



**RECREATIONAL AND SNOWMOBILE GRANTS PROGRAM
INSURANCE, LEASE AND MISCELLANEOUS 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

INSURANCE EXPENSES		
See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.		
ITEM		\$ AMOUNT
Comp/Collision Insurance (attach receipt and payment documentation)	<input type="checkbox"/> Partial <input type="checkbox"/> Final	\$ _____
Liability Insurance (attach receipt and payment documentation)	<input type="checkbox"/> Partial <input type="checkbox"/> Final	\$ _____
INSURANCE EXPENSES SUBTOTAL		\$ _____

PROPERTY LEASE EXPENSES		
See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.		
ITEM		\$ AMOUNT
Property Leases (attach payment documentation)		\$ _____
Total Number of Miles Leased _____	Total Number of Landowners _____	\$ _____
<input type="checkbox"/> Full one time payment	<input type="checkbox"/> 90% Advance Payment	<input type="checkbox"/> Balance of Advance
PROPERTY LEASE EXPENSES SUBTOTAL		\$ _____

MISCELLANEOUS EXPENSES		
See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.		
ITEM		\$ AMOUNT
Snow Plowing (attach receipt and payment documentation)	<input type="checkbox"/> Partial <input type="checkbox"/> Final	\$ _____
Porta-Johns (attach receipt and payment documentation)	<input type="checkbox"/> Partial <input type="checkbox"/> Final	\$ _____
MISCELLANEOUS EXPENSES SUBTOTAL		\$ _____

TOTAL REIMBURSEMENT REQUEST	\$ _____
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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 \$

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

**REIMBURSEMENT REQUEST CHECKLIST
PR1858-4**

	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"/> Insurance declarations page of premium breakdown of eligible program equipment	
<input type="checkbox"/> Liability insurance certificate, invoice, and proof of payment	
<input type="checkbox"/> *Insurance page with SOM listed as insured	
<p>*The State of Michigan must be listed as an additional insured using the following language: "State of Michigan, its departments, boards, agencies, commissions, officers and employees" a. Listing the State of Michigan as additional insured protects the State of Michigan from claims arising out of the Snowmobile Trail Grant Sponsor's acts in meeting responsibilities under the grant agreement. b. It does not mean that the Snowmobile Trail Grant Sponsors must protect the State of Michigan from all accidents or injuries that occur on the public trail system.</p>	
DNR Field contact Signature	Club/Grant Sponsor Signature