INSTRUCTIONS FOR THE UTAH DIVISION OF PARKS AND RECREATION
OFF-HIGHWAY VEHICLE PROGRAM (OHV)
MOTORIZED TRAIL GRANTS

ELIGIBLE PROJECTS AND ITEMS

Listed below are the types of projects eligible for the OHV Program Motorized Grant:

- Maintenance and restoration of existing trails,
- Development and rehabilitation of trailsides, trailhead facilities and/or trail linkages,
- Purchase of trail construction and maintenance equipment,
- Construction of new trails,
- Acquisition of property for trails/trailheads,
- Assessment of trail conditions for accessibility and maintenance, and
- Development and dissemination of publications and operation of educational programs to promote safety and environmental protection related to trails (including supporting non-law enforcement trail safety and trail use monitoring patrol programs, and providing trail-related training) (limited to 5 percent of a State's funds).

TRAILS CONSTRUCTION GUIDELINES

See the Trails Construction Guidelines, http://static.stateparks.utah.gov/docs/trailguidelines.pdf. The guidelines provided are very general and the applicant will need to work with local land managers to understand the specific factors that may affect trail design and construction techniques in any given locale. All proposed projects shall follow these guidelines.

THE PROCESS

In preparation for submitting an application, if project managers have questions they may contact Chris Haller, (801) 349-0487 chrishaller@utah.gov. Chris Haller is the OHV Program Coordinator and also administers the Recreation Trails Program grants. Submitted applications will be reviewed by the Utah Off-Highway Vehicle Advisory Council with recommendations provided to the Utah State Parks Board for approval.

TIMELINE

Applications must be in the Utah State Parks and Recreation Salt Lake Office on or before 5 PM, Sunday May 1, 2016. Late applications **will not** be accepted.

Please submit trail applications to:

BECKY McBRIDE
UTAH DIVISION OF PARKS AND RECREATION
1594 West North Temple Suite 116
PO Box 146001
Salt Lake City UT 84114-6001

Applications will be reviewed during the months of May and June. Approvals are expected to be decided in September. Applicants may be contacted to clarify the details, merits of their proposal and contacted to arrange an on-site tour of the proposed project from Advisory Council members.

APPLICATION INSTRUCTIONS

One completed and signed, hard copy application must be submitted via US Postal Service, FedEx, UPS, etc. or hand delivered.

All items listed below under “Application Checklist” must be included in order to be considered for grant funding.

All responses must be provided in space allocated.

Text of responses should be in 11-point Arial font.

Drawings and charts on 8 ½ " X 11 " document, in either portrait or landscape orientation.

APPLICATION CHECKLIST

- ☐ COMPLETED AND SIGNED APPLICATION
- ☐ MAP of the project for which funding is being requested
- ☐ MAP showing location of proposed project in Utah
- ☐ PROOF OF RIGHT-OF-WAY where applicable
- ☐ APPRAISAL REPORT where applicable
- ☐ PROJECT SCHEDULE/TIMELINE
- ☐ DETAILED PROJECT BUDGET
- ☐ LETTERS OF SUPPORT
- ☐ PHOTOGRAPHS OF PROPOSED PROJECT
- ☐ NON PROFIT organizations only: include 501(c)(3) status and land managing agency permission

FUNDING CAP

Due to the overall level of funding available for grant awards, applicants are requested to limit their total request to no more than $35,000.

UTAH DIVISION OF PARKS AND RECREATION
Off-Highway Vehicle Program State OHV Grants

MOTORIZED TRAIL APPLICATION

1. Project Title: _____

2. Project Sponsor: _____

3. Location (nearest town): _____

4. County: _____ 5. Congressional District (choose one): ☐ 1 ☐ 2 ☐ 3

6. Project Manager:_____

7. Address: _____

8. Telephone: _____ 9. E-mail: _____

10. Amount of fiscal assistance requested $_____(round up to nearest dollar)
(Up to 50% of total project cost)

CERTIFICATION:

I certify that I am authorized to sign this application and that the information herein provided is, to the best of my knowledge, true and accurate. I further certify that the applicant has the necessary financial resources to fulfill all obligations relative to this project including the cost of operation and maintenance. I further certify that this application is submitted by an official action of the governing board of the applicant agency.

