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Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

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

Motorized Recreation Grant Application
For: (choose all that apply)
☐ ATV/UTV Trail Aid
☐ Snowmobile Trail Aid

Due Date: April 15

Notice: Completion of this form is required under Wisconsin Statutes 23.09(26) and 23.33. 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 Public 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 traditional ATV, UTV, Snowmobile and Motorized Stewardship funding. Submit one copy of all forms and attachments. See Page 2 for necessary attachments. Send applications to your [Community Services Specialist](#).

| DNR Use Only | |
|--------------|--------|
| Category | Number |

Section 1: Applicant Information

| | | | | | |
|--|-------|---------------|---|-------|----------|
| Applicant / Organization Name | | | Check Recipient: Individual other than authorized individual to act on behalf of the applicant. <input type="checkbox"/> Select if the same as applicant. | | |
| Individual Authorized to Act on Behalf of Applicant per Resolution | | | Check Recipient Name (Name to Appear on Check) | | |
| Title | | | Title | | |
| Address | | | Address | | |
| City | State | ZIP Code | City | State | ZIP Code |
| Telephone Number | | Email Address | | | |

Section 2: Project Information Required for all Projects

| | | | | | | | | |
|---------------|----------|--|---------|---------|----------------------|---------------------------|---------------------------|--|
| Project Title | | | | | Current Funded Miles | | New Miles (if applicable) | |
| County | Township | Range | Section | 1/4 1/4 | 1/4 | GPS Coordinates: | | |
| | N | <input type="radio"/> E <input type="radio"/> W | | | | Lat. _____ Long. _____ | | |

Project Description Summary

☐ I certify that all maintenance land use agreements are on file.

Estimated Cost

| | | | | | | |
|----------------------------|-------------|-----------|-------------|---------------|--------------|----------------------|
| Maintenance | Acquisition | Insurance | Development | Bridge Rehab. | Trail Rehab. | Total Estimated Cost |
| Leave Blank – DNR Use Only | | | | | | |
| | | | | | | |

Applicant Certification

| | |
|-------------------------------------|------------------|
| Printed Name of Authorized Official | Official's Title |
|-------------------------------------|------------------|

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 Grant Application

Form 8700-159 (R 02/2024)

Checklist for Maintenance and Projects

| Snowmobile | ATV/UTV | |
|--|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Project is on public land and I will be applying for RTP funds for this project. \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Land Acquisition – consult your Regional Grant Specialist for required procedures |
| Maintenance | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Current trail map identifying funded/unfunded miles. |
| <input type="checkbox"/> | <input type="checkbox"/> | Troutes – identify gas tax or no gas tax |
| Bridge Rehab/Replace/New, Re-Route w/bridge – Must complete Appendix A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Quality photos showing need for rehabilitation (no snow photos) |
| <input type="checkbox"/> | <input type="checkbox"/> | County wide trail map showing bridge location on the funded trail |
| <input type="checkbox"/> | <input type="checkbox"/> | Aerial, wetland, topo, and plat maps showing bridge location with trails overlaid |
| <input type="checkbox"/> | <input type="checkbox"/> | Detailed construction plans (show length, width, rail height and approaches) |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reroute - trail map showing old trail and proposed new trail with bridge location |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Identify season - Summer, Winter, Year-Round (Winter include rules) |
| Trail Rehab/Qualified Route – Must complete Appendix B | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Quality photos showing need for rehabilitation |
| <input type="checkbox"/> | <input type="checkbox"/> | County wide trail map showing the segment proposed for rehabilitation on the funded trail |
| <input type="checkbox"/> | <input type="checkbox"/> | Aerial, wetland, topo, and plat maps with the trails overlaid |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | Depth and location of gravel to be used |
| | <input type="checkbox"/> | Identify season - Summer, Winter, Year-Round (Winter include rules) |
| New Miles – Must complete Appendix B if development funds are requested | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Current county trail map identifying all requested segments. |
| <input type="checkbox"/> | <input type="checkbox"/> | Aerial and topo site maps for each segment requested. Include Town-Range-Section. |
| <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction plans for bridges or other structures. Include Appendix A |
| <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Troutes – identify gas tax or no gas tax |
| | <input type="checkbox"/> | Identify season - Summer, Winter, Year-Round (Winter include rules) |
| Intensive Use Area | | |
| | <input type="checkbox"/> | County, plat, wetland, topo maps showing project boundaries, trails, and elements |
| | <input type="checkbox"/> | Site plans showing any existing facilities along with proposed new construction including trails, riding courses, bridges, culverts, shelters, parking lots and toilets |
| | <input type="checkbox"/> | Preliminary construction plans for new trails, major grading, buildings, bridges, etc. |
| | <input type="checkbox"/> | |
| New Support | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Campgrounds, shelter, etc. Please provide detailed information. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

