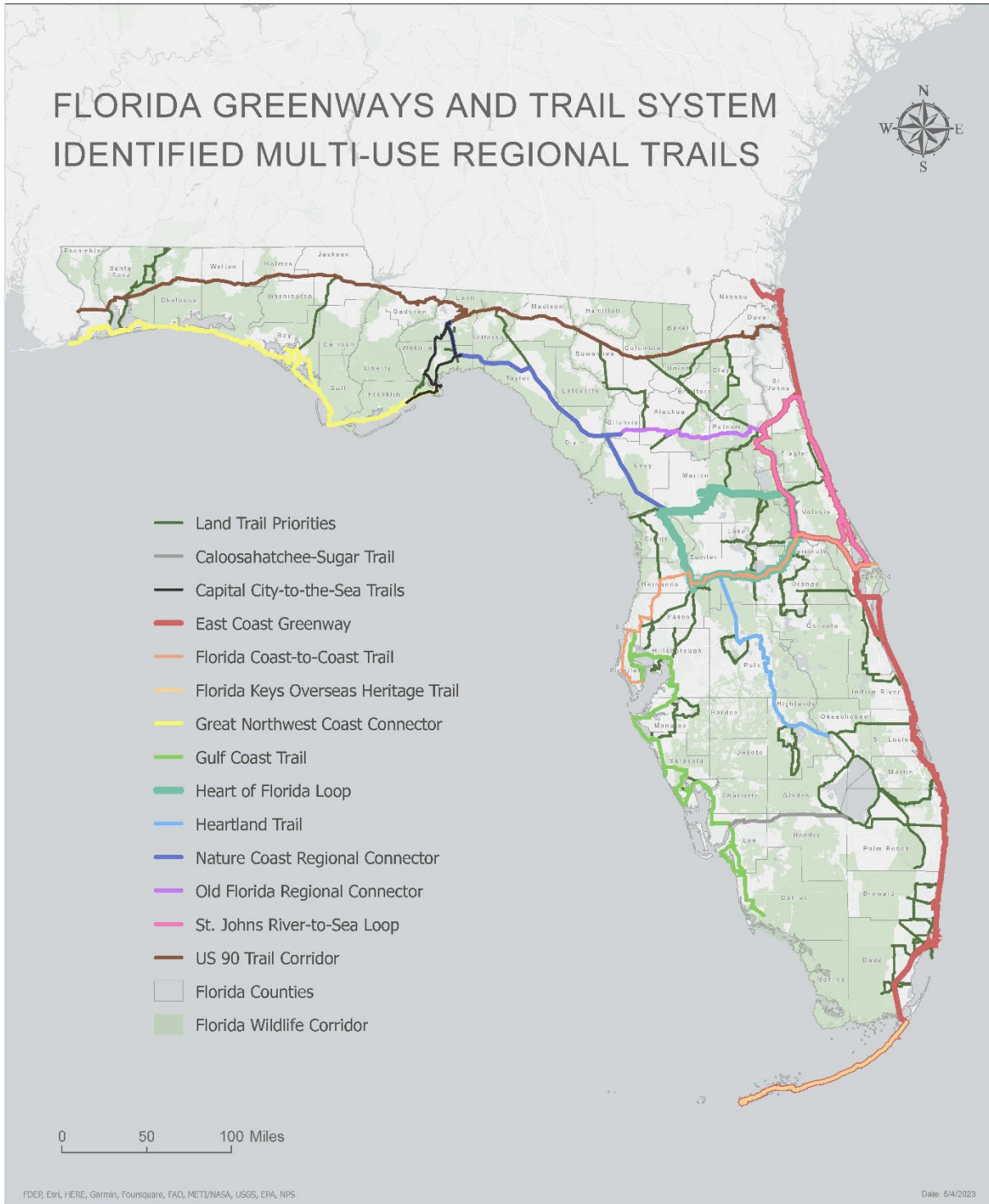
Katie White

Katie.White@floridadep.gov

(863) 314-8439

Trail Town Self-Assessment

Florida Greenways and Trail System: Identified Multi-Use Regional Trails



(Insert Town Seal Here)

Trail Town Pledge

I am aware of the City of *(insert city name here)* efforts to become a Florida Trail Town, as designated by the Florida Department of Environmental Protection-Office of Greenways and Trails, and I fully support this initiative. I pledge my support in being a resource to the users of our trails by sharing knowledge of the trails and our local businesses, distributing printed information that I may receive, and within my abilities, assisting with any other needs that the trail users may have. It is my commitment that the colleagues at my business and I will serve as welcoming ambassadors to people using our trails, and will help promote our city's biggest asset.

Business: _____

Name: _____

Signature: _____

Date: _____

How will you support the Trail Town initiative: *(please select all that apply)*

- Discounts on purchases
- Trail Information/Maps Displayed
- Free water bottle filling
- WiFi Access
- Bathroom Access
- Charging stations for devices
- Stickers
- Bike parking
- Equestrian accommodations

Completion of this Business Trail Town Pledge will earn each business a spot on the Trail Town Story Map created by the Office of Greenways and Trails as well as a Trail Town sticker to display at your location.