_____ _____

Signature of Authorized Agent Title Date

Project Description

In the space provided, provide project description. Specify what is to be built. If it is a trail, does the project provide physical connections between resources; does it link existing community or regional trails; does it enhance access to recreational opportunities and/or enable residents to use non-motorized means for exercise or recreation? If it is a facility, specify exactly what is to be built. Address current and projected use of trail or facility by providing visitor statistics, traffic counts, usage numbers, or similar data for the area.

Attach one map of the proposed project and one map of the proposed project's location within the State of Utah.

Is public access guaranteed? ☐ Yes ☐ No

Project land is owned or controlled by (Check one or more):

☐ City ☐ County ☐ State ☐ Federal ☐ Private

If land is owned by other than applicant agency, include copies of leases, easements or other agreements for use of land; or a letter from the landowner specifying that the landowner will permit the project on their land and will execute the appropriate legal document in a timely manner.

Anticipated project starting date:_____ **Estimated completion date:** _____

Include a copy of the proposed project schedule/timeline.

Will this project replace or enhance any existing developed recreation site? ☐ Yes ☐ No

Is project pursuant to a current master plan or needs assessment? ☐ Yes ☐ No
(If yes, give title and date of pertinent plan or assessment and refer to the trail's applicability to the plan in the space below. Please do not attach the master plan.)

A. TRAIL USES:
Trail uses allowed (check all that apply):

☐ Single Track ☐ ATV ☐ 4X4

☐ Snowmobile ☐ Side by Side

Season(s) trail can be used ☐ Spring ☐ Summer ☐ Fall ☐ Winter

If used in winter, who will plow or groom it?_____

B. ADA accessible? ☐ Yes ☐ No
If yes, refer to www.ada.gov

C. TRAIL CONSTRUCTION: (check all that apply and provide relevant details):
New and rehabilitated/relocated trails funded under this program shall meet trail construction guidelines to serve the purpose for which the trail is designed and to withstand local weather conditions.

☐ Single Track ☐ ATV ☐ 4X4 ☐ Snowmobile

☐ New trail Tread width_____Trail length_____

☐ Trail rehabilitation/relocation Tread width_____Trail length_____

Trail surface material (Describe):_____

☐ Overpass/Underpass Width _____Length _____

Clearance height to trail surface _____

☐ River/stream crossing ☐ New bridge Width _____ Length _____

☐ Purchase of hand tools

☐ Purchase of mechanized equipment (Describe):_____

Describe other trail improvement(s): _____

_____

D. TRAIL HEAD FACILITIES:

☐ New trail head ☐ Reconstruction ☐ Trail head improvement

☐ Parking stalls #_____ ☐ New restroom (must be ADA accessible)

☐ Kiosk ☐ Signs

Parking area dimensions _____

Surface material (Describe): _____

List other trailhead features: _____

Will trailhead be plowed in winter? ☐ Yes ☐ No

E. TRAIL SIDE FACILITIES:

☐ Warming hut ☐ Yurt ☐ Shelter

☐ Restroom ☐ Kiosk

☐ Other: (Describe): _____

F. TRAIL SIGNING:

☐ Route marking ☐ Informational ☐ Interpretive

☐ Regulatory

(Describe):_____

G. TRAIL INFORMATION:

Is a brochure/map part of the funding request? ☐ Yes ☐ No

H. PROPERTY ACQUISITION:

Fee title purchase ☐ Yes ☐ No ☐ NA

I. TRAIL SYSTEM OPERATIONS

(This includes activities required to keep the trail open and function within prescribed guidelines, such as immediate supervision and organization of volunteers and maintenance crews.)

