

## County Snowmobile Trail Aids Program Supplemental Payment Request

Form 8700-003 (R 3/15)

**Notice:** This form is authorized by s. NR 50.09(4)(f), Wis. Adm. Code. Project Sponsors are required to provide information requested on this form when applying for a final payment or a supplemental maintenance request of a grant funded by the Department of Natural Resources (DNR). The DNR will not process your payment unless you provide all information requested. This information will be used to determine the amount of your payment and issue your check or establish the amount of your supplemental payment. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

**Instructions:** See reverse for instructions on completing this request. Submit one copy of this request form, your completed Supplemental Maintenance Worksheet (Form 8700-004), and other required documentation listed on reverse, to your DNR Grant Specialist by August 1. See the DNR web site for additional information: <http://dnr.wi.gov/Aid/SnowmobileTrails.html>.

Project Sponsor Information	
Project Sponsor	Grant Number
Project Name	County

The DNR will mail the check to the name identified on the application as "Check Recipient." Questions? Contact DNR Grant Specialist.

Type of Request: (Select all that apply)     Maintenance Agreement Final (Sections A & B)     Supplemental Final (Section D)

**Maintenance Agreement Payment Information (see reverse for instructions)**

A. Payment Record to Date	Amount	This Column for DNR Use Only
1. Amount of Grant (from the original or amended Grant Agreement)	\$	
2. Advanced Payment Received, if any		
3. Funds Remaining (Line 1 minus Line 2)		

B. Payment Request		
4. Amount Eligible this Claim. Transfer data from "Total Amount Paid" field on Supplemental Maintenance Worksheet (Form 8700-004).		
5. Amount of Final Claim (Line 4 minus Line 2) Note: This line cannot exceed the amount in line 3		

C. Supplemental Request		
6. Total Eligible Costs This Period. Transfer data from "Total Project Claim" field on Supplemental Maintenance Worksheet (Form 8700-004)		
7. Maintenance Payment Received from a Winter ATV Grant, if Appropriate		
8. Adjusted Total Eligible Cost this Period (Line 6 minus Line 7)		
9. Total Supplemental Request (Line 8 minus Line 1)		

D. Supplemental Payment		
10. Final Supplemental Request Amount as Reviewed by Department		
11. Supplemental Advance Received		
12. Final Supplemental Payment (Balance) Requested (Line 10 minus Line 11)	\$	

**Certification**

I certify that, to the best of my knowledge and belief, the eligible costs requested are in accordance with the terms of the grant agreement and that all expenditures are based on actual payments of record. This reimbursement represents the grant share due that has not been previously requested.

Name of Authorized Representative - type or print	Phone Number (include area code)
Signature of Authorized Representative	Fax Number (include area code)
Date Signed	Email Address

Space Below this Line for DNR Use Only	
Grant Specialist Signature	Reimbursement Approval Date

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## Instructions

- Line 1: Amount of Grant (from original or amended Grant Agreement).** Enter amount from the first page of your grant agreement on the line that says "State Aid Amount".
- Line 2: Advance Payment Received, If Any.** The snowmobile trail aids program allows you to request a 50% advance of the amount of the grant at the beginning of the grant period. If you requested no advance payment, enter \$0. If you requested an advance, this amount is indicated on the signature page of your original grant agreement. Enter this amount on Line 2.
- Line 3: Funds Remaining.** This is the balance of your maintenance grant award after subtracting the advance payment of your original grant agreement (Line 1 minus Line 2).
- Line 4: Amount Eligible This Claim.** Transfer amount from "Total Amount Paid" field on the Supplemental Maintenance Worksheet, Form 8700-004. This is the total of all eligible expenses claimed for snowmobile trail maintenance incurred during the project period, not to exceed the amount specified in the grant agreement.
- Line 5: Amount of Final Claim.** Subtract the *Advance Payment Received* from the *Amount Eligible This Claim* (Line 4 minus Line 2). This is the balance of the eligible expenses that will be reimbursed under the maintenance grant agreement.
- Line 6: Total Eligible Costs This Period.** Transfer data from "Total Project Claim" field on Supplemental Maintenance Worksheet (Form 8700-004). This is your total claim for snowmobile trail maintenance during the project period.
- Line 7: Maintenance Payment Received from a Winter ATV Grant.** Enter the amount claimed from the ATV program if the supplemental claim contains costs and/or activities that are being charged against a current ATV winter maintenance agreement.
- Line 8: Adjusted Total Eligible Cost this Period.** This is the total cost of eligible maintenance expenditures reduced by any winter ATV maintenance claim (Line 6 minus Line 7).
- Line 9: Total Supplement Request.** Subtract *Total Eligible Costs This Period* from the *Amount of the Grant* (Line 8 minus Line 1). This is the total of eligible maintenance expenses (supplemental request) incurred during the project period.
- Line 10: Final Supplemental Request Amount as Reviewed by Department.** This is the total supplemental request after it has been reviewed by the Department. This information will be mailed to you no later than December 1.
- Line 11: Supplemental Advance Received.** This is the 50% advance supplemental payment you received by September 15.
- Line 12: Final Supplemental Payment (Balance) Requested.** Subtract *Supplemental Advance* from *Final Supplemental Request Amount as Reviewed by Department* (Line 10 minus Line 11). This is the balance of your supplemental payment for which you are requesting reimbursement. Note that this amount may differ from the 50% advance total as a result of modifications made as a result of Department review (Line 10).

## REQUIRED DOCUMENTATION

- Supplemental Maintenance Worksheet (Form 8700-004) (as many as necessary).
- Trail Grooming Record (Form 8700-005) (as many as necessary)
- Non-Grooming Record (Form 8700-006) (as many as necessary)
- Copies of vendor invoices, canceled checks (or bank statement showing checks) and county payroll vouchers
- Summary of landowners paid for short term acquisition and amounts, if applicable