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

Motorized Recreation Off-Highway Motorcycle Grant Application

Form 8700-159M (R 3/20)

Due Date: July 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			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

County	Township	Range	Section	1/4	1/4	1/4	GPS Coordinates: Lat. Long.
	N	<input type="radio"/> E <input type="radio"/> W					

Project Description Summary

Estimated Cost

Development	Trail Rehab.	Total Estimated Cost
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Applicant Certification

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

Lisa Wilson

Signature of Authorized Official

Date Prepared

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Checklist for Maintenance and Projects	
OHM	
<input type="checkbox"/>	Project resolution by grant applicant authorizing participation (sample resolution)
<input type="checkbox"/>	Project is on public land and I will be applying for RTP funds for this project. \$
Trail Rehab or Development – Must complete Appendix B	
<input type="checkbox"/>	Quality photos showing need for rehabilitation
<input type="checkbox"/>	County wide trail map showing the segment proposed for rehabilitation on the funded trail
<input type="checkbox"/>	Aerial, wetland, topo, and plat maps with the trails overlaid
<input type="checkbox"/>	Cost Estimate Worksheet – Form 8700-014
<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
<input type="checkbox"/>	Distance from nearest similar facility _____ miles
New Support	
<input type="checkbox"/>	Facility, parking area, toilet, shelter, other. Please provide detailed information.
<input type="checkbox"/>	Cost Estimate Worksheet – Form 8700-014
<input type="checkbox"/>	Depth and location of gravel to be used

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Appendix B – Required for Trail Rehabilitation or Development

Trail Rehab New Trail

County	Township N	Range <input type="radio"/> E <input type="radio"/> W	Section	¼ ¼	¼	GPS Coordinates: Lat. Long.
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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: _____ \$ _____
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Trail is located on: <input type="radio"/> Private property <input type="radio"/> Public property	Length of Easement or Landowner Use Agreement _____ years	Expiration Date
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Landowner Where Trail is Located	Telephone Number
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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?	If not funded, will this result in closure of a trail? <input type="radio"/> Yes <input type="radio"/> No
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Is this a critical section to the overall trail system? <input type="radio"/> Yes <input type="radio"/> No	Is there a reasonable alternative?
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Does any section of this trail contain a bridge? <input type="radio"/> Yes <input type="radio"/> No	Will this bridge require rehabilitation in the next few years? <input type="radio"/> Yes <input type="radio"/> No	Load capacity of the bridge. <input type="radio"/> Engineered <input type="radio"/> Estimated lbs. <input type="radio"/> Unknown
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- 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?
[DNR Storm Water Contact List](#). Note: Reasonable calculations of the treadway and actual soil disturbance determines this number.

Trail Project Detailed Description