J. TRAIL MAINTENANCE:

1. Travel routes

Trail/route name(s) and length(s):_____

Work to be done:(Check all that apply):
Repair or replacement of:

- ☐ Trail tread / route surface (Feet or Miles) _____
- ☐ Brush back vegetation (Feet or Miles) _____
- ☐ Stream crossing(s) (Number) _____
- ☐ Wet area crossing(s) (Number) _____
- ☐ Bridge(s) (Number) _____
- ☐ Water diversion structure(s) (Number) _____
- ☐ Culvert(s) (Number) _____
- ☐ Cattle guard(s) (Number) _____
- ☐ Fence (Feet) _____
- ☐ Gate(s) (Number) _____
- ☐ Switchback repair (Number) _____
- ☐ Disturbed area rehabilitation (Sq. or Linear Feet) _____
- ☐ Sign(s) (Number) _____
- ☐ Clearing of obstruction(s) (Logs, rocks, etc.) (Miles)_____
- ☐ Replacement or repair of trail blazes, markers & cairns (Number)_____
- ☐ Back slope grooming (Feet or Miles) _____

☐ Retaining walls (Feet) _____

☐ Other: _____

2. Trail heads

Trail head name(s):_____

3. Work to be done: (Check all that apply):

☐ Parking surface repair (Sq. Feet) _____

☐ Parking barriers (Number) _____

☐ Restroom (Number) _____

☐ Signs (Number) _____

☐ Loading ramps (Number) _____

☐ Other: _____

DETAILED DESCRIPTIONS OF ITEMS CHECKED ABOVE: *(Give specific measurements and details of work to be to be accomplished under "Project Description" above. Describe methods to be used; i.e. hand vs. mechanical.)*

K. EDUCATIONAL PROGRAMS TO PROMOTE TRAIL SAFETY AND ENVIRONMENTAL PROTECTION

☐ Development and operation of trail safety education program(s)

☐ Development and operation of trails-related environment education program(s)

☐ Production of trail-related educational material(s) (informational displays, in print, video, audio, interactive computer displays, etc.)

DETAILED DESCRIPTION OF ITEMS CHECKED: *(Give details of problem(s) to be addressed, message(s), curriculum(s), method(s) of delivery, etc., under "Project Description" above.)*

L. GIVE EVIDENCE OF PUBLIC SUPPORT FOR YOUR TRAIL PROJECT. In the space below address: (1) how the project is part of a comprehensive plan and/or part of an overall trail network and describe its community, regional, statewide or national significance; (2) volunteer or private sector contributions to the project; (3) support from other groups; cooperation and support among adjoining and/or other affected jurisdictions for your project (such as city to city, city to county, city/county with the Forest Service, BLM, National Park Service, etc.)

M. DETAILED PROJECT BUDGET:

Attach a one-page detailed project budget.

Your budget must include source of project funds and when the funds will be available. Show sponsor cash, labor and equipment and any donor contributions such as property, cash, labor or equipment. Project expenses should be broken down by category, item, and quantity. Specify items covered by **your** match.

If your budget includes "contingencies," this dollar amount will not be funded by the program and will not be included as part of the 50/50 match.

This is a critical component of the application. The more detailed the better. Total project costs must correlate with item number 10 and 11 on page three of the application.

ESTMATED ANNUAL OPERATION AND MAINTENANCE COSTS OF THE PROJECT

$_____

Who will be responsible for maintenance? _____

N. PAST EXPERIENCE:

Has your organization received OHV Program Grant funding in the past? ☐ Yes ☐ No

If yes, provide list of projects funded within the past 5 years and dollar amounts. For each project, specify whether complete or not complete.

O. LETTERS OF SUPPORT:

Please attach no fewer than two (2) and no more than five (5) letters of support for the specific project for which funding is being requested. These should include a letter from each of the partners and any prospective clubs or organizations.

P. NON PROFIT:

Nonprofit organization ☐ Yes ☐ No

If so; provide nonprofit 501(c)(3) status; most recent by-laws; approved board meeting minutes for which funding is supported; and supporting financial documentation.

Permission from land managing agency to complete work: ☐ Yes ☐ No

If so: provide documentation.

OTHER CONSIDERATIONS

1. How will the trail be publicized?

2. Is project part of a named and mapped system of OHV routes? ☐ Yes ☐ No

If so describe:

3. Describe other OHV trails or facilities this project will tie to or enhance (such as the Great Western Trail or Paiute ATV Trail):

4. Did you have rider input? ☐ Yes ☐ No

If no, describe:

5. List other agencies or organizations that are participating in this project and their role: