

**Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin  
 Department of Natural Resources  
[dnr.wi.gov](http://dnr.wi.gov)

## Motorized Recreation Grant Application

**For:** (choose all that apply)

Form 8700-159 (R 04/22)

- ATV/UTV Trail Aid  
 Snowmobile Trail Aid

**Due Date: April 15**

**Notice:** Completion of this form is required under Wisconsin Statutes 23.09(26) and 23.33. Failure to complete this form will result in denial of financial assistance. Personally identifiable information found on this form is not intended to be used for any other purpose. The Department of Natural Resources (DNR) may provide this information to requesters as required by Wisconsin's Public Records law (ss. 19.31 – 19.39, Wis. Stats.).

**Instructions:** Applications may combine more than one source of funds. They may be submitted for consideration of traditional ATV, UTV, Snowmobile and Motorized Stewardship funding. Submit one copy of all forms and attachments. See Page 2 for necessary attachments. Send applications to your [Community Services Specialist](#).

DNR Use Only	
Category	Number

### Section 1: Applicant Information

Applicant / Organization Name			Check Recipient: Individual other than authorized individual to act on behalf of the applicant. <input type="checkbox"/> Select if the same as applicant.		
Individual Authorized to Act on Behalf of Applicant per Resolution			Check Recipient Name (Name to Appear on Check)		
Title			Title		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number		Email Address			

### Section 2: Project Information Required for all Projects

Project Title					Current Funded Miles	New Miles (if applicable)
County	Township	Range	Section	¼ ¼	¼	GPS Coordinates: Lat. _____ Long. _____
	N	<input type="radio"/> E <input type="radio"/> W				

### Project Description Summary

I certify that all maintenance land use agreements are on file.

### Estimated Cost

Maintenance	Acquisition	Insurance	Development	Bridge Rehab.	Trail Rehab.	Total Estimated Cost
<b>Leave Blank – DNR Use Only</b>						

### Applicant Certification

Printed Name of Authorized Official	Official's Title
-------------------------------------	------------------

As the applicant's authorized official, I certify that, to the best of my knowledge, the information in this application is true and correct.

\_\_\_\_\_  
 Signature of Authorized Official

\_\_\_\_\_  
 Date Prepared

# Motorized Recreation Grant Application

Form 8700-159 (R 04/22)

Checklist for Maintenance and Projects		
Snowmobile	ATV/UTV	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Project is on public land and I will be applying for RTP funds for this project. \$
<input type="checkbox"/>	<input type="checkbox"/>	Land Acquisition – consult your Regional Grant Specialist for required procedures
<b>Maintenance</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Current trail map identifying funded/unfunded miles.
<input type="checkbox"/>	<input type="checkbox"/>	Troutes – identify gas tax or no gas tax
<b>Bridge Rehab/Replace/New, Re-Route w/bridge – Must complete Appendix A</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Quality photos showing need for rehabilitation (no snow photos)
<input type="checkbox"/>	<input type="checkbox"/>	County wide trail map showing bridge location on the funded trail
<input type="checkbox"/>	<input type="checkbox"/>	Aerial, wetland, topo, and plat maps showing bridge location with trails overlaid
<input type="checkbox"/>	<input type="checkbox"/>	Detailed construction plans (show length, width, rail height and approaches)
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Reroute - trail map showing old trail and proposed new trail with bridge location
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Identify season - Summer, Winter, Year-Round (Winter include rules)
<b>Trail Rehab/Qualified Troute – Must complete Appendix B</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Quality photos showing need for rehabilitation
<input type="checkbox"/>	<input type="checkbox"/>	County wide trail map showing the segment proposed for rehabilitation on the funded trail
<input type="checkbox"/>	<input type="checkbox"/>	Aerial, wetland, topo, and plat maps with the trails overlaid
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Depth and location of gravel to be used
<input type="checkbox"/>	<input type="checkbox"/>	Identify season - Summer, Winter, Year-Round (Winter include rules)
<b>New Miles – Must complete Appendix B if development funds are requested</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Current county trail map identifying all requested segments.
<input type="checkbox"/>	<input type="checkbox"/>	Aerial and topo site maps for each segment requested. Include Town-Range-Section.
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Construction plans for bridges or other structures. Include Appendix A
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Troutes – identify gas tax or no gas tax
<input type="checkbox"/>	<input type="checkbox"/>	Identify season - Summer, Winter, Year-Round (Winter include rules)
<b>Intensive Use Area</b>		
<input type="checkbox"/>	<input type="checkbox"/>	County, plat, wetland, topo maps showing project boundaries, trails, and elements
<input type="checkbox"/>	<input type="checkbox"/>	Site plans showing any existing facilities along with proposed new construction including trails, riding courses, bridges, culverts, shelters, parking lots and toilets
<input type="checkbox"/>	<input type="checkbox"/>	Preliminary construction plans for new trails, major grading, buildings, bridges, etc.
<input type="checkbox"/>	<input type="checkbox"/>	
<b>New Support</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Campgrounds, shelter, etc. Please provide detailed information.
<input type="checkbox"/>	<input type="checkbox"/>	

# Motorized Recreation Grant Application

Form 8700-159 (R 04/22)

## Appendix A – Required for Bridge Rehab/Replace, New, or Reroute with New Bridge

Bridge Rehab/Replace    
  New Bridge    
  Reroute with new bridge

County	Township	Range	Section	¼ ¼	¼	GPS Coordinates: Lat. Long.
	N					
			<input type="radio"/> E <input type="radio"/> W			

Water Body Name	Bridge Name	County Inventory Number
-----------------	-------------	-------------------------

Funded Trail Name or Number (SNARS if applicable)	Has this bridge site ever received development or rehabilitation funds in the past? <input type="radio"/> Yes <input type="radio"/> No    Year: _____ \$ _____
---	--

Bridge is located on: <input type="radio"/> Private property <input type="radio"/> Public property	Old Bridge/Culvert Size _____ New Bridge/Culvert Size _____
---	--

Landowner Where Bridge is Located	Telephone Number	Length of Trail Use Agreement (5 year minimum)
-----------------------------------	------------------	--

Current maximum load _____ lbs.	Age of Bridge	Bridge Material
Proposed maximum load _____ lbs.		

