

Off-Highway Vehicle Grant-in-Aid Program

Form 7

End of Biennium Funds Application

This application should be used to apply for funding left over at the end of the two-year biennium.

Additional funds available will be announced March 15 of the second year of the biennium. End of biennium funds applications must be submitted to your local Area Supervisor by April 30. Funds will be distributed first to projects that were denied during maintenance grant reviews, then other applications will be considered for the rest of the funds. Funds left over will vary from year to year and the amount is unpredictable. 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 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 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)

Amount requested
Description

2. **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

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

Amount requested
Description

Total amount requested from section 2A
65% of above

B. 75% Requests:

The state will reimburse the following categories up to 75%.

1. **CONSTRUCTION** (includes equipment, labor, materials, and mileage for new trail construction only)

Amount requested
Description

Total amount requested from section 2B
75% of above

C. 90% Requests:

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

1. **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 2C
90% of above

D. Project Total

Total project cost
Total grant request

3. Project Description

Describe the improvements you would like to make to your trail with this additional funding. How will this benefit the rider and their experience? Will this impact maintenance of the trail or require future funding? How does this align with your Trail Management Objectives? (See Form 2 – TMO Development if necessary)

4. Club Review

Trail Administrator
Name
Email address
Signature
Date

5. Sponsor Review – FOR SPONSOR USE ONLY

Sponsor Representative
Name
Title
Email Address
Authorized signature
Date

6. 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

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