

Application for Funds from the All Terrain Vehicle Fund

Application Checklist - Required Documents for Review Consideration:

Application Timeline*

| Date | Item Requested or Action Due |
|-----------------------|--|
| July 3, 2014 | Grant Application Available on DNR Webpage |
| August 1, 2014 | Grant Application Due to DNR |
| August 1, 2014 | Sign Order Due to DNR |
| By September 5, 2014 | Grant Review and Selection Meeting Date |
| By September 15, 2014 | Director Approval of Award Recommendation Emailed to Applicant |
| By September 30, 2014 | Grant and Equipment Agreement Emailed to Applicant |
| October 30, 2014 | Signed Agreement Due back to DNR from the Applicant |
| November 15, 2014 | Signed Agreement Scanned and Emailed to Applicant |

^{*}The dates listed in the chart are for the 2014 grant cycle. Administrative Rules updating the grant cycle to begin on March 1 annually are in the approval process.



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This application constitutes a formal request for a cooperative agreement to acquire, develop or maintain a designated off-highway vehicle facility. A signature of an Elected Officer or Agency Contact must be included below on this page.

Applications must be emailed to Rhonda.Fowler@dnr.iowa.gov on or before August 1, 2014.

| CLUB NAME OR | AGENCY | | | |
|------------------------|---|---------------|-----------------------|---------------|
| Club Name | | - | | |
| | | | | |
| Official Mailing Addr | ress for Club (all mailed correspondence sent here) | City | State | Zip Code |
| Club E-Mail Address | 6 (all emailed correspondence sent here) | - | | |
| CLUB ELECTED | OFFICER OR AGENCY CONTACT | | | |
| | | | | |
| Name & Title | S | ignature | | |
| | | | | |
| Home Phone | Work Phone | | Cell Phone | |
| | | | | |
| Flacted Officer and | Ocatest F Mc'll Address (| | | |
| Elected Officer or A(| gency Contact E-Mail Address (required) | | | |
| CLUB OB ACEN | CY REQUIRED MEETING APPROVING | ADDLICAT | TION CURMICCION | 1 |
| | | APPLICA | I ION SUBIVIISSION | |
| Date and Location of | of meeting: es with this Application submission | | | |
| include Meeting not | es with this Application submission | | | |
| SUMMARY TOTA | L FUNDS REQUESTED | | | |
| | | Parties Day | t I than and Deat III | |
| inis information is ta | aken from your detail in Section C of this App | lication, Par | | Club/Other |
| | | | Grant Request \$ | Contributions |
| Part I | Operations and Maintenance Costs | | | |
| Part II | Equipment Repair & Purchases | | | |
| Part III | Development Project Costs | | | |
| | | Total \$ | | |



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| PARK INFORMATION | | | | |
|--|--|--|--|--|
| The following is general information about the park, including the name and location, and any operational interest by another organization, such as a city, county or the state. | | | | |
| Name of Project Area/Park: | | | | |
| Park Address: | | | | |
| Park Ownership: | | | | |
| County Location of Project Area/Park: | | | | |
| OHV Park Operation: | | | | |
| Expiration date of lease, easement or agreement: | | | | |
| Agency lease, easement or agreement with: | | | | |
| Primary Contact and Phone #: | | | | |
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| SECTION A EXISTING OPEN GRANT PROJECTS | | | | |
| | | | | |
| SECTION A EXISTING OPEN GRANT PROJECTS List any open ATV Grant projects the Club has with the amount remaining in the Grant, the Grant deadline, when the Grant is planned to be closed out, and if you have requested an extension on the project. Failure to close out open grants that have been expired for 60 days past the deadline, or request an extension will result in ineligibility | | | | |
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SECTION B PARK DEVELOPMENT PLAN, BOUNDARY MAP, AND AERIAL PHOTOGRAPH

Include as an attachment in your application email, your Park Development 5 Year Plan along with a to-scale map. The submitted plan should address the past use of the park, changes to the park over the life of the park, future development plans, and timelines necessary to maintain and complete future developments. An example of a Park Development Plan can be found at: http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. http://www.iowadnr.gov/Recreation/AllTerrainVehiclesATV/ATVGrants.aspx. <a href="Failure to submit your park plan will be cause for rejection of funding for Section C, P

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SECTION C

PROJECT JUSTIFICATION AND FINANCIAL NEEDS

This Section of the application is for the club or organization to use to describe the financial needs of the club to run and develop the park. This ranges from general park operational costs to a detailed description and justification of development projects. Space has been provided for you to request funds; however, you may need to attach an additional document such as a bid to expand on purchases, or several documents for more complex development projects. The three parts or levels of financial support that can be requested include:

- Part I Funds necessary to keep the park open to the general public;
- Part II Funds to repair or purchase either club owned or state owned equipment for the park; and,
- **Part III -** Funds for development at the park. Part III will be scored by the review committee. As necessary, attach separate supporting sheets and photos/maps in your email with your application to discuss and justify the need for your development costs.

Part I – Operations and Maintenance Costs

Part I should only include general maintenance and operational costs necessary to keep the park open to the general public. Below, list all operational and maintenance needs and the associated costs for which you are requesting funds. Include the cost and a description of any contractural agreements for maintenance and operation of the park, such as restroom care or security. Any item, except for fuel, over \$500 will require at least one bid with this application, unless being ordered from a state vendor contract. Attach and label bids as an attachment with your emailed application. Failure to include at least one bid will be cause for rejection of this item.

Eligible items for operation and maintenance shall include, but are not necessarily limited to: Gas, oil, latrine cleaning services, electricity/lighting expenses, small replacement parts for club owned equipment, gravel, fence repairs, gates, bridge repairs, and small tools/equipment.

| Item | Description/Comments | \$ Amount | Bid/Quote attached? |
|------|---|-----------|---------------------|
| Itom | Description/Comments | Ψ Amount | attachea: |
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| | Total Operations and Maintenance Costs \$ | | |



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Part II - Equipment Repair & Purchase

Part II should include repairs (done by club or a shop) needed on park equipment or new purchases for the park. An explanation of need and at least one bid are required for each known repair or purchase over \$500. Bids are not required if quoting and purchasing from a state vendor contract. Attach and label bids as an attachment with your emailed application. Requests for repairs and purchase of equipment should include a brief description of the consequences of not repairing or purchasing the equipment, i.e., what might happen at the park if you don't have that equipment.

Use the table below to identify whether the equipment repair is on club owned or state owned equipment. All equipment purchases will be state owned

| equipment purchases will be state owned. | | | | |
|--|--|-----------|-----------|--|
| 14 0 000 | Danair/Durahasa Danarintian/Comments | ¢ Amazınt | Bid/Quote | |
| Item | Repair/Purchase, Description/Comments | \$ Amount | attached? | |
| Club Owned Equipme | nt Repair | | | |
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| State Owned Repair/P | urchases | | | |
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| | Total Equipment Repair and Purchase Costs \$ | | | |

Part III - Development Projects

Part III of this application includes a detailed description and justification for your development project at the park. Describe the entire project, not just the portion that ATV funds will likely fund. Part III will be scored and ranked by the review and selection committee for funding priority. The selection criteria for development projects are listed below. Failure to include the required information will be cause for ineligibility of Part III, but will not affect funding requests in Parts I and II of this Section. As necessary, attach and label separate supporting sheets and photos/maps with your emailed application to discuss and justify the need for your development costs.

