



**RECREATIONAL AND SNOWMOBILE TRAIL GRANT PROGRAM
SPECIAL MAINTENANCE APPLICATION**

By authority of Part 821, 1994 PA 451, as amended, to receive grant funding.

NOTE: Please print or type.

Trail Sponsor (Organization Name)		Federal ID Number	Year	LTG Number
Address		City, State, ZIP		
Primary Contact Person		Telephone		
Title		Email Address		
Secondary Contact Person		Telephone		
Title		Email Address		

No.	TOWN, RANGE, SECTION	PUBLIC OR PRIVATE LAND	DETAILED PROJECT DESCRIPTION (ATTACH PLAT MAP WITH LOCATION LABELED)	COST
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$

TOTAL ESTIMATED COST: \$

Primary Contact Person (Print)	Signature	Date
Secondary Contact Person (Print)	Signature	Date

Please email the completed application and all supporting documents to your Unit Contact **MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PARKS AND RECREATION DIVISION
UNIT CONTACT**