<table>
<thead>
<tr>
<th>OHV Trails Assistance Program Grant Expenditures and Outcomes (FORM 7)</th>
<th>4 DEPARTMENT USE ONLY</th>
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<tbody>
<tr>
<td></td>
<td>4A FY Purchase Order Number #</td>
</tr>
<tr>
<td></td>
<td>Grant Amount</td>
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</tbody>
</table>

Check Type of Off-highway Vehicle Use Provided for:

- [ ] All-Terrain Vehicle Trail  
- [ ] Off-Highway Motorcycle Trail  
- [ ] Off-Road Vehicle Trail

### 1. Off-highway Vehicle Trail Outcomes

1A. Trail or trail system name:

1B. Date:

1C. Outcome:

This grant provided ___ miles or acres of managed trail use. The sponsor certifies they did construct the trails and provide adequate maintenance which included keeping the trails reasonably safe for public use; provide sanitation and sanitary facilities when needed; and provide other maintenance as may be required in accordance with the guidelines contained within the current Minnesota Off-Highway Vehicle Trails Assistance Program Manual, hereinafter referred to as the "Manual" as accepted or amended by the State.

<table>
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<tr>
<th>2. Grant</th>
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2A. Balance remaining from previous grants:

Previous FY _____________$

Current FY _____________$

### 3. Sponsor approval. I hereby certify that the materials and/or services have been delivered.

3A. Authorized signature of sponsor:

3B. Name and Title:

3C. Date of signature:

Due June 30th to the Area Parks and Trails Supervisor.
CHECK TYPE OF OFF-HIGHWAY VEHICLE FUNDING:
- All-Terrain Vehicle Trail
- Off-Highway Motorcycle Trail
- Off-Road Vehicle Trail

1. OHV TRAIL INFORMATION
1A TRAIL OR TRAIL SYSTEM NAME: Enter name of trail or trail system as it will appear on grant agreement, fiscal tracking and marketing information like maps etc. (may or may not be the same as the club name).
1B. Date
1C. MILES OF EXISTING TRAIL IN GIA SYSTEM: Enter miles of trail in system. Should be the same as last year’s grant with few exceptions

2. Grant
2A. Balance of funds spent as of June 30

3. Sponsor Approval
3A. AUTHORIZED SIGNATURE OF SPONSOR: Sponsor signature
3B. TITLE: Title of sponsors appointed contact person for fiscal purposes of grant agreement and program correspondence.
3C. DATE OF SIGNATURE:

4. DEPARTMENT USE ONLY
4A DEPARTMENT USE ONLY FY Purchase Order Number # DNR staff will enter fiscal year and purchase order assigned to grant agreement.