

## MINNESOTA OFF-HIGHWAY VEHICLE GRANT-IN-AID PROGRAM

## TRAIL MAINTENANCE PERFORMANCE BENCHMARK

## **CERTIFICATION OF COMPLETION**

CERTITION	111011	OI COMI	DE IIO				
Trail Name:		Trail Association or Club Name (if applicable):					
Unit of Government Sponsor:		Amount Rec (See trail ap) for maximur	<b>\$</b>				
By signing this form, the Sponsor and T to be open by the date indicated on the I the trail was satisfactorily brushed; brid were capable of being open; interest in through fee ownership, easement, lease, additional work to set up the trail has be OHV GIA Trail Program Manual.	DNR we ges wer the land permit	ebsite pendi re in good re s to operate , permission	ing spring epair; sign the entire n, or other	closures as were in trail have conveya	. This astalle we bee ince; a	means that ed; gates en obtained any	
Trail Administrator Signature:				Trail Ad Date:	Trail Administrator Signed Date:		
For the Sponsor: Is there any reason why the Department of Natural Resources should withhold any part of this payment? (Mark one)				Yes:		No:	
If Yes, please explain:							
Authorized Representative of Sponsor Name:  Authorized Representative				of Sponsor Title:			
Sponsor Signature:		Sponsor Sig		Signed	gned Date:		
DEPARTMENT OF NATURAL RESOURCES USE ONLY							
Parks and Trails Area Supervisor – OK TO PAY:	Date:		Fiscal Year:		Amount:		
SWIFT PO:	Receipt #:						
Vendor#:	Line #:						
Service Begin Date: July 1, 20	Service End Date:						
Invoice #:	Vendor Name and Address:						