Sponsoring Club Name	Club Contact	Telephone Number
----------------------	--------------	------------------

Do you have your trail bridges posted as to maximum load? <input type="radio"/> Yes <input type="radio"/> No	What is the maximum load of the other bridges on the system if groomed with this bridge?
---	--

What is the weight of your puller & drag/grading equipment?	
---	--

What other recreational trail uses are planned for this bridge?

---

If there are other Recreational uses planned, how much of the bridge cost will be paid for by non-snowmobile or non-ATV users?

---

- Yes     No    Have you contacted your local [DNR Water Management Specialist \(WMS\)](#) regarding a permit?
- Yes     No    Is a permit needed? (Please provide any written correspondence from WMS.)
- Yes     No    Have you contacted your County Zoning Dept. regarding a floodplain determination?
- Yes     No    Will an H & H (hydrologic and hydraulic) study be required?

---

**Bridge Project Detailed Description**

# Motorized Recreation Grant Application

Form 8700-159 (R 04/22)

## Appendix A (continued)

### Summarize Costs in Appropriate Categories:

Bridge Structure			
		Quote 1	Quote 2
		<input type="radio"/> Steel <input type="radio"/> Wooden	<input type="radio"/> Steel <input type="radio"/> Wooden
Bridge Dimensions:		_____	_____
Bridge Manufacturer:		_____	_____
Design Weight Load		_____ lbs.	_____ lbs.
Cost of Structure:	1. Engineering	\$ _____	\$ _____
	2. Structure	\$ _____	\$ _____
	<b>Subtotal</b>	<b>\$ _____</b>	<b>\$ _____</b>
		Quote 1	Quote 2
		<input type="radio"/> Contractor or <input type="radio"/> Sponsor Estimate	<input type="radio"/> Contractor or <input type="radio"/> Sponsor Estimate
<b>Installation Costs:</b>			
1. Engineering		\$ _____	\$ _____
2. Site Preparation		\$ _____	\$ _____
3. Abutments		\$ _____	\$ _____
4. Pilings/Piers		\$ _____	\$ _____
5. Approaches		\$ _____	\$ _____
6. Riprap		\$ _____	\$ _____
7. Labor		\$ _____	\$ _____
8. Equipment Rental		\$ _____	\$ _____
9. Culverts		\$ _____	\$ _____
10. H & H Study		\$ _____	\$ _____
11. Wetland Delineation		\$ _____	\$ _____
12. Other _____		\$ _____	\$ _____
	<b>Subtotal</b>	<b>\$ _____</b>	<b>\$ _____</b>
	<b>Total Cost</b>	<b>\$ _____</b>	<b>\$ _____</b>

**For the application grant, you must take the lowest of the two quotes.**

Entire Deck and Railing Projects		<input type="radio"/> Contractor <input type="radio"/> Sponsor <input type="radio"/> Club
Bridge Dimensions:		_____
Design Weight Load		_____ lbs.
1. Materials		\$ _____
2. Labor		\$ _____
	<b>Total</b>	<b>\$ _____</b>

# Motorized Recreation Grant Application

Form 8700-159 (R 04/22)

## Appendix B – Required for Trail/Qualified Trout Rehab, Reroute, or Development

Trail Rehab     
  Qualified Trout     
  New Trail     
  Trail Reroute (Mandatory or Discretionary)

County	Township	Range	<input type="radio"/> E <input type="radio"/> W	Section	¼ ¼	¼	GPS Coordinates: Lat. Long.
	N						

Funded Trail Name or Number (SNARS if applicable)	Has this trail ever received development or rehabilitation funds in the past? <input type="radio"/> Yes <input type="radio"/> No    Year: _____ \$ _____
---	--

Trail is located on: <input type="radio"/> Private property <input type="radio"/> Public property	Length of Easement or Landowner Use Agreement _____ years	Expiration Date _____
--	---	-----------------------

Landowner Where Trail is Located	Telephone Number
----------------------------------	------------------

What other recreational trail uses are planned for this trail?

If there are other Recreational uses planned, how much of the trail development/rehab. cost will be paid for by other users?

How many miles would be affected if this project is not funded?	Will this result in closure of a trail? <input type="radio"/> Yes <input type="radio"/> No
---	---

Is this a critical section to the overall trail system? <input type="radio"/> Yes <input type="radio"/> No	Is there a reasonable alternative?
---	------------------------------------

Does any section of this trail contain a bridge? <input type="radio"/> Yes <input type="radio"/> No	Will this bridge require rehabilitation now or in the next few years? <input type="radio"/> Yes <input type="radio"/> No	What is the weight of your puller & drag/grading equipment? <div style="text-align: right;">lbs.</div>
---	--	---

- Yes     No    Have you contacted your local [DNR Water Management Specialist \(WMS\)](#) regarding a permit?
- Yes     No    Is a permit needed? (Please provide any written correspondence from WMS.)
- Yes     No    Will this project be located near or cross any intermittent or perennial waterway? [Surface Water Data Viewer](#)
- Yes     No    Will this project be located near or cross any wetland?
- Yes     No    Will this project involve land disturbance – including clearing and grubbing – of 1 acre or more of land? (Less than 4/10th mile for a typical trail) [DNR Storm Water Contact List](#)

**Trail Project Detailed Description**