

Outdoor Motorized Recreation Trail Aids Application

For: (Select one)

Form 8700-159 (R 11/05) Page 1 of 4

- County Snowmobile Trail Aids
 All-Terrain Vehicle Trail Aids

Notice: Completion of this form is required under s. 23.09(26) and 23.33, Wis. Stats. 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 may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Instructions: Submit two (2) copies of all forms and attachments. See page 2 for necessary attachments. Mail applications to the appropriate DNR Regional Office (see page 2 of this form).

Activities Involved in Application: (Select all that apply)

- Maintenance Insurance Bridge Rehabilitation
 Acquisition Development Trail Rehabilitation

Leave Blank - DNR Use Only
Project Number

Applicant Information

Applicant/Organization Name		Check Recipient: Individual other than authorized individual to act on behalf of the applicant. Provide check recipient information below:
Authorized Individual Name	Title	Check Recipient Name: (Name to Appear on Check)
Address		Address
City, State, ZIP Code		City, State, ZIP Code
Telephone Number ()		E-Mail Address

Project Information

Project Title	Number of Trail Miles
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Project Description

- For maintenance, include a concise statement of the type of maintenance activities and the type of grooming equipment used.
- For major bridge rehabilitation, describe the proposed construction items to rehabilitate the bridge.
- For trail rehabilitation, describe the repair and renovation activities necessary to improve the trail for user safety.
- For development, describe development activities and structures to be constructed.
- For development of intensive use areas; describe the need and expected use and method of operating and maintaining the facility.

Estimated Cost

Maintenance	Acquisition	Insurance	Development	Bridge Rehab.	Trail Rehab.	Total Estimated Cost
Leave Blank - DNR Use Only						

Applicant Certification

As the applicant's authorized official, I certify that, to the best of my knowledge, the information in this application is true and correct.

Typed Name of Authorized Official	Official's Title
Signature of Authorized Official	Date Prepared

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Attachments

Maintenance: (Use with Snowmobile & ATV)

- Governmental unit resolution authorizing participation (sample below)
- County map showing trail location

Acquisition: (Use with Snowmobile & ATV)

- For fee acquisition, consult with regional community service specialist to make sure proper procedures are followed.
- For leases or easements, certification of easements or leases held
- Governmental unit resolution authorizing participation (sample below)

Insurance: (Use with ATV only)

- Governmental unit resolution authorizing participation (sample below)
- Estimate of annual insurance premium

New Maintenance or Development: (Use with Snowmobile & ATV)

- Governmental unit resolution authorizing participation (sample below)
- County plat and topographic map showing trail location and classification (existing and proposed new trail); bridges, culverts, railroad crossings, shelters, toilets, parking lots, and new trail construction for the new development segment.
- Lease / easement certification (to be supplied prior to trail opening)
- Cost estimate worksheet Form 8700-014 (development only) or pages 3 and 4 of application for new bridge
- Construction plans for bridges or other structures

Trail Rehabilitation: (Use with Snowmobile & ATV)

- Governmental unit resolution authorizing participation (sample below)
- County plat map showing segment proposal for rehabilitation
- Cost estimate worksheet, Form 8700-014

Major Bridge Rehabilitation or New Bridge: (Use with Snowmobile & ATV)

- Governmental unit resolution authorizing participation (sample below)
- County plat map showing trail system and location of bridge
- Pages 3 and 4 of application
- Construction plans for new bridge or bridge repair

Intensive Use Area: (Use with ATV only)

- County and plat maps showing project boundaries
- Site plans showing any existing facilities along with proposed new construction including bridges, culverts, shelters, riding courses, parking lots, toilets and trails
- Topographic map with major project elements noted
- Preliminary construction plans for buildings, bridges, major grading, etc.
- Cost estimate worksheet Form 8700-014

Sample Resolution Authorizing Participation

Whereas _____ (Applicant) is interested in maintaining, acquiring, insuring, or

developing lands for public outdoor motorized trail use; and

Whereas said public motorized trails are eligible for funds under s. 23.09(26) (snowmobile) or s. 23.33 (all-terrain vehicle), Stats.;

Therefore, be it resolved, that _____ (Applicant) apply for funds under s. 23.09(26) or s. 23.33, Stats., for such eligible maintenance, acquisition, insurance, rehabilitation, and/or development costs and

hereby authorizes _____ (Name), _____ (Title),

of _____ (Committee or Department),

to act on behalf of _____ (Applicant) to:

Submit an application to the State of Wisconsin Department of Natural Resources for any financial aid that may be available; sign documents; and take necessary action to undertake, direct and complete the approved project.

