

**DESIGNATION NOMINATION
HUDSON RIVER VALLEY GREENWAY TRAIL SYSTEM**

Trail Location and Contact Person

Date: _____
Trail Segment Name: _____
Location: County: _____ City / Town / Village: _____
Contact Name: _____
Alternate: _____
Phone: _____ Fax: _____
Organization: _____
Address: _____
City/State/Zip: _____
Email: _____

Characteristics and Features

Starting point: (north) _____
Ending point: (south) _____
Overall length: _____ miles (measured by wheel)
Maintained by: _____

Please attach a copy of a topographic map that highlights the trail and all connections points.

Does the trail connect to any other segments of the Greenway Trail or other trails in the community? yes no If yes, please list the trail name and the locations where the trail intersects with other trails and please make notations on the map. *(please list)*

(check all that apply)

Surface (hard): crushed stone asphalt concrete boardwalk
 other: _____
Surface (soft): soil or grass wood chips gravel ballast
 other: : _____
Available Uses: walking/hiking bicycling horseback riding fishing pets allowed
 hunting cross-country skiing other: _____
Focus: recreational cultural environmental historical
 other: _____
Setting: urban suburban rural
Public Restrooms: yes no
Parking: yes no location of parking area(s): _____
Overnight parking? yes no
Is the trail wheelchair accessible? yes no ADA compliant? yes no
Is the trail accessible by public transportation? yes no If yes, please list:

Distance from public transportation stop to trail access point: >1 mile or <1 mile

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Applicable Greenway Characteristics

Type (Pick one):

- Riverside Trail** - Location offers direct physical or visual access to the Hudson River;
- Countryside Corridor** - Establishes major pathways and connections that highlight the character and resources of “countryside” communities;
- Connector Trail** - Makes connections between Riverside Trails or Countryside Corridors and other trails along tributaries of the Hudson River and other regional resources;

Other characteristics:

- Segments can be restricted to non-motorized use;
- Utilizes existing heritage trails, bikeways, scenic roads, railroad rights-of-way or esplanades;
- Highlights and links existing parks, urban cultural parks and historic sites;
- Provides interpretive signage and opportunities to experience the unique natural and cultural heritage of the Valley;
- Reflects the natural and cultural diversity;
- Involves state and local agencies and private organizations in the planning, development and maintenance of the Greenway Trail; specifically: _____
- _____
- Uses the services of the local school districts and the youth conservation corps to participate in trail development and maintenance and upkeep; and specifically: _____
- Includes management plans for the trail to assure uniform maintenance and upkeep.

Compliance with SEQR (*check all that apply*)

- Unlisted action with: Short EAF Coastal Assessment Negative Declaration
- Type 1 action with: Full EAF Coastal Assessment Negative Declaration
- Type 2 action with: Full EAF Coastal Assessment Negative Declaration

Media Coverage

Will a press release be issued? yes no (for) date:

Do you want to Conservancy to issue a press release? yes no (for) date:

List any type of opening event(s) planned for the trail:

Please list any website related to this trail that you would like us to link to from the Greenway website: _____

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Right-of-way /Ownership

(please provide the name of each owner(s) and use additional space as needed)

	Miles
Governmental Unit: _____	_____
Not-for-profit organization: _____	_____
Private Owner(s): _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Designation request received from all landowners all easement holders
 trail manager local elected official(s) *(please enclose copies of letters)*

Trail Description *(please provide a brief description of the trail)*

Hours Trail is Open: _____
Is a fee charged for use of the trail? yes no
If so, what is it? _____

Management Plan *(briefly describe)*

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Trail Development History (*briefly describe and list persons/organizations involved and please attach a separate sheet with their addresses, phone /fax numbers, and e-mail addresses.*)

Thank you for taking the time to complete this form. If you have any questions please contact the Trails Coordinator at (518) 473-3835.

Date of Designation: ___/___/20___