

Off-Highway Vehicle Grant-in-Aid Program

Form 6

Winter Maintenance Application

This application should be used to apply for funding to conduct winter-specific maintenance to trails that are open to the public during the winter riding season (December-March).

Winter Maintenance applications must be submitted to your local Area Supervisor by July 31 to receive funding for the winter riding season. 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
Location of club (city, state)
Local government unit sponsor
Miles of trail open for winter use
Miles of groomed trail

Types of funding being applied for:

All-Terrain Vehicle

Off-Highway Motorcycle

Off-Road Vehicle

2. Grant Balances

List the total grant amount awarded last winter
List the remaining balance of that grant

3. Trail Maintenance Objectives

If you are unsure what Trail Management Objects are or how to develop them, please see Worksheet 2 – TMO Development.

Describe your winter TMOs and how they differ from your summer TMOs

4. Maintenance Needs

Planned frequency of grooming
Number of plowed parking lots/access roads
Other maintenance needs (describe)

5. 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 up to 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)
Note: administrative costs cannot be greater than 15% of the total grant

Amount requested
Description

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

Amount requested
Description

Total amount requested from section 5A
65% of above

B. 90% Requests:

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

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

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 5B
90% of above

C. Project Total

Total project cost
Total grant request

6. Club Review

Trail Administrator
Name
Email address
Signature
Date

7. Sponsor Review – FOR SPONSOR USE ONLY

Sponsor Representative
Name
Title
Email Address
Authorized signature
Date

8. 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