

Off-Highway Vehicle Recreation Grant Application

| Sponsor Agency or Organization | on: | | | |
|---|--------------|-------------|--|--|
| Sponsor Primary Contact Name | e & Title: | | | |
| Sponsor Mailing Address: | | | | |
| Sponsor Email: | | | | |
| Sponsor Phone: | | | | |
| Alternate Contact Name & Title | е | | | |
| Alternate Mailing Address: | | | | |
| Alternate Email: | | | | |
| Alternate Phone: | | | | |
| Type of Grant (check one): ☐ Planning, Development, I ☐ Law Enforcement Grant | Education or | Event Grant | | |
| Project or Grant Name: | | | | |
| Project Location (legal | | | | |
| description or address): | | | | |
| Total Project Cost: | | | | |
| Requested Grant Amount: | | | | |
| Scope of Project (200 words | | | | |
| or less): | | | | |
| Describe the OHV | | | | |
| enforcement need (overtime, | | | | |
| equipment, signage, etc.) | | | | |
| Describe the proposed | | | | |
| enforcement area, including | | | | |
| problems and how this | | | | |
| assistance will help with | | | | |
| addressing these problems. | | | | |

| Describe the proposed project site (200 words or less). | |
|--|--|
| Does the Project Sponsor own the land? If not, explain and include documentation of any leases or other agreements. | |
| Describe the plan for long- term maintenance of the site or equipment. Or for enforcement, will this be recurring grant application? | |
| Describe current OHV opportunities or events that occur near the project: | |
| Describe how this project is part of a strategic plan for recreation. | |
| Describe the public process completed to date that supports this Grant. | |
| Describe Any Unique or Important Significance of the Project. | |
| Describe What Actions You Have Taken to Identify Any Environmental, Cultural or Historic Impacts from This Project. | |
| Describe any partnerships or agreements with other agencies that will benefit from this project. | |
| Explain any benefits or negative impacts from this project. | |

| What is the estimated start | | | |
|------------------------------|--|---|---|
| and end date? | | | |
| Please explain how you will | | | |
| meet the sponsor match | | | |
| requirements. Include all | | | |
| funding sources, amounts | | | |
| and commitments. Include a | | | |
| budget spreadsheet detailing | | | |
| expenses. | | | |
| Would partial funding affect | | | |
| completion of this grant? If | | | |
| so, explain. | | | |
| | ranty Deed or lease/eaps plan cations an nents (such as photos | , letters of support, meeting minuing minuing attachments) is true and accu | |
| Authorized Officia | I Signature | Authorized Official Title | _ |
| Project Sponsor | | Date | - |

Please return completed application to:

ND Parks and Recreation Department Attn: Motorized Recreation Coordinator 1600 East Century Avenue, Suite 3 Bismarck, ND 58503 (701) 328-5357 parkrec@nd.gov