

Trail Town Self-Assessment

Trail

Is your town connected to (or near) a regional trail? [Click here to see regional trails map.](#)

Yes: Please identify 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.

Trail Town Self-Assessment

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 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:

Trail Town Self-Assessment

Amenities (select all that apply)

- Public Restrooms
- Trailheads
- Trash Cans/Recycle Bins
- Water Fountains
- Bike Racks
- Bicycle Repair Stations
- Boat Docks & Launches
- Equestrian Facilities: 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

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

- Mileage
- Direction
- Other trails
- Nearby Towns
- Attractions
- Restrooms
- Local Businesses

Trail Town Self-Assessment

- 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
- Nearby Towns
- Attractions
- Restrooms
- Local Businesses
- Overnight Accommodations
- Emergency Information

Health

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

Safety

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

Trail Town Self-Assessment

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:

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:

Businesses

Overnight Accommodations Available: (please select all that apply)

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

Trail Town Self-Assessment

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
- 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, City Council or City Commissioner's Office:

Trail Town Self-Assessment

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:
Signature:

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)

Please email this application to the Office of Greenways and Trails Regional Coordinator for your area ([click here for regional map](#)).

Vacant- Northern Region
OfficeofGreenwaysandTrails@FloridaDEP.gov

Steven Carter - Central Region
Steven.Carter@FloridaDEP.gov

John Groves - Southern Region
John.Groves@FloridaDEP.gov