State of Wisconsin Department of Natural Resources dnr.wi.gov

Signature of Authorized Official

Motorized Recreation Off-Highway Motorcycle Grant Application

Form 8700-159M (R 3/20)

Page 1 of 3

Due Date: July 1

Notice: Completion of this form is required under Wisconsin Statute 23.335. Failure to complete this form will result in denial of financial assistance. Personally identifiable information found on this form is not intended to be used for any other purpose. The Department of Natural Resources (DNR) may provide this information to requesters as required by Wisconsin's Open Records law {ss. 19.31 – 19.39, Wis. Stats.}.

Instructions: Submit one copy of	all forms	and att	achments	s. See Pa	age 2 for			DNR Us	e Only		
necessary attachments. Send appli	cations to	your <u>(</u>	Communit	y Service	es Specia	alist.	Category			Number	
Castian 1. Applicant Informatio	3				20 (20 (0)				NE DEE		
Section 1: Applicant Information Applicant / Organization Name					Check Recipient: Individual other than authorized individual to act						
Vilas County Parks and Recreation				ď	on behalf of the applicant. Select if the same as applicant.						
Individual Authorized to Act on Behalf of Applicant per Resolution				ution (Check Recipient Name (Name to Appear on Check)						
Al Murray											
Title					Title						
Vilas County Forest Administrator					331						
Address					Address						
330 Court Street							1			I	
City		State ZIP Code		9 (City	_			State	ZIP Code	
Eagle River		WI							- 1		
Telephone Number					(2)						
(715) 479-5160					vi.gov						
Section 2: Project Information I Project Title	Required	for al	l Projects	S			TO MAKE				
2021-2022 OHM Maintenance											
County Townsh		ip Range Sectio			1/4 1/4	1/4	GPS Coordi	nates:			
Vilas	42 1						Lat. Long.				
Project Description Summary				23	_		Long.				
Vilas County is proposing to m \$53.00 Per mile. Also an addit tread-way repairs.	aintain 2 ional \$1,	22.2 m ,000.0	iles of O	ff High rehabbi	way Mot ing worn	orcycle areas.	e(OHM) trail Maintenance	for the 20 includes b	21-202 orushin	2 season at g, signing, and	
Maintenance: \$1,176.60 Reh	ah Surni	115 F111	nding: ¢	1 000 0	0 Total	Reque	st: \$2,176.60)			
ivianitenance. \$1,170.00 Ren	ao ourpi	uo I ul	namg. ø	1,000.0	o Total	reque	υ. Ψω, 170.00	,			
Estimated Cost							Total East	imated Coo	t		
Development		Trail Rehab.			76.60		Total ESI	Total Estimated Cost			
Applicant Certification	Office of the second se			Φ2,17	176.60 \$2,176.60						
Printed Name of Authorized Officia	l	STATE OF STATE		A POST OF THE PARTY OF THE PART	Official's	Title	The state of the state of			and the state of t	
Al Murray					Vilas County Forest Administrator						
As the applicant's authorized official	al, I certif	y that,	to the bes	t of my l	knowledge	e, the in	formation in th	is application	n is true	e and correct.	
aem							12021				

Date Prepared

Motorized Recreation Off-Highway Motorcycle Grant Application Form 8700-159M (R 3/20) Page 2 of 3

Checklist for N	laintenance and Projects						
OHM							
\boxtimes	Project resolution by grant applicant authorizing participation (sample resolution)						
	Project is on public land and I will be applying for RTP funds for this project. \$						
Trail Rehab or	Development - Must complete Appendix B						
	Quality photos showing need for rehabilitation						
	County wide trail map showing the segment proposed for rehabilitation on the funded trail						
	Aerial, wetland, topo, and plat maps with the trails overlaid						
	Cost Estimate Worksheet – Form 8700-014						
	Identify season - Summer, Winter, Year-Round (Winter include rules)						
Intensive Use	Area						
	County, plat, wetland, topo maps showing project boundaries, trails, and elements						
	Site plans showing any existing facilities along with proposed new construction including trails, riding courses, bridges, culverts, shelters, parking lots and toilets						
	Preliminary construction plans for new trails, major grading, buildings, bridges, etc.						
	Cost Estimate Worksheet – Form 8700-014						
	Distance from nearest similar facility miles						
New Support							
	Facility, parking area, toilet, shelter, other. Please provide detailed information.						
	Cost Estimate Worksheet – Form 8700-014						
	Depth and location of gravel to be used						

Vilas County OHM Trail

