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

Trail Maintenance Performance Benchmark

**CERTIFICATION OF COMPLETION**

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| --- | --- | --- | --- | --- | --- |
| Trail Name: | | Trail Association or Club Name (if applicable): | | | |
| Unit of Government Sponsor: | | Amount Requested (Up to 40% of the annual/base grant): | **$** | | |
| By signing this form, the Sponsor and Trail Administrator certify that the GIA ski trail is ready to be open and groomed by December 1 pending snow. This means that the trail was satisfactorily brushed; bridges were in good repair; signs were installed; gates were capable of being open (snow permitting); interest in the lands to operate the entire trail have been obtained through fee ownership, easement, lease, permit, permission, or other conveyance; parking lots were plowed or ready to be plowed (snow permitting); any additional work to set up the trail has been completed; and the trail meets the guidelines of the Cross-Country Ski GIA Trail Program Manual. | | | | | |
| Trail Administrator Signature: | | | | 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 Signed Date: | |

**DEPARTMENT OF NATURAL RESOURCES USE ONLY**

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| --- | --- | --- | --- |
| 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: | | |