		OMB Number: XXXX-XXXX  Expiration Date: MM/DD/YYYY
National	Scenic Byways Program For	·
	tegory best describes the location of this pr	
	Project that is associated with a highway that ha National Scenic Byway, All-American Road, St Indian tribe scenic byway.	s been designated as a
C	Project that is associated with the development of scenic byway program.	of a State or Indian tribe
2. Choose th	ne Grant Category that most completely ref	lects the main elements of your project.
•	State or Byway Program: An activity related to byway program.	the planning, design, or development of a State or Indian tribe scenic
	<del>-</del>	mplementation of a corridor management plan to maintain the and archaeological characteristics of a byway corridor while sm and development of related amenities.
C	Byway or an All-American Road to the extent the	a State scenic byway, Indian tribe scenic byway, National Scenic nat the improvements are necessary to accommodate increased g the highway as a result of the designation as a State scenic byway, any or an All-American Road.
	Byway Facilities: Construction along a scenic by highway shoulder improvement, overlook or int	yway of a facility for pedestrians and bicyclists, rest area, turnout, erpretive facility.
	Access to Recreation: An improvement to a scene recreation, including water related recreation.	nic byway that will enhance access to an area for the purpose of
	Resource Protection: Protection of scenic, historian area adjacent to a scenic byway.	rical, recreational, cultural, natural and archaeological resources in
	Interpretive Information: Development and provinformation about a scenic byway.	vision of tourist information to the public, including interpretive
•	Marketing: Development and implementation of	f a scenic byway marketing program.
3. Have you	applied for a grant for this project in a pre	evious year?
Yes	No No	
4. Please list	all byways involved in this project:	5. Do the byways involved in the project cross any
		Federal Lands? (Check all that apply)
		Bureau of Indian Affairs Bureau of Land Management
		Bureau of Land Management Fish and Wildlife Service
		National Park Service
		US Forest Service Other (specify):
		Other (specify):

V_22	Multi-State grant application?	
Yes  6b. List the S	No States that are included:	6c. How will the funds be distributed?  To each State  To lead State (specify):  Select a State
Program gr	rant?	ur State Byway Agency to apply for a National Scenic Byways
Yes	No No	
8. Have you	ı received authorization from yo	ur Byway to apply for a National Scenic Byway Program grant?
9. If this protect:		ase indicate your preference for the allocation of funds to carry out