

Off-Highway Vehicle Grant-in-Aid Program

Worksheet 4

Trail Maintenance Performance Benchmark

This worksheet should be used to certify that trails are open and in satisfactory condition in order to receive spring opening funds.

Please fill out this form in full; all fields are required. 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
Amount requested (see maintenance application)

2. Club Certification

By signing this form, the Trail Administrator certifies that the GIA OHV trail is or will be ready to open by the date indicated on the DNR website, pending spring closures. This may include, but is not limited to:

- Trail has been brushed
- Bridges, gates, and other facilities are in good condition
- Signs have been installed and/or maintained
- Interest in all lands the trail crosses have been obtained through fee ownership, easement, lease, permit, possession, or other conveyance
- Any additional work to prepare the trail has been completed
- Trail meets the standards outlined in the OHV GIA Program Manual

Trail Administrator
Signature
Date

3. Sponsor Certification – FOR SPONSOR USE ONLY

By signing this form, the Sponsor certifies that the club (with or without Sponsor’s assistance) has completed all necessary work and the GIA OHV trail is or will be ready to open by the date indicated on the DNR website, pending spring closures.

Authorized Representative of Sponsor
Is there any reason why the DNR should withhold any part of this payment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain
Name
Title
Email address
Signature
Date

4. 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

Parks and Trails Area Office	
Fiscal year	Amount
SWIFT PO #	Receipt #
Vendor #	Line #
Vendor Name	Vendor Address
Service Begin Date	Service End Date

Area Supervisor	
Signature	OK TO PAY
Date	