



Notice: Complete this form and provide all requested information to apply for grant funding pursuant to s. 20.370 (3) (au), Wis. Stats. Personal information collected on this form will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records law [ss. 19.31-19.39, Wis. Stats.].

Applicant Information

Organization Name _____ Tax Identification Number _____

Attach a copy of the organization's nonstock status report from the Wisconsin Secretary of State office.

Are you an active sponsor or applicant of the Wisconsin DNR ATV Enhancement Grant Program? Yes No

Scope Statement

Scope Statement & Project Justification:

1. Describe the goal(s) of your project. What are the problems or improvements you hope to address? What data can you provide that clearly demonstrates this need for the ATV/UTV program and users in Wisconsin?
2. What are the expected deliverables to the public, your organization, and the Department?
3. What are the assumptions of your project, if any?
4. What are the short-term and long-term implications of your proposal?
5. How will you measure the success of the project?
6. What are the implications if project does not get approved?

List any attached supporting documents for your scope statement & project proposal here:



Business Plan Details

Provide a detailed business plan showing the methods and approaches the organization will use to accomplish the deliverables listed in your scope statement.

Eligible Equipment, Projects, and Acquisitions

- Radio equipment
- Mapping Software
- Software licensing
- Mobile and desktop applications
- Contractual and mapping services
- Administrative and maintenance costs
- Insurance costs
- Other items as approved by the department. All items not on this list are subject to preapproval by the department. Items that have not been explicitly approved may not be eligible for reimbursement or funding.

Ineligible Equipment, Projects, and Acquisitions

Examples include:

- Fleet purchases, including motor vehicles, off-highway vehicles, and trailers
- Costs incurred prior to the start of the formal grant agreement
- Items that are to be funded through advertising revenue, sponsorship, subscription, or app purchase fees

For items not on this list, contact DNR staff to determine expense eligibility prior to expenditure.

Note: your plan should include a high level of detail, including a description of how the funds will be used, a project timeline and any additional information needed to provide of the full project scope. List major milestones and estimated completion dates. Identify partner organizations or businesses you plan to collaborate with:

List any attached supporting documents for your business plan proposal here:



Does your organization plan to utilize funding from sources other than DNR? If so, list the funding source and amount:

Source _____ Amount \$ _____

Cost Estimate

Enter your projected costs for each applicable cost category below. Most projects won't have costs in all categories. Refer to instructions on the grant program web page for descriptive notes for certain cost categories that may not be self-explanatory, or which

have special requirements. **Important:** Costs incurred prior to the start date of the grant agreement are not eligible for reimbursement. If a category is not applicable, select "N/A".

Category	Expense type	Quantity	Unit of Measure	Labor Costs	Component Costs	Estimated Total Cost
Salaries, wages, and employee benefits						
Consulting Services						
Equipment Acquisitions						
Software Acquisitions						
Supplies – please specify:						
Other – please specify:						
Other – please specify:						
Other – please specify:						
Other – please specify:						
Other – please specify:						
Other – please specify:						

Main Contact – Person directly responsible for reporting, administration of the funds and projects to be completed.

Main Contact Name: _____

Phone Number (include area code) _____

Address _____

City _____ State _____ ZIP Code _____

Certification

I hereby certify that all information provided in this application and attachments are true, accurate, and complete. I understand that any information found to be inaccurate, misleading, or falsified may result in disqualification from consideration for a grant under this program.

NOTE: If submitting this request electronically, please type your name on the signature line. Your typed name, along with the email message generated from electronic submittal of this form, will be used as an electronic signature which is the legal equivalent to an actual signature.

Signature of Applicant or Authorized Representative

Date

Printed Name