



**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.				\$
<b>TOTAL ESTIMATED COST:</b>				<b>\$</b>

\_\_\_\_\_  
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**