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State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Nonprofit Conservation Organization Recreational Trails Program Eligibility Application

Form 8700-389 (11/21)

NOTICE: Personally identifiable information will be used to administer the grant and will not be used for other purposes. Information will be made accessible to requesters under Wisconsin's Public Records law (Sec. 19.31 - 19.39 Wis. Stats.).

Send your completed application with attachments to the Grants Specialist in your local DNR Regional Office.

The DNR will send your organization a certification letter if it qualifies for the Recreational Trails Program. Once you have received your certification letter, you do not need to re-submit this application with subsequent grant requests. However, you will need to become re-certified if your 501(c)(3) tax-exempt status or mission changes.

Nonprofit Conservation Organization (NCO) Information

NCO Name

NCO Address		City	State	ZIP Code
Name of Official Contact Person				
Last Name	First Name	MI	Phone Number	
Email Address			Fax Number	

1. Is the organization incorporated under [chapter 181, Wis Stats.](#)? No Yes Date of Incorporation _____
2. Is the organization certified by the IRS as 501(c)(3) tax exempt? No Yes Date of Certification _____
3. Is one of the primary missions of the organization to promote, encourage, or engage in trail activities (as evidenced in Articles of Incorporation or Bylaws)? No Yes Page Reference _____
4. Does the organization have an endowment for long-term management, maintenance or monitoring of property? No Yes

Required Attachments

- NCO's Articles of Incorporation
- NCO's Bylaws
- IRS determination letter confirming organization's tax-exempt status
- Description of endowment funds, if applicable
- Miscellaneous. Brochures about organization, newsletter, annual report, or other pertinent information (optional)

Certification

I hereby certify as the NCO's authorized representative that to the best of my knowledge the information in this application is true and correct.

Typed or Printed Name	Title
Signature of Authorized Representative	Date Signed