

#4 Vilas County Maintenance

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

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 attachments. See Page 2 for necessary attachments. Send applications to your [Community Services Specialist](#).

DNR Use Only	
Category	Number

Section 1: Applicant Information					
Applicant / Organization Name			Check Recipient: Individual other than authorized individual to act on behalf of the applicant. <input checked="" type="checkbox"/> Select if the same as applicant.		
Vilas County Parks & Recreation Department					
Individual Authorized to Act on Behalf of Applicant per Resolution			Check Recipient Name (Name to Appear on Check)		
Dale Mayo					
Title			Title		
Parks & Recreation Department Administrator					
Address			Address		
330 Court Street					
City	State	ZIP Code	City	State	ZIP Code
Eagle River	WI	54521			
Telephone Number	Email Address				
(715) 479-5160	damayo@vilascountywi.gov				


Section 2: Project Information Required for all Projects						
Project Title						
2020-21 OHM maintenance						
County	Township	Range	Section	¼ ¼	¼	GPS Coordinates:
Vilas	42 N	9	25			Lat. Long.

Project Description Summary
 Vilas County is proposing to maintain 22.2 miles of OHM trail for the 2020-21 season and is requesting funds of \$400/ mile. Maintenance includes brushing, signing and grooming expenses.

Estimated Cost		
Development	Trail Rehab.	Total Estimated Cost
	\$8,880.00	\$8,880.00

Applicant Certification	
Printed Name of Authorized Official	Official's Title
DALE MAYO	Vilas Parks & Recreation Department Administrator

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


 Signature of Authorized Official

6-26-20
 Date Prepared

Checklist for Maintenance and Projects

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

