

Off-Highway Vehicle Grant-in-Aid Program

Form 1

Trail Maintenance Application

This application should be used to apply for funding for maintenance of trails currently enrolled in the Grant-in-Aid (GIA) system.

Trail maintenance applications must be submitted to Area Supervisor by November 30th of each year to obtain funding for the following year. Any funding granted for a given project is subject to the discretion of DNR Staff and requests may not be funded in full. This application does not guarantee how much funding a project will receive.

Please fill out this application in full. Boxes outlined in red are required. Boxes outlined in green are dropdown menus with pre-set options. Boxes outlined in blue will be automatically calculated and filled. Please enter all dates in MM/DD/YYYY format. This form will display and function best when downloaded and filled out using Adobe Acrobat Reader. The latest version can be downloaded from [Adobe's website](#).

1. Trail Information

Trail name
Club name
Local government unit sponsor
Miles of trail in GIA system

2. Spring Opening Funds

This table will determine how much funding your trail receives for spring opening. This payment will be issued automatically as soon as the grant agreement is executed (no later than April 30) and does not require an RFR.

Trail Type	Miles of Type of Trail	Cost Per Mile	Amount (miles x cost)
Natural surface trail ¹		\$50	
Railroad bed		\$45	
Shared MMR ²		\$45	
Shared SFR ³		\$30	
Shared local road		\$30	
Road ditch/ROW ⁴		\$30	
		Total:	

¹ Single purpose or shared use ATV/OHM/ORV trails, ² Minimum maintenance road, ³ State forest road, ⁴ Right of way

3. Grant Balance

If you are unsure of your grant balance, please contact your sponsor.

List the total amount of the latest grant awarded for this trail
List the current remaining balance of that grant

4. Projected Costs

Refer to the OHV GIA Manual for additional information about which activities fit into which categories. Fill in the approximate cost of expenses, prior to any reimbursements or matching funds. Calculations will be performed automatically by the form.

A. 65% Requests:

The state will reimburse the following categories at a rate of 65%.

1. **ADMINISTRATION** (includes equipment, labor, materials, and mileage for preparation of paperwork, bookkeeping, travel to and from project area, soliciting bids for contracting or rental equipment)

Amount requested
Description

2. **ACQUISITION** (includes equipment, labor, materials, and mileage for trail alignment work, checking land ownership records, contacting landowners, leases or fee acquisitions)

Amount requested
Description

3. **FACILITIES** (includes equipment, labor, materials, and mileage to construct trail shelters, picnic tables, trail heads, and ADA compliant permanent restroom facilities. This category does not include cleaning and maintenance of permanent or portable toilets.)

Amount requested
Description

4. **TRAIL SYSTEM MAP PRINTING** (includes production and printing of publicly available maps)

Amount requested
Description

Total amount requested from section 4A
65% of above

B. 90% Requests:

The state will reimburse the following categories at a rate of 90%.

1. **MAINTENANCE** (includes equipment, labor, materials, and mileage used for trail conditioning)

Amount requested
Description

2. **LIABILITY INSURANCE** (maximum state allowed \$1,500 per year)

Amount requested
Description

3. **TOILETS** (includes equipment, labor, materials, and mileage to clean and maintain permanent ADA compliant restrooms and/or secure contracts for portable toilets)

Amount requested
Description

Total amount requested from section 4B
90% of above

C. Project Total

Project cost (before reimbursement rates)
Grant request (after reimbursement rates)
Spring opening
Total grant request

5. Maintenance Needs

Describe maintenance work the trail will need over the riding season, including the locations where maintenance will be performed. Attach additional sheets if necessary.

Describe how this work will be accomplished.

Check in with your Trail Management Objectives (TMOs). Do you feel the trail is in alignment with or is making progress toward the current TMOs? If not, please describe how you will change the maintenance/management of the trail or how you will change the TMOs to align more closely with each other. If you have not yet developed TMOs or need guidance, please see Worksheet 2 – TMO Development.

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6. Supplemental Information

Please send the following with your application:

- Map of anticipated maintenance areas (preferably in SHP or KMZ format)
- Worksheet 2 – Trail Management Objectives (if applicable)
- Worksheet 3 – Trail Contact Information

7. Club Review

Trail Administrator
Name
Email address
Signature
Date

8. Sponsor Review – FOR SPONSOR USE ONLY

Sponsor Representative
Name
Title
Email address
Signature
Date

9. DNR Review and Approval – FOR DNR STAFF USE ONLY

Staff Note: this form utilizes digital signatures which eliminates the need to print off this form, sign it, and scan it back in order to obtain secure signatures. For security purposes, this form cannot be changed in some ways once signatures are present, or all signatures will be erased. This form cannot be edited in the following ways, all using Adobe Acrobat Pro:

- Extract, insert, or delete pages using organize pages tool
- Combine files

However, the form can be changed in the following ways:

- Errors can be corrected using the fill and sign tool
- This file can be copied and pasted in file explorer and remain unchanged
- This form can be printed to PDF if specific pages need to be saved outside of the original file

Area Supervisor
Signature
Date
Area Recommended Amount

Central Office
Findings of grant review
Approval? Yes No
Is Worksheet 3 - Trail Contact Information attached? Yes No
Approved grant amount
Signature
Date