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

Application for Motorized Stewardship Recreation Trail Aids 20% Local Match Cover Sheet

Form 8700-159 Cover (R 7/13)

Select one:

☐ Snowmobile Stewardship Trail Aids (20% applicant match required)
☐ ATV/UTV Stewardship Trail Aids (20% applicant match required)

NOTICE: Completion of this form is required under ss. 350.12(4)(bd) and 23.33(9)(bd), Wis. Stats. Information collected will be used for Department grant administration purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

INSTRUCTIONS: Counties applying for Motorized Stewardship funds must submit an authorizing resolution showing availability of 20% local match prior to funds being awarded. No state or Federal funds may be used as local match. Grant awards will cover a maximum of 80% total project cost. Failure to complete this form in full will result in denial of financial assistance.

Eligible Projects (by priority rank)

1. Major bridge reconstruction/rehabilitation
2. Trail rehabilitation
3. Development -- New bridges on existing funded trails

Ineligible Projects

1. Maintenance on existing approved trails
2. Club signing program
3. Route signing program
4. Development of new trails (Maintenance ineligible under Motorized Stewardship)

Applications must be postmarked or delivered on or before September 13, 2013.

I. Applicant Information

Applicant/Organization Name	Authorized Individual Name	Title
Telephone Number ( )	Email Address	

II. Project Information

Project Title	Number of Trail Miles

A. The following activities are included in my application: (select all that apply)

☐ Acquisition ☐ Insurance ☐ Development ☐ Bridge Rehabilitation ☐ Trail Rehabilitation

B. Estimated Costs

Acquisition	Insurance	Development	Bridge Rehab.	Trail Rehab.	Total Estimated Project Cost	80% Grant Request
Leave Blank – DNR Use Only						

III. Applicant Certification

1- As the applicant's authorized representative, I certify that, to the best of my knowledge, the information in this application is true and correct. I understand that I will be required to certify availability of the 20% local match at the time of the grant award and that failure to do so will result in withdrawal of any offer of financial assistance.

2- I certify that no state or Federal funds will be used as match to grant funds received under this program.

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

Submit applications to the appropriate DNR regional office:

Northern Region
810 Maple Street
Spooner, WI 54801
OR
107 Sutliff Avenue
Rhinelander, WI 54501

Northeast Region
2984 Shawano Avenue
Green Bay, WI 54313-6727

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 Ave, Box 4001
Eau Claire, WI 54702