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

Due Date: April 15

Motorized Recreation Grant Application
For: (choose all that apply)

- ATV/UTV Trail Aid
- Snowmobile Trail Aid

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.

Section 1: Applicant Information

Applicant / Organization Name
Douglas County Forestry

Individual Authorized to Act on Behalf of Applicant per Resolution
Clint Meyer

Title
Clint Meyer

Park and Recreation Supervisor

Address
PO Box 211

City
Solon Springs

State
WI

ZIP Code
54873

Email Address
clint.meyer@douglascountywi.org

Section 2: Project Information Required for all Projects

Project Title
Douglas County Summer Map 2023

Current Funded Miles
104.7

New Miles (if applicable)

GPS Coordinates:
Lat.

Long.

Project Description Summary
Douglas County proposes to produce 10,000 Summer ATV maps that will be distributed by the Recreation Officer, Forestry Department, Chamber of Commerce and the Visitor and Convention Bureau. We propose to develop and print these maps using the following specifications: (20" x 27") 60# White Matte Text/Ink 4/4 Process, Matchpoint Proofs and Folded.

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

Estimated Cost

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<th>Maintenance</th>
<th>Acquisition</th>
<th>Insurance</th>
<th>Development</th>
<th>Bridge Rehab.</th>
<th>Trail Rehab.</th>
<th>Total Estimated Cost</th>
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<td>$4,500.00</td>
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Applicant Certification

Printed Name of Authorized Official
Clint Meyer

Official’s Title
Park and Recreation Supervisor

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

4/13/2022