

Outdoor Motorized Recreation Trail Aids Application

For: (Choose all that apply) Form 8700-159 (R 04/16) Page 1 of 5

- All-Terrain Vehicle Trail Aids Motorized Stewardship (20% match required)
 County Snowmobile 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 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: Applications may combine more than one source of funds. They may be submitted for consideration of both traditional ATV, Snowmobile funding AND Motorized Stewardship funding. Submit two (2) copies of all forms and attachments. See page 2 for necessary attachments. Mail applications to your Community Services Specialist.

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 Bayfield County Forestry and Parks	Check Recipient: Individual other than authorized individual to act on behalf of the applicant. Provide check recipient information below:
Authorized Individual Name, Title Jason Bodine	Check Recipient Name: (Name to Appear on Check) Bayfield County Forestry and Parks
Address 117 E 5th St.	Address 117 E 5th St.
City, State, ZIP Code Washburn, WI 54891	City, State, ZIP Code Washburn, WI 54891
Telephone Number (715) 373-6114	E-Mail Address jbodine@bayfieldcounty.org

Project Information

Project Title Federal Disaster Trail Repair - Trail 15	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.
- For Motorized Stewardship describe project **and source of matching funds**, narrative must include the source of the matching funds.
- Minimum Useful Life Agreement is required to be submitted before grant will be issued.

Bayfield County and the US Forest Service are currently in a Cooperative Agreement to accomplish annual trail maintenance within the Chequamegon-Nicolet National Forest boundary. During the incident period of July 11, 2016 through July 12, 2016 severe storm and flooding affected trails in Bayfield County. The continuous heavy rainfall and overland flooding resulted in the destruction of a section of Trail 15. The US Forest Service does not have the ability to repair this segment of trail. This is an integral segment of snowmobile trail that connects the towns of Cable, WI; Grand View, WI; and Drummond, WI.

Estimated Cost

Maintenance	Acquisition	Insurance	Development	Bridge Rehab.	Trail Rehab.	Total Estimated Cost
					\$19,756.10	\$19,756.10
Leave Blank - DNR Use Only						

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Page 2 of 5

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 <i>Jason Badline</i>	Official's Title <i>Forestry & Parks Admin.</i>
Signature of Authorized Official <i>[Signature]</i>	Date Prepared <i>10-31-16</i>

Attachments - All projects require: Governmental unit resolution authorizing participation (sample below)

Maintenance: (Use with Snowmobile & ATV)
 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

Insurance: (Use with ATV only)
 Estimate of annual insurance premium

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

Motorized Stewardship: Requires the attachments as identified in each specific category. See <http://dnr.wi.gov/Aid/MotorStew.html> for eligibility.

Trail Rehabilitation: (Use with Snowmobile & ATV)
 County plat map showing segment proposal for rehabilitation
 Cost estimate worksheet, Form 8700-014

Major Bridge Rehabilitation or New Bridge: (Use with Snowmobile & ATV)
 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 snowmobile, all-terrain vehicle and/or motorized stewardship grant funds.

Therefore, be it resolved, that _____ (Applicant)

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

