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:

- o Maintenance and restoration of existing trails,
- o Development and rehabilitation of trailsides, trailhead facilities and/or trail linkages,
- Purchase of trail construction and maintenance equipment,
- Construction of new trails,
- o Acquisition of property for trails/trailheads,
- o 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, <u>http://static.stateparks.utah.gov/docs/trailguidelines.pdf</u>. 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 <u>chrishaller@utah.gov</u>. 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 Division of Parks and Recreation Salt Lake Office on or before 5 PM, Monday, May 1, 2017. Electronic and/or late applications <u>will not</u> 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):	2 🗆 3
6.	Project Manager:			
7.	Address:			
8.			E-mail:	
10.	Amount of fiscal assistance requested (Up to 50% of total project cost)		\$(round up to near	rest dollar)

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.

Pro	pject land is ow	ned or control	l led by (Check	one or more):	
	□ City	County	_	☐ Federal	Private
for		a letter from the	landowner sp	ecifying that the	of leases, easements or other agree landowner will permit the project on manner.
Ant	ticipated projec	ct starting date):	Estimated	completion date:
Incl	lude a copy of th	ne proposed pro	oject schedule	/timeline.	
Wil	Il this project re	eplace or enha	nce any exist	ing developed	recreation site? Yes
•					
Α.	TRAIL USES Trail uses allo	: owed (check all	that apply):		
Α.		owed (check all	_	ATV	□ 4X4
A.	Trail uses allo	owed (check all ack		ATV Side by Side	□ 4X4
Α.	Trail uses allo	owed (check all ack ile			
A .	Trail uses allo Single Tra Snowmob Season(s) tra	owed (check all ack ile il can be used [□ . □ : □ Spring □	Side by Side Summer □ Fa	
A. B.	Trail uses allo Single Tra Snowmob Season(s) tra If used in wint ADA accessi	owed (check all ack ile il can be used [□ . □ : □ Spring □	Side by Side Summer □ Fa	III 🗆 Winter
В.	Trail uses allo Single Tra Snowmob Season(s) tra If used in wint ADA accessi If yes, refer to TRAIL CONS New and reha	wed (check all ack ile il can be used l ter, who will plo ible? Yes www.ada.gov	□ A □ Spring □ w or groom it? □ No heck all that a ted trails funde	Side by Side Summer □ Fa	III 🗆 Winter
В.	Trail uses allo Single Tra Snowmob Season(s) tra If used in wint ADA accessi If yes, refer to TRAIL CONS New and reha guidelines to s	wed (check all ack ile il can be used l ter, who will plo i ble? Yes <u>www.ada.gov</u> GTRUCTION : (c abilitated/reloca serve the purpo	Spring Spring w or groom it? No heck all that a ted trails funde ose for which th	Side by Side Summer □ Fa	e relevant details):
	Trail uses allo Single Trail Snowmoby Season(s) trail If used in winth ADA accessing If yes, refer to TRAIL CONS New and rehat guidelines to a conditions.	wed (check all ack ile il can be used l ter, who will plo i ble? Yes <u>www.ada.gov</u> GTRUCTION : (c abilitated/reloca serve the purpo	□ A □ Spring □ w or groom it? □ No heck all that a ted trails funde ose for which th	Side by Side Summer	e relevant details): ogram shall meet trail construction red and to withstand local weather

	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 equipm			
	Describe other trail improvement(s):			
D.	TRAIL HEAD FACILITIES:			
	New trail head	□ Reconstruction	Trail head improvement	
	Parking stalls <u>#</u>	□ New restroom (m	nust be ADA accessible)	
	□ Kiosk	□ Signs		
	Will trailhead be plowed in winter?	□ Yes	□ No	
E.	TRAIL SIDE FACILITIES:			
	Warming hut	□ Yurt	□ Shelter	
	□ Restroom	🗆 Kiosk		
	Other: (Describe):		_	
F.				
	□ Route marking	Informational	□ Interpretive	
	Regulatory			
	(Describe):			
G.	TRAIL INFORMATION:			
	Is a brochure/map part of the funding	g request? 🛛 Yes	□ No	
н.	PROPERTY ACQUISITION:	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):_____

<u>Work to be done</u>:(Check all that apply): Repair or replacement of:

□ Trail tread / ro	ute surface	(Feet or Miles)
□ Brush back ve	getation	(Feet or Miles)
□ Stream crossi	ng(s)	(Number)
□ Wet area cros	sing(s)	(Number)
□ Bridge(s)		(Number)
□ Water diversio	on structure(s)	(Number)
□ Culvert(s)		(Number)
□ Cattle guard(s)	(Number)
□ Fence		(Feet)
□ Gate(s)		(Number)
□ Switchback re	pair	(Number)
□ Disturbed area	a rehabilitation	(Sq. or Linear Feet)
□ Sign(s)		(Number)
Clearing of ob (Logs, rocks, e	. ,	(Miles)
Replacement of trail blazes, m	or repair of arkers & cairns	(Number)
□ Back slope gro	ooming	(Feet or Miles)

Retaining walls	(Feet)			
□ Other:				
2. <u>Trail heads</u>				
Trail head name(s):				
3. <u>Work to be done</u> : (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 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:

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? 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, or Arapeen OHV Trail, and etc.):

□ Yes

🗆 No

 Did you have rider input? If no, describe: 	□ Yes	□ No

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