

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

MAINTENANCE AND GROOMING APPLICATION

GENERAL INFORMATION

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 Phone:
Trail Administrator Email:	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

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:

PROGRAM REQUIREMENTS

	Final Grooming Request for Reimbursement from Previous Year (attach to application)
	Local Unit of Government/Sponsor Resolution (attach to application)
	Validation of Ski GIA Trail Alignment (coordinate with your PAT Area Office for any trail changes)
	Sign Order (if applicable)

DEPARTMENT OF NATURAL RESOURCES APPROVAL OF APPLICATION

Parks and Trails Area Supervisor Signature	Signed Date:
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