DEPARTMENT OF NATURAL RESOURCES

Off-Highway Vehicle Grant-in-Aid Program
Form 2
New Project Application

This application should be used to apply for funding for new trails not yet enrolled the Grant-in-Aid (GIA) program, additions to currently enrolled GIA trails, and GIA trail reroutes over 1 mile long. Every new project must submit this application, even if the project has received Step 0 Funding or other types of funding or grants.

New project applications can be submitted to your local Area Supervisor at any time. 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. Club Information

Please attach Worksheet 3 – Trail Contact Information to this application.

Club	
Does the club have any trails currently enrolled in the GIA program? Yes No	
Person submitting application	
Authorized signature of submitter	
Date	

2. Sponsor Information

Local government unit as sponsor	
Representative Name	
Address	

3. Proposed Trail Information

Trail or Trail System Name
Length in miles
Will this trail connect to a currently enrolled GIA trail?   Yes   No
If yes, what trail?

Proposed Uses: If your trail will be multi-use, please include the miles open to each class.	Miles:
Primary Use:	
Secondary Use:	
Secondary Use:	
Secondary Use:	

4. Trail Surface Type

Trail corridor type (county/township road, forest/minimum maintenance road, existing non-road trail*, new non-road trail, rail road bed, road ditch, etc)	Approximate miles	Current use	Proposed use

*If this is an existing trail, please describe its current state. Is it a social trail, or do local land managers know and approve of it? Does it allow motorized use? If so, what uses are allowed?

5. Trail Location/Land Ownership

Where will the trail be located? List all cities/counties/townships the proposed trail will cross. Range section, coordinates, or other identifying information is helpful. Please be as specific as possible.

Have the club and sponsor received landowner or land manager permissions for all trail segments enrolling in the GIA program? This includes both DNR and non-DNR public land managers, local public road authorities (even if the county already allows OHV use on roads), and private landowners.

Yes　　No　　(explain how you plan to secure permissions below)

6. Project Description

Describe your project. What is the long-term vision for the trail? Will it connect to other trails? What kind of facilities will the trail have? Will it be open year-round or will it open and close seasonally? How will it impact local natural resources? What are the trail management objectives (TMOs)? If this is a new trail, or alternatively, if this is an addition or re-reroute and this section will have different TMOs than the rest of your trail, attach Worksheet 2 – TMO Development to this application. If the proposed trail will utilize an existing roadway(s) (i.e. state forest roads, county roads, etc.), please list which roadway(s) and describe, in detail, how the trail on the existing roadway(s) will be maintained. This information will be used to inform DNR staff about your overall vision and will assist in soliciting public comments.

7. 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 7A
65% of above

B. 75% Requests:

The state will reimburse the following categories up to 75% (for new projects only; this does not apply to trails already enrolled in the GIA program).

1. **CONSTRUCTION** (includes equipment, labor, materials, and mileage for initial construction)

Amount requested
Description

Total amount requested from section 7B
75% of above

C. 90% Requests:

The state will reimburse the following categories up to 90%.

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

Amount requested
Description

2. **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 7C
90% of above

D. Project Totals

Total project cost
Total grant request

8. Supplemental Information

Please send the following with your application:

- Map of proposed route (preferably in SHP or KMZ format)
- Resolution from local government unit supporting sponsorship
- Worksheet 2 - Trail Management Objectives
- Worksheet 3 - Trail Contact Information
- Permit documentation (if necessary)
- Environmental Review Needs Determination or Environmental Assessment Worksheet (if completed)
- Public comments and responses (if completed)

9. Sponsor Review and Approval – FOR SPONSOR USE ONLY

Does the club have a resolution from your agency?   Yes   No
Has the club communicated with you about landowner permissions?   Yes   No

Do you know of any permits needed? If so, check all that apply:
 	
    State lands access
    MnDOT
    Local Road Authority
    Wetlands
    Public Waters
    Storm Water Pollution Prevention Permit
    Other (specify)

Name
Title
Email
Phone Number
Authorized Signature
Date

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

Step 1: Application received

Received by/title
Date
Minnesota Conservation Explorer Review completion date and findings

Step 2: Area team review

Division	Name/Title/Comment	Date
Ecological and Water Resources		
Enforcement		
Fisheries		
Forestry		
Lands and Minerals		
Wildlife		
Other		

Attach comments to application for RMT Review

Step 3: RMT Review

Support project? Yes No	Date
PAT Regional Manager's signature (if necessary before public comment)	Date

Step 4: Environmental/Public Reviews

Environmental Review Needs Determination Result	Date
Public Review	Dates

Attach comments for RMT Review

Step 5: Project approvals

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 funding amount

RMT (if necessary after public comment)
Support project?   Yes   No
Date

PAT Regional Manager
Signature
Date

Central Office
Findings of grant review
Approval?   Yes   No
Approved grant amount
Signature
Date