

Off-Highway Vehicle Grant-in-Aid Program

Worksheet 1 – Worklog & Request for Reimbursement



This worksheet should be used to document work performed on trails enrolled in the GIA program and to request reimbursement for expenses incurred while doing so. This worksheet must be submitted, at minimum, every 90 days after purchasing of goods and services begins, or after eligible expenses reach \$5,000, whichever comes first. With this worksheet, please submit all invoices/receipts for purchases and services over \$100 and proof of compliance with competitive bid process guidelines, if applicable. All accompanying documentation can be submitted via email with this worksheet.

Please fill out one entry per expense per date. To create space for additional entries of mileage, labor, equipment, or attachments, click the "Add Entries" button at the bottom of any page. To create space for entry of invoices, click the "Add Invoices" button at the bottom of any page. If multiple pieces of equipment were used on the same day or multiple activities were performed by the same operator, please ensure you are documenting the number of labor hours spent performing the activity described in that entry, not the total number of labor hours in the work day.

Boxes outlined in red are required. Boxes outlined in green are dropdown menus with pre-set options. Boxes outlined in blue are automatically calculated. Please enter all dates in MM/DD/YYYY format. To turn on autocomplete, which will remember frequently entered information like operator names, click "Edit" in the ribbon at the top of the window, then select "Preferences". Click "Forms" in the menu at the left-hand side, then turn on "Basic" or "Advanced" under the Auto-Complete heading.

This worksheet will display and function best when downloaded and saved to your computer, then filled out using Adobe Acrobat Reader. All buttons and calculations will not work otherwise. The latest version can be downloaded from [Adobe's website](#).

Trail Name	Year
Sponsor	Club

NEW ENTRY

Operator name:	Date:
Describe work performed & location:	Expense Category:

	Amount (hours, miles, etc)	Item being reimbursed (mileage, labor, equipment, etc) & reimbursement rate	Cost (autofill)
Transportation			
Labor			
Equipment			
Attachments			
			Total:

NEW ENTRY

Operator name:	Date:
Describe work performed & location:	Expense Category:

	Amount (hours, miles, etc)	Item being reimbursed (mileage, labor, equipment, etc) & reimbursement rate	Cost (autofill)
Transportation			
Labor			
Equipment			
Attachments			
			Total:

Project Totals

Total acquisition/development expenses:		x	65%	=	
Total administration expenses:		x	65%	=	
Total capital improvement expenses:		x	100%	=	
Total facilities expenses:		x	65%	=	
Total insurance expenses:		x	90%	=	
Total maintenance expenses:		x	90%	=	
Total new trail construction expenses:		x	75%	=	
Total toilet expenses:		x	90%	=	
Total trail system maps expenses:		x	65%	=	
Total winter maintenance expenses:		x	90%	=	
Total expenses:					
					Net request:

Grant Balance

If you are unsure of these details, please contact your sponsor.

Which grant are you requesting reimbursement from?

Previous fiscal year

Current fiscal year

Total grant amount awarded

Remaining balance (prior to submitting this worksheet)

Club and Sponsor Approval

Please attach invoices/receipts for purchases and services over \$100 and bids following competitive bid process guidelines for materials and/or services provided by third-party vendors.

By signing this document, I hereby certify that the materials and/or services shown above have been delivered or fulfilled, have been used for the above specified Grant-in-Aid trail, and that attached invoices/receipts are original copies, are correct and just, and have not been previously reimbursed.

Authorized Signature of Trail Administrator	Date
Authorized Signature of Sponsor	Date

DNR Approval – DNR STAFF USE ONLY

Fiscal Year: / Partial Payment Final Payment

Grant amount: prior to payment / after payment

Contract #: / Purchase Order #:

PO Line	Amount	Receipt #
PO Line	Amount	Receipt #
PO Line	Amount	Receipt #
PO Line	Amount	Receipt #

Vendor Number
Vendor Name
Vendor Address

This invoice is approved for payment by

Parks and Trails Area Supervisor

OK TO PAY

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, all using Adobe Acrobat Pro:

- 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