Adopted this _____ day of _____, 20_____.

I hereby certify that the foregoing resolution was duly adopted by _____ at a legal meeting held on the _____ day of _____, 20_____.

Authorized Signature _____

Title _____

Department of Natural Resources Regional Offices

Northern Region

810 Maple Street
Spooner, WI 54801

OR

107 Sutliff Avenue
Rhineland, WI 54501

Northeast Region

2984 Shawano Avenue
Box 10448
Green Bay, WI 54307-0448

Southeast Region

2300 N. Dr. Martin Luther King Jr. Drive
Milwaukee, WI 53212

South Central Region

3911 Fish Hatchery Road
Fitchburg, WI 53711

West Central Region

1300 W. Clairemont Avenue
Box 4001
Eau Claire, WI 54702

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For: (Select one)

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County Snowmobile Trail Aids

All-Terrain Vehicle Trail Aids

Pages 3 and 4 of this form are to be completed (including required attachments) for any new bridge development or bridge rehabilitation project for which funds are requested. The information provided below will be used by Department staff and the appropriate advisory council to evaluate the merits of your application for funds.

(Select only one)

New Bridge Grant Application Supplement

Bridge Rehabilitation Grant Application Supplement

Water Body Name			
County	Township	Range	Section

Official Governmental Unit Contact	Telephone Number
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Sponsoring Snowmobile or All-Terrain Vehicle Club

Club Contact	Telephone Number
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Landowner Where Bridge is Located	Telephone Number
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1. If land is privately owned, how many years will the owner permit the trail to be used as a public snowmobile or all-terrain vehicle trail? (3 year minimum required)

2. What other recreational trail uses are planned for this bridge?

If there are other Recreational uses planned, how much of the bridge cost will be paid for by non-snowmobile or non-ATV users? \$

3. Have you contacted your local DNR water management investigator regarding a regulatory permit? Yes No

Is a permit required? Yes No

Do you have an approved permit? Yes No

Bridge Rehabilitation Projects Only

4. Briefly describe why the bridge needs to be rehabilitated. _____

5. Has this bridge site ever received development or rehabilitation funds in the past? Yes No

If answer is yes, give year funds were received, amount of grant award and program.

Year:	\$	Program:
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Complete the cost estimate information on page 4 and attach additional materials if more justification is necessary.

Summarize Costs in Appropriate Categories:

Prefab Structure

	Quote 1	Quote 2
	<input type="checkbox"/> Steel <input type="checkbox"/> Wooden	<input type="checkbox"/> Steel <input type="checkbox"/> Wooden
Bridge Dimensions:	_____	_____
Bridge Manufacturer:	_____	
Design Weight Load:	_____ lbs.	_____ lbs.
Cost of Structure:		
1. Engineering	\$ _____	\$ _____
2. Structure	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____

	Quote 1	Quote 2
	<input type="checkbox"/> Contractor or <input type="checkbox"/> Sponsor Estimate	<input type="checkbox"/> Contractor or <input type="checkbox"/> Sponsor Estimate
Installation Costs:		
1. Engineering	\$ _____	\$ _____
2. Soil Testing	\$ _____	\$ _____
3. Site Preparation	\$ _____	\$ _____
4. Abutments	\$ _____	\$ _____
5. Pilings/Piers	\$ _____	\$ _____
6. Approaches	\$ _____	\$ _____
7. Riprap	\$ _____	\$ _____
8. Labor	\$ _____	\$ _____
9. Equipment Rental	\$ _____	\$ _____
10. Other: _____	\$ _____	\$ _____
Subtotal	\$ _____	\$ _____
Total Cost	\$ _____	\$ _____

Community Services Specialist Comments and Approval:

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Built On Site Structure (Contractor or Sponsor)

Bridge Dimensions:	_____
Design Weight Load:	_____ lbs.
1. Engineering	\$ _____
2. Soil Testing	\$ _____
3. Site Preparation	\$ _____
4. Structure Materials	\$ _____
5. Abutments	\$ _____
6. Pilings/Piers	\$ _____
7. Approaches	\$ _____
8. Riprap	\$ _____
9. Labor	\$ _____
10. Equipment Rental	\$ _____
11. Other: _____	\$ _____
Total Cost	\$ _____

Required Attachments

Color Photograph of Site

Location Map Showing Site and Waterbody Name

Detailed Construction Plans (Show length, width, rail height, and types of materials to be used.)

Note: Costs for design weight loads in excess of 12,000 pounds are not eligible.

Approved By _____	Date Site Viewed (if applicable) _____
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