



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
BUREAU OF PARKS AND LANDS
SNOWMOBILE PROGRAM
22 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0022
APPLICATION / AGREEMENT / CERTIFICATION
MUNICIPAL / COUNTY GRANT-IN-AID PROGRAM
 YR _____ - _____

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)

	<i>Requested</i>	<i>State Use Only</i>
Estimated administrative cost for processing land use permits, grant administrative labor, insurance, remote radios (Many items eliminated.)	\$	\$

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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Approved total grant	<i>State Use Only</i> \$ _____
% of approved cost	_____ %

**APPLICATION / AGREEMENT / CERTIFICATION
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THIS IS TO CERTIFY that the _____ has authorized and hereby authorizes _____ (Municipality/County)

_____ (Project Director) to make application for financial assistance under the provisions of the 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 _____ (Project Director) to enter into said agreement between the _____ (Municipality/County) and the State of Maine upon approval of the above identified project by the Off-road Recreational Vehicle Office.

THIS FURTHER CERTIFIES that the _____ (Municipality/County) has been legally constituted and is responsible for planning for and carrying out the municipal recreation program and _____ (Project Director) will be responsible, on behalf of the _____ (Municipality/County) for the continued operation and maintenance 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, are utilizing the Trail Maintenance Labor/Equipment Reimbursement Rate Guidelines and the Allowable Grant Expenses.

Municipality/County: _____ County: _____

Municipality/County: _____ Date: _____
Signature

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

<i>State Use Only</i>	
VC #: _____	Enc. Amt: _____
Appropriation #: 014-01A-8130-81-	
By: _____	Date: _____
Director, Off-Road Recreational Vehicle Office	
_____	Date: _____
Commissioner, Department of Agriculture, Conservation and Forestry	