Motorized Recreation Grant Application

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Appendix A – Required for Bridge Rehab/Replace, New, or Reroute with New Bridge

☐ Bridge Rehab/Replace ☐ New Bridge ☐ Reroute with new bridge

| | | | | | | |
|--------|----------|--|---------|-----|---|-----------------------------------|
| County | Township | Range | Section | ¼ ¼ | ¼ | GPS Coordinates: Lat. Long. |
| | N | <input type="radio"/> E <input type="radio"/> W | | | | |

| | | |
|-----------------|-------------|-------------------------|
| Water Body Name | Bridge Name | County Inventory Number |
|-----------------|-------------|-------------------------|

| | |
|---|--|
| Funded Trail Name or Number (SNARS if applicable) | Has this bridge site ever received development or rehabilitation funds in the past? <input type="radio"/> Yes <input type="radio"/> No Year: _____ \$ _____ |
|---|--|

| | |
|---|--|
| Bridge is located on: <input type="radio"/> Private property <input type="radio"/> Public property | Old Bridge/Culvert Size _____ New Bridge/Culvert Size _____ |
|---|--|

| | | |
|-----------------------------------|------------------|--|
| Landowner Where Bridge is Located | Telephone Number | Length of Trail Use Agreement (5 year minimum) |
|-----------------------------------|------------------|--|

| | | |
|----------------------------------|---------------|-----------------|
| Current maximum load _____ lbs. | Age of Bridge | Bridge Material |
| Proposed maximum load _____ lbs. | | |

| | | |
|----------------------|--------------|------------------|
| Sponsoring Club Name | Club Contact | Telephone Number |
|----------------------|--------------|------------------|

| | |
|---|--|
| Do you have your trail bridges posted as to maximum load? <input type="radio"/> Yes <input type="radio"/> No | What is the maximum load of the other bridges on the system if groomed with this bridge? |
|---|--|

| | |
|---|--|
| What is the weight of your puller & drag/grading equipment? | |
|---|--|

What other recreational trail uses are planned for this bridge?

If there are other Recreational uses planned, how much of the bridge cost will be paid for by non-snowmobile or non-ATV users?

- ☐ Yes ☐ No Have you contacted your local [DNR Water Management Specialist \(WMS\)](#) regarding a permit?
- ☐ Yes ☐ No Is a permit needed? (Please provide any written correspondence from WMS.)
- ☐ Yes ☐ No Have you contacted your County Zoning Dept. regarding a floodplain determination?
- ☐ Yes ☐ No Will an H & H (hydrologic and hydraulic) study be required?

Bridge Project Detailed Description

Motorized Recreation Grant Application

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Appendix A (continued)

Summarize Costs in Appropriate Categories:

