# Minnesota Cross-Country Ski Trail Grant-in-Aid Program

Maintenance and Grooming Application

**GENERAL INFORMATION**

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| Trail Name: | Base Ski GIA Grant Amount: | **$** |
| Trail Association or Club Name (if applicable): | Miles of Trail in GIA Program: |
| Trail Administrator Name: | Trail Administrator Email: | Trail Administrator Phone: |
| Trail Administrator/Association Mailing Address (Street, Box Number, City, State, and Zip Code): |
| Trail Administrator Signature: | Trail Administrator Signed Date: |

**UNIT OF GOVERNMENT/SPONSOR APPROVAL**

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| --- | --- | --- |
| Unit of Government Sponsor: | Sponsor Email: | Sponsor Phone: |
| Authorized Representative of Sponsor Name: | Authorized Representative of Sponsor Title: |
| Sponsor Mailing Address (Street, Box Number, City, State, and Zip Code): |
| Sponsor Signature: | Sponsor Signed Date: |

**REQUIRED ATTACHMENTS**

|  |  |
| --- | --- |
|  | Final Grooming Request for Reimbursement from Previous Year |
|  | Local Unit of Government/Sponsor Resolution |
|  | Map of Ski GIA Trail |
|  | Sign Order (if applicable) |

**DEPARTMENT OF NATURAL RESOURCES APPROVAL OF APPLICATION**

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| --- | --- |
| Parks and Trails Area Supervisor Signature: | Signed Date: |