



# ATV Grant Program Application



SPONSOR INFORMATION	
Sponsor:	Federal Tax Identification Number:
Address:	Billing Contact:
City:	Telephone Number:
State:	Email:
Zip:	City, State, Zip:
STATE LEGISLATIVE DISTRICT(S) name and number: <a href="http://www.leg.state.or.us/findlegsltr/">http://www.leg.state.or.us/findlegsltr/</a>	COUNTY NAME (S):

SPONSOR'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON (S):	
Authorized Representative:	Project Administrator:
Title:	Title:
Telephone Number:	Telephone Number:
Fax:	Fax:
Email:	Email:

PROJECT INFORMATION
Project Type*:    Maintenance – Annual <input type="checkbox"/> Biennial <input type="checkbox"/> Quadrennial <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Planning <input type="checkbox"/> Development <input type="checkbox"/> Safety Education <input type="checkbox"/> Land Acquisition <input type="checkbox"/> <i>*Note: There is one corresponding page in the application for each project type.</i>
Project Title:
Brief Project Description/Scope: (Attach Map and full project description if needed)
Project Term Dates:

GRANT AMOUNT REQUESTED		
Amount of Grant Funds Requested:	\$	%
Amount of Available Match:	\$	%
Total Project Cost:	\$	

If you receive grant funding do you have the authorization in place to receive and expend awarded grant funds? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have an emergency or medical assistance plan within the local jurisdiction covering your project site? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What percentage of each Class of ATV will utilize the area?	Class I:	Class II:	Class III:

## LAND MANAGERS CERTIFICATION FOR PRIVATELY OWNED LAND

Project Sponsor Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

As the official responsible for the management of land on which this ATV project is located, I agree that it is the intent for this ATV trail or facility to remain open to the public and we intend to promote and support the ATV user permit program. I further agree to abide by all applicable state and federal laws and regulations.

\_\_\_\_\_  
(Signature of Land Manager)

\_\_\_\_\_  
(Date)

## LAND MANAGERS CERTIFICATION FOR PUBLICLY OWNED LAND

As the official responsible for the management of land on which this ATV project is located, I agree to the following applicable statement (s):

Check applicable

- This project is in compliance with all applicable laws including the National Environmental Policy Act, Americans with Disabilities Act, the Forest and Rangeland Renewable Resources Planning Act, the Federal Land Policy and Management Act, and the Wilderness Act.
- The project is in compliance with the appropriate Forest Management Plan or BLM Resource Area Management Plan entitled: \_\_\_\_\_ Dated: \_\_\_\_\_
- A decision has been issued as part of NEPA review process, and a copy of the decision is attached.
- If a decision has not been issued, please indicate the date a decision is expected: \_\_\_\_\_
- Law enforcement and emergency medical services are in coordination with land manager and support ATV Program.

\_\_\_\_\_  
(Signature of Land Manager)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please print the official's name and title.)

## APPLICANT'S SIGNATURE

As an authorized representative of \_\_\_\_\_, I certify that as a condition of receiving ATV Grant Program assistance we will comply with all applicable local, state, and federal laws. This application has been prepared with full knowledge of and in compliance with the Oregon Administrative Rules, Chapter 736, Division 4 for the Distribution of State Funding Assistance to Units of Public and Private Use for All Terrain Vehicles and OPRD's Procedures Manual for the program. I also, certify that to the best of my knowledge, the information contained in this application is true and correct. I will cooperate with OPRD by furnishing any additional information that may be requested in order to execute a State Agreement, should this project receive funding assistance.

Project Name: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name & Title of Authorized Representative)

\_\_\_\_\_  
Telephone number

### Checklist to assist in Grant Application submission:

#### Application:

- Federal Tax ID on application?
- Signed by land manager, authorized representative?
- Billing Contact completed?
- Project Term Dates completed?
- OHV classes filled out?

#### Attachments:

- Detailed Budget Worksheet
- Source of Funding Worksheet
- Supplemental Application by project type
- Support Letters
- Complete Project Description/Scope

(If Project information section didn't outline entire project)