

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

TRAIL GROOMING REIMBURSEMENT FORM

Trail Name:	Trail Association or Club Name (if applicable):
Unit of Government Sponsor:	Reimbursement Period Start Date & End Date:

Attach all relevant grooming logs to this form. Below are the three levels of grooming equipment reimbursement.	Total Hours Groomed	Hourly Rate	Hours X Rate = \$ Reimbursement
1. Snowmobile or tracked ATV with grooming attachments (Tracked ATV is less than or equal to 80 horsepower). All snowmobiles are included under this rate, no matter the size.		\$45/hour	\$
2. Midsized tracked vehicle with grooming attachments (Tracked vehicle range of >80 to 150 horsepower)		\$65/hour	\$
3. Large tracked grooming equipment with attachments (Tracked vehicle greater than 150 horsepower)		\$110/hour	\$
ENTER Grant Balance Prior to this Request (if known):		TOTAL Request	\$
Grant Balance After this Request:			

I hereby certify that the trail was groomed as identified on this document and attaching documents, that this is my only original invoice for this time period, that all this information is correct and just, and that no part of the same has been paid.

Trail Administrator Signature:	Trail Administrator Signed Date:
Authorized Representative of Sponsor Name:	Authorized Representative of Sponsor Title:
Sponsor Signature:	Sponsor Signed 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 & End Date:	Invoice #: