



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
BUREAU OF PARKS AND LANDS
SNOWMOBILE PROGRAM
22 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0022

DISASTER RELIEF GRANT-IN-AID PROGRAM
Yr ____ to ____

Club/Municipality/County: _____
 Address: _____
 City: _____ Zip: _____
 County: _____

Postmarked *after* August 15, 2____

The Trail Master or Project Director is appointed by the club/municipality/county. All inquiries about the disaster relief grant application are directed to this person.

Name: _____ Title: _____
 Address: _____
 City: _____ Zip: _____
 Home #: _____ Work #: _____ Cell #: _____
 Email: _____

Description of Catastrophic Event (include dates): _____

Project Description: _____

Attach a map showing the location, pictures of the damage, and any copies of permits and bids.

Estimated or actual administrative cost for processing land use permits and grant administrative labor.		\$	
Estimated or actual cost of vegetation management or erosion repair.		\$	
Estimated or actual cost of bridge repair/replacement.		\$	
Total Estimated/Actual Cost of Project		\$	

THIS IS TO CERTIFY that the _____ has authorized and hereby authorizes
 _____ (Club/Municipality/County)
 _____ (Trailmaster/Project Director) to make application for financial assistance under the provisions of the Off-road
 Recreational Vehicle Office, Snowmobile Trail Fund (M.R.S.A. Title 12, Chapter 220, Subchapter 8, § 1893-3) for the repair
 of the _____ state funded snowmobile trails.
 _____ (Club/Municipality/County)

THIS FURTHER CERTIFIES that the above named Project Director are Trail Masteris familiar with the terms and conditions of the
 Disaster Relief Program administered by the Off-road Recreational Vehicle Office and has authorized and hereby authorizes
 _____ to enter into said agreement between the
 _____ (Trailmaster/Project Director)
 _____ and the State of Maine upon approval of the above identified project by the
 _____ (Club/Municipality/County)
 Off-road Recreational Vehicle Office.

THIS FURTHER CERTIFIES that the _____ has been legally constituted and is responsible
 _____ (Club/Municipality/County)
 for planning for and carrying out the program and _____ will be responsible, on behalf of the
 _____ (Trailmaster/Project Director)
 _____ for the continued operation and maintenance of the completed project in
 _____ (Club/Municipality/County)
 accordance with the terms and conditions of the Disaster Relief Program. Attached is true and correct information relating
 to the establishment and organization of the municipal agency or department.

AND THIS FURTHER CERTIFIES that except for the financial assistance requested by this project application, no financial
 assistance has been applied for, given, or promised under other State or Federal programs.

**By signing this document we have reviewed, understand and are in compliance with the Information and Guidelines for the
 Disaster Relief Program and utilizing the Trail Maintenance Labor Rate Guidelines.**

CLUB/MUNICIPAL/COUNTY APPROVAL

Date	Name of Organization Club/Municipality
Club President / Town Official Signature	Trailmaster / Project Director Signature
Title (e.g. Club President, Chairman of the Board, Selectman, Municipal or County Manager)	Witness Signature

<i>State Use Only</i>	
VC #: _____	
Approved Amount: \$ _____	% of approved cost: _____
014-01A-8730-87- _____	
Director, Off-Road Recreational Vehicle Office	Date: _____
Commissioner, Department of Agriculture Conservation and Forestry	Date: _____