



DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
BUREAU OF PARKS & LANDS
OFF-ROAD RECREATIONAL VEHICLE OFFICE
SNOWMOBILE PROGRAM, MUNICIPAL GRANTS
22 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0022
PH 207-287-4957 FAX 207-287-8111

APPLICATION / AGREEMENT / CERTIFICATION
MUNICIPAL / COUNTY GRANT-IN-AID PROGRAM
2013-2014

Municipality/County: _____

Address: _____

City: _____ Zip: _____

County: _____

The **Project Director** is appointed by the municipality/county. All inquiries about the state-aid grant application are directed to this person.

Name: _____ Title: _____

Address: _____

City: _____ Zip: _____

Home #: _____ Work #: _____ Mobile #: _____

Email Address: _____

Mileage of proposed trail: _____ (one way)

Estimated administrative cost for processing land use permits, grant administrative labor, insurance, remote radios (Many items eliminated.)

Requested		Approved	
\$		\$	

Estimated cost of facilities such as plowing remote parking, gates. (All other items eliminated.)

\$		\$	
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Estimated cost of maintenance including grooming of trails, normal ditching, brushing, bridge repair, picking up litter, etc.

\$		\$	
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Total Estimated Cost of Project

\$		\$	
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For State Use Only

Approved Total Grant \$ _____

% of approved cost

%

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THIS IS TO CERTIFY that the _____ has authorized and hereby authorizes
(Municipality/County)
_____ to make application for financial assistance under the provisions of the
(Project Director)
Off-road Recreational Vehicle Office, Snowmobile Trail Fund (M.R.S.A. Title 12, Chapter 220, Subchapter 8, § 1893-3) for the
maintenance of the _____ snowmobile trail system.
(Municipality/County)

THIS FURTHER CERTIFIES that the above named Project Director is familiar with the terms and conditions of the Grant-In-Aid Program administered by the Off-road Recreational Vehicle Office from the Snowmobile Trail Fund and has authorized and hereby authorizes _____ to enter into said agreement
(Project Director)
between the _____ and the State of Maine upon approval of the above
(Municipality/County)
identified project by the Off-road Recreational Vehicle Office.

THIS FURTHER CERTIFIES that the _____ has been legally constituted and is
(Municipality/County)
responsible for planning for and carrying out the municipal recreation program and _____ will
(Project Director)
be responsible, on behalf of the _____ for the continued operation and maintenance
(Municipality/County)
of the completed project in accordance with the terms and conditions of the Snowmobile Trail Fund Grant-In-Aid Program. Attached is true and correct information relating to the establishment and organization of the municipal agency or department

AND THIS FURTHER CERTIFIES that except for the financial assistance requested by this project application, no financial assistance has been applied for, given, or promised under other State or Federal programs.

By signing this document we have reviewed, understand and are in compliance with the Information and Guidelines for the Municipal/County Grant-in-Aid Program 2013-2014, are utilizing the Trail Maintenance Labor/Equipment Reimbursement Rate Guidelines for 2013-2014 and the Allowable Grant Expenses for 2013-2014.

MUNICIPAL/COUNTY APPROVAL

Municipality/County: _____ County: _____

Municipality/County: _____ Date: _____
Signature

Title: _____ Project Director: _____
Chairman of Board of Selectman
Municipal/County Manager
Signature

FOR STATE USE ONLY

VC #: _____ Enc. Amt.: _____

Appropriation #: 014-01A-8130-81-

Department of Agriculture, Conservation and Forestry, Bureau of Parks and Lands, Off-road Recreational Vehicle Office

By: _____ Date: _____
Director

Please remember to submit the project description, landowner permission lists, and trail map with this application.