



# RECREATIONAL AND SNOWMOBILE GRANTS PROGRAM SPECIAL MAINTENANCE AND CONTINGENCY REIMBURSEMENT REQUEST

This information is required by authority of Part 821 Snowmobiles, 1994 PA 451, as amended to receive reimbursement.

### TRAIL SPONSOR INFORMATION

Trail Sponsor (Organization Name)	Sponsor Number	Grant Year
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### SPECIAL MAINTENANCE AND TRAIL DEVELOPMENT

See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.

PROJECT NO.	PROJECT LOCATION	PROJECT DESCRIPTION	PROJECT COMPLETE	\$ AMOUNT
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

FULL ONE TIME PAYMENT     75% ADVANCE PAYMENT     BALANCE OF ADVANCE

**SPECIAL MAINTENANCE AND TRAIL DEVELOPMENT SUBTOTAL \$ \_\_\_\_\_**

### CONTINGENCY\*\*

\*\*See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.

<u>PROJECT LOCATION</u>	<u>PROJECT DESCRIPTION</u>	<u>\$ AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**CONTINGENCY SUBTOTAL \$ \_\_\_\_\_**

**TOTAL REIMBURSEMENT REQUEST \$ \_\_\_\_\_**

### TRAIL SPONSOR SIGNATURES

Trail Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Trail Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRAIL SPONSOR: Return this completed Reimbursement Request to your Parks and Recreation Unit Contact.**

### \* FOR DNR USE ONLY \* - DEPARTMENT OF NATURAL RESOURCES AUTHORIZATION

REMARKS:

Approved By	Date	Amount Approved \$
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**PRD - UNIT: UPON APPROVAL FORWARD THIS REQUEST TO PROGRAM SERVICES, LANSING.**

**REIMBURSEMENT REQUEST CHECKLIST  
PR1858-3 SPECIAL MAINTENANCE & CONTINGENCY**

	Comments
<input type="checkbox"/> Correctly complete field boxes	
<input type="checkbox"/> Calculations are checked for accuracy	
<input type="checkbox"/> Signatures are in place	
<input type="checkbox"/> All invoices attached	
<input type="checkbox"/> Proof of payments/all cancelled checks are attached	
<input type="checkbox"/> Include project numbers and location on form	
<input type="checkbox"/> Verify contingency balances before requesting reimbursement	
<input type="checkbox"/> Include schedule C rates, hours used, use correct MDOT current rate	
<input type="checkbox"/>	
DNR Field contact Signature	Club/Grant Sponsor Signature