



OFF-ROAD VEHICLE (ORV) TRAIL IMPROVEMENT PROGRAM GRANT APPLICATION

This information is required by authority of Part 811, 1994 PA 451, as amended, to be considered for a grant.

| | | | |
|---|---|--|---|
| Type of Application | Type of Projects | | |
| <input type="checkbox"/> New <input type="checkbox"/> Renewal | <input type="checkbox"/> Damage Restoration | <input type="checkbox"/> Existing Facility Maintenance | <input type="checkbox"/> ORV Facility Development |

| APPLICATION INFORMATION | | APPLICATION COST SUMMARY | |
|---|--|--------------------------------|-----------------|
| Sponsor Organization/Agency | | Type of Request | Dollar Amount |
| Primary Contact Person (Name and Title) | | Trail Maintenance/Grading | \$ _____ |
| Address | | Damage Restoration | \$ _____ |
| City, County, State, ZIP | | Special Projects/Equip. Rental | \$ _____ |
| Telephone () | | Leases | \$ _____ |
| Federal I.D. Number | | Liability Insurance | \$ _____ |
| E-mail | | Contingency | \$ _____ |
| | | TOTAL GRANT REQUEST | \$ _____ |

PROJECT(S) DESCRIPTION AND SCOPE (Attach additional sheets if necessary).

Maintenance of Existing Facilities: Location(s) must be shown on DNR ORV trail maps. Describe what type of maintenance is needed and show the estimated cost of each project item (show specific items involved in each project).

| DESCRIPTION OF PROJECT ITEM(S) | | | | | |
|--------------------------------------|-------|---------------------------------------|---|--|------|
| TRAIL NAME | MILES | ANNUAL MAINTENANCE | | | COST |
| | | <input type="checkbox"/> MCCT \$73.00 | <input type="checkbox"/> Maint. \$73.00 | <input type="checkbox"/> Route \$55.00 | \$ |
| | | <input type="checkbox"/> MCCT \$73.00 | <input type="checkbox"/> Maint. \$73.00 | <input type="checkbox"/> Route \$55.00 | \$ |
| | | <input type="checkbox"/> MCCT \$73.00 | <input type="checkbox"/> Maint. \$73.00 | <input type="checkbox"/> Route \$55.00 | \$ |
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| | | <input type="checkbox"/> MCCT \$73.00 | <input type="checkbox"/> Maint. \$73.00 | <input type="checkbox"/> Route \$55.00 | \$ |
| | | <input type="checkbox"/> MCCT \$73.00 | <input type="checkbox"/> Maint. \$73.00 | <input type="checkbox"/> Route \$55.00 | \$ |
| | | <input type="checkbox"/> MCCT \$73.00 | <input type="checkbox"/> Maint. \$73.00 | <input type="checkbox"/> Route \$55.00 | \$ |
| TOTAL ANNUAL MAINTENANCE COST | | | | | |

| TRAIL NAME | MILES | TRAIL GRADING | | | COST |
|------------|-------|-----------------------------------|---------------------------------|-----------------------------------|------|
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |

| TRAIL NAME | MILES | TRAIL GRADING | | | |
|---------------------------|-------|-----------------------------------|---------------------------------|-----------------------------------|----|
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| | | <input type="checkbox"/> \$131.00 | <input type="checkbox"/> MDOT C | <input type="checkbox"/> Contract | \$ |
| TOTAL GRADING COST | | | | | |

| SPECIAL MAINTENANCE PROJECTS | |
|--------------------------------------|----|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| TOTALSPECIAL MAINTENANCE COST | |

Damage Restoration: Repair of ORV-damaged areas on public lands. Location(s) must be shown on project area map(s). Describe each item needed to complete the restoration and show the estimated cost of each item. Provide site plan of proposed improvements according to specifications mentioned in the instructions.

| DESCRIPTION OF PROJECT ITEM(S) | COST |
|--------------------------------|------|
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| TOTAL RESTORATION COST | |

Project(s) Area Map(s): Applicant must provide a map of the project area, using Michigan Department of Natural Resources (DNR) ORV trail maps for existing trail maintenance projects located on State or federal forest and county plat book maps as a base for all new trail proposals.

Documentation of Site Control: The sponsor shall certify, to the DNR, that appropriate written permission has been secured for a public trail, route, or use area right-of-way. In addition, the sponsor shall furnish the DNR with the following:

1. Documentary proof establishing to the DNR's satisfaction, that the sponsor possesses, for the entire term of the contract, the right to enter, occupy, use and maintain the trail, route or area which is the subject of this application. Such documentary evidence may include deeds, leases, licenses, easements or use permits. This evidence must be number coded to correspond to the project area map(s).
2. A detailed map identifying the specific location of the entire trail, route or area which is the subject of this application and the specific location of each leased section. A list of names and addresses of all landowners involved must be attached to this map. Within 60 days of receiving lease payment, the sponsor must furnish documentary proof of lease payment made to each landowner.

| | | | |
|------------------------|---|---|--|
| Miles to be leased = | X | = | MAXIMUM PAYABLE = \$300/mile or \$75/acre. Rate adjustments may be considered on a case-by-case basis. |
| Number of parcels = | X | = | |
| Total Cost of Leases = | | | |

Authorized Signatures (**two required**): At least one signatory must be an officer, employee, or designated representative of the sponsor organization. Sponsor's signatures certify that appropriate written permission has been secured for a public right-of-way for the trail. Please list the first person to contact concerning the application, project agreement or day-to-day operations as the primary contact person.

SPONSOR SIGNATURES

| PRIMARY CONTACT PERSON | | SECONDARY CONTACT PERSON | |
|--|-------|--|-------|
| Name (Print) | Title | Name (Print) | Title |
| Address | | Address | |
| City, State, ZIP | | City, State, ZIP | |
| Telephone (8 a.m. to 5 p.m.) () | | Telephone (8 a.m. to 5 p.m.) () | |
| E-Mail address | | E-Mail | |
| Signature | Date | Signature | Date |
| x _____ | | x _____ | |

Return completed application **no later than May 1** to local DNR Rec. Specialist.

After review, application will be forwarded by May 30, to:

**PRD – TRAILS SECTION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
P.O. BOX 30257
LANSING MI 48909**