| Bridge Structure | | | |
|---|-----------------|---|--|
| Quote 1 | | Quote 2 | |
| <input type="radio"/> Steel <input type="radio"/> Wooden | | <input type="radio"/> Steel <input type="radio"/> Wooden | |
| Bridge Dimensions: | _____ | _____ | |
| Bridge Manufacturer: | _____ | _____ | |
| Design Weight Load | _____ lbs. | _____ lbs. | |
| Cost of Structure: | | | |
| 1. Engineering | \$ _____ | \$ _____ | |
| 2. Structure | \$ _____ | \$ _____ | |
| Subtotal | \$ _____ | \$ _____ | |
| Quote 1 | | Quote 2 | |
| <input type="radio"/> Contractor or <input type="radio"/> Sponsor | | <input type="radio"/> Contractor or <input type="radio"/> Sponsor | |
| Estimate | | Estimate | |
| Installation Costs: | | | |
| 1. Engineering | \$ _____ | \$ _____ | |
| 2. Site Preparation | \$ _____ | \$ _____ | |
| 3. Abutments | \$ _____ | \$ _____ | |
| 4. Pilings/Piers | \$ _____ | \$ _____ | |
| 5. Approaches | \$ _____ | \$ _____ | |
| 6. Riprap | \$ _____ | \$ _____ | |
| 7. Labor | \$ _____ | \$ _____ | |
| 8. Equipment Rental | \$ _____ | \$ _____ | |
| 9. Culverts | \$ _____ | \$ _____ | |
| 10. H & H Study | \$ _____ | \$ _____ | |
| 11. Wetland Delineation | \$ _____ | \$ _____ | |
| 12. Other _____ | \$ _____ | \$ _____ | |
| Subtotal | \$ _____ | \$ _____ | |
| Total Cost | \$ _____ | \$ _____ | |

For the application grant, you must take the lowest of the two quotes.

| Entire Deck and Railing Projects | | <input type="radio"/> Contractor | <input type="radio"/> Sponsor | <input type="radio"/> Club |
|----------------------------------|-----------------|----------------------------------|-------------------------------|----------------------------|
| Bridge Dimensions: | _____ | | | |
| Design Weight Load | _____ lbs. | | | |
| 1. Materials | \$ _____ | | | |
| 2. Labor | \$ _____ | | | |
| Total | \$ _____ | | | |

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Appendix B – Required for Trail/Qualified Trout Rehab, Reroute, or Development

☐ Trail Rehab ☐ Qualified Trout ☐ New Trail ☐ Trail Reroute (Mandatory or Discretionary)

| | | | | | | |
|--------|---------------|---|---------|-----|---|-----------------------------------|
| County | Township N | Range <input type="radio"/> E <input type="radio"/> W | Section | ¼ ¼ | ¼ | GPS Coordinates: Lat. Long. |
|--------|---------------|---|---------|-----|---|-----------------------------------|

| | |
|---|---|
| Funded Trail Name or Number (SNARS if applicable) | Has this trail ever received development or rehabilitation funds in the past? <input type="radio"/> Yes <input type="radio"/> No Year: _____ \$ _____ |
|---|---|

| | | |
|--|--|-----------------|
| Trail is located on: <input type="radio"/> Private property <input type="radio"/> Public property | Length of Easement or Landowner Use Agreement _____ years | Expiration Date |
|--|--|-----------------|

| | |
|----------------------------------|------------------|
| Landowner Where Trail is Located | Telephone Number |
|----------------------------------|------------------|

What other recreational trail uses are planned for this trail?

If there are other Recreational uses planned, how much of the trail development/rehab. cost will be paid for by other users?

| | |
|---|---|
| How many miles would be affected if this project is not funded? | Will this result in closure of a trail? <input type="radio"/> Yes <input type="radio"/> No |
|---|---|

| | |
|---|------------------------------------|
| Is this a critical section to the overall trail system? <input type="radio"/> Yes <input type="radio"/> No | Is there a reasonable alternative? |
|---|------------------------------------|

| | | |
|--|---|---|
| Does any section of this trail contain a bridge? <input type="radio"/> Yes <input type="radio"/> No | Will this bridge require rehabilitation now or in the next few years? <input type="radio"/> Yes <input type="radio"/> No | What is the weight of your puller & drag/grading equipment? _____ lbs. |
|--|---|---|

- ☐ Yes ☐ No Have you contacted your local [DNR Water Management Specialist \(WMS\)](#) regarding a permit?
- ☐ Yes ☐ No Is a permit needed? (Please provide any written correspondence from WMS.)
- ☐ Yes ☐ No Will this project be located near or cross any intermittent or perennial waterway? [Surface Water Data Viewer](#)
- ☐ Yes ☐ No Will this project be located near or cross any wetland?
- ☐ Yes ☐ No Will this project involve land disturbance – including clearing and grubbing – of 1 acre or more of land?
(Less than 4/10th mile for a typical trail) [DNR Storm Water Contact List](#)

Trail Project Detailed Description