

Off-Highway Vehicle Grant-in-Aid Program

Form 4

Step 0 Funding Application

This application should be used to obtain funding necessary to establish new trails not yet enrolled in the Grant-in-Aid (GIA) system. Specifically, this grant can fund expenses associated with (1) the administration expense category, such as necessary paperwork and permits, attendance of meetings, and labor to complete those tasks, and (2) the acquisition & development expense category, such as leases and acquisition fees.

Step 0 funding 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, nor does it guarantee how quickly or how far the project will progress through the 7-Step Process, if at all. If funding is granted, the project still must submit a New Project Application (Form 2) and complete the 7-step review process before it can be established and construction can begin.

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
Location of club (city, state)
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

Has the club secured a local government unit as a sponsor? Yes No

If so, fill out below. If not, describe how you plan to secure sponsorship.

Local government unit as sponsor
Representative Name
Address

Describe your plan to obtain a sponsor if the project does not yet have one.

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3. Trail Information

Trail or Trail System Name
Length in miles
Will this trail connect to an existing 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 Location

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.

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5. 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)?

Attach Worksheet 2 – TMO Development to this application if your trail does not have established TMOs.

This information will be used to inform DNR staff about your overall vision and will assist in soliciting public comments.

6. Projected Costs

Below are the categories that are eligible for funding in this Step 0 Funding Application. These categories will be reimbursed at a rate of 65%. Fill in the approximate cost of expenses, prior to any reimbursements or matching funds. Calculations will be performed automatically by the form.

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

Total amount requested
Total grant request (65% of above)

7. Project Communications

Has the club and/or sponsor received any landowner permissions? If so, please describe the discussion.

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

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Has your organization been in communication with statewide user groups?

Amateur Riders Motorcycle Association	Yes	No
All Terrain Vehicle Association of Minnesota	Yes	No
Minnesota 4 Wheel Drive Association	Yes	No

If so, please describe the discussion.

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If not, the primary contacts for each statewide organization can be found in the GIA Program Manual. Please contact these organizations as soon as possible.

8. Supplemental Information

Please place a check mark next to each document that will be submitted with your application:

- Demonstration 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

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
Phone Number
Email address
Authorized signature
Date

10. 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:

- 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

PAT Regional Manager
Signature
Date

Central Office
Findings of sponsor fiscal evaluation/review
Approval of OHV trail grant? Yes No
Approved grant amount
Signature
Date