

#3A Vilas Tamarack Trail Pavilion Development

State of Wisconsin
 Department of Natural Resources
dnr.wi.gov

Motorized Recreation Off-Highway Motorcycle Grant Application

Form 8700-159M (R 4/19)

Page 1 of 3

Due Date: May 1

Notice: Completion of this form is required under Wisconsin Statute 23.335. 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 Open Records law {ss. 19.31 – 19.39, Wis. Stats.}.

Instructions: 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 Vilas County Parks & Recreation | | | 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 Dale Mayo | | | Check Recipient Name (Name to Appear on Check) Vilas County Parks & Recreation | | |
| Title Administrator | | | Title | | |
| Address 330 Court Street | | | Address | | |
| City Eagle River | State WI | ZIP Code 54521 | City | State | ZIP Code |
| Telephone Number (715) 479-5160 | | Email Address damayo@vilascountywi.gov | | | |

| Section 2: Project Information Required for all Projects | | | | | | |
|--|------------------|------------|---------------|-----------|---------|--|
| Project Title Vilas OHM Phase 3 pavilion | | | | | | |
| County Vilas | Township 42 N | Range 9 | Section 25 | ¼ ¼ W2 | ¼ SE | GPS Coordinates: Lat. 46.104269 Long. -89.308876 |

Project Description Summary

Vilas County proposes to construct an open air pavilion located at The Tamaracks Main Trailhead. While understanding that enhancements to a trail system such as building a Pavilion does not rank as high as actual trail building efforts the need for a shelter located at The Tamaracks is a priority for this trail system. Over the last three years rider activity is growing in both the number new and repeat visitors. The main park and ride area affords very limited shade. To insure the continued success at The Tamaracks a key component would be the addition of an open air pavilion.

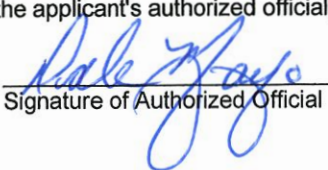
Development Project Items:
 Materials for a 24' X 42' open air pavilion \$10,174 (note*1)
 Club Labor 80 man hours of skilled labor (donated)
 Total Requested amount \$10,174

Vilas County is applying for matching RTP funds.

| Estimated Cost | | |
|----------------|--------------|----------------------|
| Development | Trail Rehab. | Total Estimated Cost |
| \$10,174.00 | | \$10,174.00 |

| Applicant Certification | |
|--|--|
| Printed Name of Authorized Official Dale Mayo | Official's Title Parks & Recreation Administrator |

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


6-26-20
 Signature of Authorized Official Date Prepared

| Checklist for Maintenance and Projects | |
|--|---|
| OHM | |
| <input checked="" type="checkbox"/> | Project resolution by grant applicant authorizing participation (sample resolution) |
| <input checked="" type="checkbox"/> | Project is on public land and I will be applying for RTP funds for this project. \$ |
| Trail Rehab Reroute or Development – Must complete Appendix B | |
| <input type="checkbox"/> | Quality photos showing need for rehabilitation |
| <input checked="" type="checkbox"/> | County wide trail map showing the segment proposed for rehabilitation on the funded trail |
| <input checked="" type="checkbox"/> | Aerial, wetland, topo, and plat maps with the trails overlaid |
| <input checked="" type="checkbox"/> | Cost Estimate Worksheet – Form 8700-014 (Itemize gravel costs) |
| <input type="checkbox"/> | Depth and location of gravel to be used |
| <input type="checkbox"/> | Identify season - Summer, Winter, Year-Round (Winter include rules) |
| Intensive Use Area | |
| <input type="checkbox"/> | County, plat, wetland, topo maps showing project boundaries, trails, and elements |
| <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"/> | Preliminary construction plans for new trails, major grading, buildings, bridges, etc. |
| <input type="checkbox"/> | Cost Estimate Worksheet – Form 8700-014 |
| New Support | |
| <input type="checkbox"/> | Campgrounds, shelter, etc. Please provide detailed information. |
| <input checked="" type="checkbox"/> | Cost Estimate Worksheet – Form 8700-014 |

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

Trail Rehab New Trail Trail Reroute (Mandatory or Discretionary)

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

| | |
|-----------------------------|---|
| Funded Trail Name or Number | 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? _____ lbs. |
|--|---|---|

- 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

