



# ORV TRAIL IMPROVEMENT FUND GRANTS PROGRAM TRAIL AND ROUTE MAINTENANCE & GRADING REIMBURSEMENT REQUEST

*This information is required by authority of Part 811, 1994 PA 451, as amended.*

### GRANTEE SPONSOR INFORMATION

Grantee Name _____	Grant Number _____	Grant Year _____
--------------------	--------------------	------------------

See instructions under Reimbursement Procedures in the ORV Grant Handbook (IC3600).

#### ANNUAL TRAIL MAINTENANCE (ATTACH MAPS AND PR1990-3)

Total Miles _____	X	Rate _____	<u>\$ AMOUNT</u>
<input type="checkbox"/> Spring		<input type="checkbox"/> Summer	
<b>ANNUAL TRAIL MAINTENANCE SUBTOTAL</b>			<b>\$ _____</b>

#### ANNUAL ROUTE MAINTENANCE (ATTACH MAPS AND PR1990-3)

Total Miles _____	X	Rate _____	<u>\$ AMOUNT</u>
<input type="checkbox"/> Spring		<input type="checkbox"/> Summer	
<b>ANNUAL ROUTE MAINTENANCE SUBTOTAL</b>			<b>\$ _____</b>

#### TRAIL GRADING (ATTACH MAPS AND PR1990-2 AND PR1990-3)

Total Miles _____	X	Rate _____	<u>\$ AMOUNT</u>
<input type="checkbox"/> Full one time payment	<input type="checkbox"/> Advance Payment (25%)	<input type="checkbox"/> Balance of Advance	
<b>TRAIL GRADING SUBTOTAL</b>			<b>\$ _____</b>

#### ROUTE GRADING (ATTACH MAPS AND PR1990-3)

Total Miles _____	X	Rate _____	<u>\$ AMOUNT</u>
Michigan Department of Transportation Schedule C Attach Form PR1853			
<input type="checkbox"/> Full one time payment	<input type="checkbox"/> Advance Payment (25%)	<input type="checkbox"/> Balance of Advance	
<b>ROUTE GRADING SUBTOTAL</b>			<b>\$ _____</b>

#### ROUTE GRADING CONTRACT (ATTACH MAPS, PR1990-3, BID TABULATION PR1993, AND AWARD RECOMMENDATION OR PAYMENT DOCUMENTATION)

<input type="checkbox"/> Full one time payment	<input type="checkbox"/> Advance Payment (75%)	<input type="checkbox"/> Balance of Advance	<u>\$ AMOUNT</u>
<b>CONTRACT SUBTOTAL</b>			<b>\$ _____</b>

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

#### GRANTEE SIGNATURE

Grantee (Print) _____	Grantee Signature _____	Date _____
-----------------------	-------------------------	------------

**GRANTEE SPONSOR: Return this completed Reimbursement Request to your Parks and Recreation Division contact.**

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

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved By _____	Date _____	Amount Approved \$ _____
-------------------	------------	-----------------------------

**PRD - DESIGNEE: UPON APPROVAL FORWARD THIS REQUEST TO PROGRAM SERVICES, LANSING.**

## ORV - REIMBURSEMENT REQUEST CHECKLIST

### PR1838-1 ORV TRAIL AND ROUTE MAINTENANCE & GRADING REIMBURSEMENT REQUEST

		COMMENTS
	Correctly complete field boxes	
	Calculations are checked for accuracy	
	Signatures are in place	
	All invoices attached	
	Proof of payments/all cancelled checks are attached	
	Verify Schedule C rates are current year	
	List route and trail maintenance separately	
	Other	

DNR Field Contact Signature

Club/Grant Sponsor Signature