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| location of your project | t. This will include a | description of the planned collities/improvements in the p | development, fa | acilities to be co | nstructed, and |
|--|------------------------|--|-----------------|--------------------|----------------|
| how they pertain and relate to existing facilities/improvements in the project area. If this development project is for the continuation of a project that previously received an ATV, National Recreational Trail or State Recreational Trail great, provide a status undate of that project and funds. The justification should include how the project relates to | | | | | |
| grant, provide a status update of that project and funds. The justification should include how the project relates to your Park Development 5 year plan, furthers the goals of the park, and should be identified on your required park | | | | | |
| map. Photographs of the | ne proposed project | are encouraged to provide i | more detail. | | |
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| | | | | \$ Amount | Bid/Quote |
| Item | D | escription/Comments | | Requested | attached? |
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| | | Total Develop | ment Costs \$ | | |



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Annual ATV Volunteer LogTrack from July 1st to June 30th Annually

Return this Log with your club's Annual ATV Grant Application to the Department of Natural Resources

| Name of Volunteer (PLEASE PRINT CLEARLY) | Full Home Address City, State, Zip | Phone & Email | Total Annual Volunteer | Total Annual Volunteer | Type of Work **Do not include ATV Education Course |
|--|---|---------------|---------------------------|---------------------------|---|
| | Oity, State, Zip | | Days | Hours | instruction on this form |
| | | 515-313-3013 | | | Trail maintenance, bridge repair, mowing, |
| Kathleen Miller | 10061 Pioneer Drive, Johnston, IA 50131 | km19@aol.com | 25 | 100 | trash pick-up |
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| 2. Maintenance and Management of Existing Park or Trails. Identify or explain the ongoing maintenance and management needs at the park. Who currently fulfills those needs and what level of need will exist during the duration of the grant. How often general maintenance is needed or done at the riding area, how or what circumstances would cause the area to be closed, and who is responsible for making that decision. Explain what arrangements/management agreements are in place to ensure adequate maintenance is performed. |
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| 3. Past Grant History. Explain any how the club or agency has managed past ATV Grants. Explain whose position within the club or agency is responsible for maintaining the grant file, expense documentation and bid documents. What problems has the club or agency encountered managing past grants, and how have those been solved. |
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| 4. User Group Support and Affected Populations. Identify benefits of the proposed project in terms of if positively effects populations being served (local, state, regional), persons with disabilities, older citizens, economically disadvantage and other special populations or groups. Describe what citizen involvement was utilized in the initial planning of the proposal project, and plans for any future citizen involvement. Include how the project idea originated and how trail users or a community group would gain knowledge and support the project and area. Include a report of volunteer hours from the previous year, July to June, using the form on the next page. |
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| "Impacts" are defined as direct or indirect changes in the existing environment, whether beneficial or adverse. Particular attention should be given to any action that will affect flood plains, terrain alterations, and wetlands. Include affects to easements, leases, mineral rights, or water rights on the property. |
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| include affects to easements, leases, mineral rights, or water rights on the property. |
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| 6. Project Design Plans. Include as attachments with your emailed application, engineering/facility plans for buildings, bathrooms, camping areas, parking areas, earth work, and any other specific project for which funds are requested. Identify below any attachments and clearly label each plan, map and photograph. |
| requested. Identify below any attachments and clearly label each plan, map and photograph. |
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SECTION D MINORITY IMPACT STATEMENT

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

| | | ave a disproportionate or unique positive impact on this project. Indicate which group is impacted: | |
|--|--|---|--|
| | Women | ☐ Pacific Islanders | |
| | ☐ Persons with a Disability | American Indians | |
| | Blacks | Alaskan Native Americans | |
| | Latinos | Other | |
| minority person the proposed | is. Describe the negative impact expected from | ave a disproportionate or unique <u>negative</u> impact on m this project. Present the rationale for the existence of insultation of representatives of the minority groups | |
| | Women | ☐ Pacific Islanders | |
| | ☐ Persons with a Disability | American Indians | |
| | Blacks | Alaskan Native Americans | |
| | Latinos | Other | |
| Asians The proposed grant project programs or policies are <u>not expected to have</u> a disproportionate or unique impact on minority persons. Present the rationale for determining no impact. | | | |
| I hereby certify that the information on this form is complete and accurate, to the best of my knowledge: | | | |
| Name: | | Title: | |

MINORITY IMPACT STATEMENT - DEFINITIONS

"Disability" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

[&]quot;Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

[&]quot;Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1):

b. As used in this subsection:

^{(1) &}quot;Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.