#4 Vilas County Maintenance

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

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 and 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.

<table>
<thead>
<tr>
<th>DNR Use Only</th>
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<tbody>
<tr>
<td>Category</td>
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</tbody>
</table>

Section 1: Applicant Information

Applicant / Organization Name: Vilas County Parks & Recreation Department

Individual Authorized to Act on Behalf of Applicant per Resolution: Dale Mayo

Title: Parks & Recreation Department Administrator

Address: 330 Court Street

City: Eagle River

State: WI

ZIP Code: 54521

Telephone Number: (715) 479-5160

Email Address: damayo@vиласcountywi.gov

Section 2: Project Information Required for all Projects

Project Title: 2020-21 OHM maintenance

County: Vilas

Township: 42 N

Range: 9 OW

Section: 25

\% \%\%\%\%: GPS Coordinates:

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

<table>
<thead>
<tr>
<th>Development</th>
<th>Trail Rehab.</th>
<th>Total Estimated Cost</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>$8,880.00</td>
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Applicant Certification

Printed Name of Authorized Official: Dale Mayo

Official’s Title: 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: Dale Mayo

Date Prepared: 6-26-20
<table>
<thead>
<tr>
<th>Checklist for Maintenance and Projects</th>
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</thead>
<tbody>
<tr>
<td><strong>OHM</strong></td>
</tr>
<tr>
<td>☒ Project resolution by grant applicant authorizing participation (sample resolution)</td>
</tr>
<tr>
<td>☒ Project is on public land and I will be applying for RTP funds for this project. $</td>
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**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 facility __________ miles

**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