#5 Sauk Prairie Special Event

Instructions: Submit one copy of all forms and attachments. See Page 2 for

necessary attachments. Send applications to your Community Services Specialist.

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

Motorized Recreation Off-Highway Motorcycle Grant Application

DNR Use Only

Form 8700-159M (R 3/20)

Category

Page 1 of 3

Number

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.}.

Section 1: Applicant Information		D ET	-		Street, Section 1	West Williams	1100	All Carries		Total Agent		
Section 1: Applicant Information Applicant / Organization Name						cinient: Ir	ndividual of	ther the	n autho	orized in	dividual to act	
Wisconsin DNR/PRM Bureau/Sauk Prairie State Rec Area						Check Recipient: Individual other than authorized individual to act on behalf of the applicant. Select if the same as applicant.						
Individual Authorized to Act on Behalf of Applicant per Resolution						Check Recipient Name (Name to Appear on Check)						
Paul Zajackowski					Wisconsin DNR (can do transfer using PeopleSoft Codes)							
Title					Title							
District Supervisor												
Address						Address						
1242 River Road												
City		State ZIP Code		City					State	ZIP Code		
Wisconsin Dells		WI	539	964								
Telephone Number			Email Address							,		
(608) 220-7109	Paul.zajackowski@wiscosnin.gov											
Section 2: Project Information Required for all Projects												
Project Title OUM Trail Be granted and Special Front												
OHM Trail Re-purposing and S County												
County	TOWNSHI	Plixang	OE	Section	74 74	1/4	Lat.	iumate	ъ.			
Sauk	N	1	\bigcirc M				Long.					
Project Description Summary												
Under the concept of re-purposing as described in the Master Plan. The state is facilitating the grant on behalf of the local OHM club requesting funds to cover the cost of a one-two day special event for Off-Highway Motorcycle riders in the next year. Under the Master Plan guidelines the club requests to re-purpose up to 50% of the established biking, equestrian and public roads within the Sauk Prairie State Recreation Area for the event.												
Costs are estimated to be about \$675 for this event. Sanctioning/Insurance: \$450; temporary sign posts (wood lath) \$50; temporary direction arrows \$50; misc supplies: \$125. Signs and supplies will be reused at future events.												
The Master Plan calls for scheduling according to the weather, so an exact date cannot be determined at this time.												
This grant would be used to reimburse the club for actual expenses incurred as well as return utilized trails to the same condition as before the event. The club will volunteer labor to administer, prepare, staff and clean-up after the event.												
Estimated Cost		I= 11 F				1 10		Acor.		10 1/4	AND STATE	
Development		Irail F	Rehab.				l otal E	stimate	ed Cost			
\$675.00					383 3 -3 114			1500 mile	\$6	575.00		
Applicant Certification Printed Name of Authorized Official					Official's	Title	4, 4,		Veletin	WA STATE		
Paul Zajackowski					District Supervisor							
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 Date Prepared												

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

Checklist for N	Maintenance and Projects					
ОНМ						
\times	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 facilitymiles					
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					