

Off-Highway Vehicle Grant-in-Aid Program

Form 3

Capital Improvement Application

This application should be used to apply for funding for major trail projects like building boardwalks or bridges, trail rerouting, or culvert replacement which are far above and beyond typical trail maintenance. This is one-time funding.

Capital improvement applications must be submitted to your local Area Supervisor by November 30th of each year to obtain funding for the following year. 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 existing trail in GIA system

Types of funding being applied for:

All-Terrain Vehicle

Off-Highway Motorcycle

Off-Road Vehicle

2. 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

B. 100% Requests:

The state may reimburse the following categories at a rate of up to 100%.

1. **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

2. **CONSTRUCTION/MAINTENANCE** (includes equipment, labor, materials, and mileage for trail construction and maintenance)

Amount requested
Description

65% of amount requested from section 2A
Total amount requested from section 2B
Total amount requested

3. Funding Sources

Is the club/sponsor seeking funds from sources outside the GIA program? If yes, explain:

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4. Type of Project

Bridge building/repair

Culvert replacement/repair

Boardwalk building/repair

Trail surface repair

Reroute

Other:

5. Water Crossings/Wetlands

If your project does not involve a water or wetland crossing, skip to #6

Name of water body/wetland:		
Is this crossing new or existing?	New	Existing
Is this a public water body?	Yes	No
Is this a designated trout stream?	Yes	No

6. Reroutes

If your project does not involve a reroute, skip to #7

Miles of new trail:
Net miles change:

7. Project Description

Describe your improvement project, why it is important, and how it will be accomplished. If your project involves a wetland, please describe how you will avoid natural resource impacts. How will this improvement align with your Trail Management Objectives? (See Worksheet 2 – TMO Development if necessary). If there are any anticipated expenses that did not fit in the above categories, please describe those expenses here.

8. Supplemental Information

Please send the following with your application:

- Map of closed trail and proposed reroute (if rerouting)
- Permit documentation (if necessary)
- Environmental Review Needs Determination or Environmental Assessment Worksheet (if completed)
- Public comments and responses (if completed)

9. Club Review

Trail Administrator
Name
Email address
Signature
Date

10. 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 any new 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 address
Authorized signature
Date

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

Does this project require approval outside of area staff and OHV program staff? For example, reroutes greater than one mile. If yes, use steps outlined below. Yes No

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