

## **INSTRUCTIONS FOR THE UTAH DIVISION OF PARKS AND RECREATION OFF-HIGHWAY VEHICLE PROGRAM MOTORIZED TRAILS GRANT**

### **ELIGIBLE PROJECTS AND ITEMS**

Listed below are the types of projects eligible for the grant:

- Maintenance and restoration of existing trails,
- Development and rehabilitation of trailside and trailhead facilities,
- Trail connectivity
- Purchase and lease of trail construction and maintenance equipment,
- Construction of new trails (with restrictions for new trails on Federal lands),
- 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).

State funding may not be used for non-trail related activities such as:

- Development of campgrounds,
- Landscaping and,
- Irrigation system development

### **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, project proponents are encouraged to contact Chris Haller, (801) 349-0487 [chrishaller@utah.gov](mailto:chrishaller@utah.gov) for guidance and to discuss project details. Chris Haller is the Off-Highway Vehicle Coordinator and is also administering the Recreation Trails Program grants.

Submitted applications will be reviewed by the Utah Off-Highway Vehicle Advisory Council.

### **TIMELINE**

Applications must be in the Utah Division of Parks and Recreation Salt Lake Office on or before 5 PM, Tuesday May 1, 2018. Late applications will not be accepted.

Please submit trail applications to:

**RACHEL TOKER  
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 made no later than September. Applicants may be contacted to clarify the details and merits of their proposal. Applicants may also be contacted to arrange on on-site tour of the project for 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 1/2 " 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
- FUNDING COMMITMENT LETTERS FROM OTHER FUNDING ENTITIES
- 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 \$50,000.



UTAH DIVISION OF PARKS AND RECREATION  
OFF-HIGHWAY VEHICLE PROGRAM GRANT

APPLICATION



1. Project Title: \_\_\_\_\_
2. Project Sponsor: \_\_\_\_\_
3. Location (nearest town): \_\_\_\_\_
4. Project Manager: \_\_\_\_\_
5. County: \_\_\_\_\_
6. Address: \_\_\_\_\_
7. Telephone: \_\_\_\_\_ 8. E-mail: \_\_\_\_\_
9. Amount of fiscal assistance requested \$ \_\_\_\_\_ (round up to nearest dollar)  
**(Up to 50% of total project cost)**
10. Total estimated project costs \$ \_\_\_\_\_ (round up to nearest 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.

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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 motorized means for access and/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.



Please do not exceed the space provided.

**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 Start 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](http://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  Side by Side  
 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(s)

Parking Stalls # \_\_\_\_\_

New Restroom (must be ADA accessible)

Kiosk

Signage

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

Benches

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

Trail Easement:  Yes  No

NEPA Completed (If Required):  Yes  No

Please write a description of the land's acquisition status in the space below.

#### **I. TRAIL SYSTEM OPERATIONS:**

(This includes activities required to keep the trail open and function within perceived 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:

<input type="checkbox"/> Trail Tread / Route Surface	(Feet or Miles) _____
<input type="checkbox"/> Brush Back Vegetation	(Feet or Miles) _____
<input type="checkbox"/> Stream Crossing(s)	(Number) _____
<input type="checkbox"/> Wet Area Crossing(s)	(Number) _____
<input type="checkbox"/> Bridge(s)	(Number) _____
<input type="checkbox"/> Water Diversion Structure(s)	(Number) _____
<input type="checkbox"/> Culvert(s)	(Number) _____
<input type="checkbox"/> Cattle Guard(s)	(Number) _____
<input type="checkbox"/> Fence	(Feet) _____
<input type="checkbox"/> 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 MOTORIZED TRAIL SAFETY AND RESOURCE PROTECTION:**

- Development and operation of trail safety education program(s)
- Development and operation of motorized trail(s)-related 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 along with what the STATE will match. Mobilization and engineering costs should be excluded from your budget.

PLEASE NOTE: Budget allowances for contingencies will not be funded by this program and can 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 9 and 10 on page three of the application.

**ESTMATED ANNUAL OPERATION AND MAINTENANCE COSTS OF THE PROJECT:**

\$ \_\_\_\_\_

Who will be responsible for maintenance? \_\_\_\_\_

**N. FUNDING:**

Please describe in detail your funding sources and your leveraging of funds with other sources. Please identify if other sources are from Private, Municipal, State or Federal sources.

**O. PAST EXPERIENCE:**

Has your organization received STATE OHV funding in the past?  Yes  No

If yes, provide list of projects funded within the past 3 years and dollar amounts. For each project, specify whether complete or not complete.

**P. 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.

**Q. 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.

**R. OTHER CONSIDERATIONS:**

a. How will the trail be publicized?

b. Is project part of a named and mapped system of OHV routes?  Yes  No  
If so describe:

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

d. Has rider input been provided?  Yes  No

If no, describe:

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