



NEW HAMPSHIRE SNOWMOBILE ASSOCIATION

614 Laconia Road, Unit 4, Tilton, NH 03276 ~ 603-273-0220 ~ NHSAoffice@nhsa.com

NHSA Raymond S. Burton Memorial Trail Project Award Application

SECTION 1 - APPLICANT INFORMATION (All information is required)

A. Name of

Club: _____

Club Address: _____

Town/City: _____ State: _____ Zip Code: _____

Club Web Address: _____ Club E-mail: _____

B. President: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

C. Project Coordinator: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER FOR IT TO BE CONSIDERED

Application submission DEADLINE:

April 1 at 4:00 PM

SECTION 2 – PROJECT INFORMATION:

The following attachments MUST accompany this application:

1. ALL construction **PROJECTS MUST HAVE LANDOWNER PERMISSION ATTACHED TO THIS APPLICATION** (<http://www.nhstateparks.org/uploads/pdf/GIA-Project-Landowner-Permission-Form.pdf>).
2. **LIST OF PERMITS NEEDED FOR CONSTRUCTION, such as Wetlands Permits.**
3. **Is the project on State or Federal Land? If so, must include a State and Federal Project Evaluation Form** (<http://www.nhstateparks.org/uploads/pdf/State-and-Federal-Land-Project-Evaluation-Form.pdf>).
4. **CURRENT CLUB/ORGANIZATION TRAIL MAP SHOWING THE "EXACT" LOCATION OF THE PROJECT(S).**

Landowner's Name: _____ Trail Name/Location: _____

General Description of work to be performed: _____

Check one: Corridor Trail Primary Trail Non-corridor Trail

BREAKDOWN OF COSTS:

Equipment Rental: (list the type of equipment, hourly rate and the number of hours of use):

EQUIPMENT RENTAL COST FOR THE PROJECT \$ _____

Fill Material (Type and amount required): _____

FILL MATERIAL COST \$ _____

Bridge building (Type and amount required):

Lumber (Quantity):

_____ Hardware

(Quantity): _____ Culverts

(List sizes and lengths): _____ BRIDGE/

CULVERT COST \$ _____

Other:

(Describe) _____

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OTHER RELATED COST \$ _____

TOTAL MAINTENANCE /CONSTRUCTION COST OF THIS PROJECT P____
\$ _____

TOTAL COST OF ALL MAINTENANCE OR CONSTRUCTION PROJECTS \$ _____

SECTION 6 - REQUIRED SIGNATURES

PROJECT COORDINATOR AUTHORIZATION:

THE OFFICERS OF THE _____
CLUB

VOTE TO APPOINT _____
(Project Coordinators Name)

AS PROJECT COORDINATOR WHO IS AUTHORIZED TO ENTER INTO GRANT-AGREEMENTS WITH THE NEW HAMPSHIRE SNOWMOBILE ASSOCIATION AND ACCEPT MONIES GRANTED AND RECEIVED IN COMPLIANCE WITH THE GRANT APPLICATION AND AWARD.

CLUB PRESIDENT NAME (PLEASE PRINT) CLUB PRESIDENT SIGNATURE DATE

PROJECT COORDINATOR: ON BEHALF OF THE AFOREMENTIONED CLUB, I HEREBY REPRESENT AND CERTIFY THAT THE ABOVE COST ESTIMATION AND INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PROJECT COORDINATOR NAME (PLEASE PRINT) PROJECT COORDINATOR SIGNATURE DATE

**ATTENTION: TO BE CONSIDERED THIS APPLICATION, MUST BE SUBMITTED TO THE:
NHSA, 614 LACONIA ROAD, UNIT 4, TILTON, NH 03276 OR BY EMAIL TO
NHSAOFFICE@NHSA.COM, OR FAX TO 603-273-0218.**

DEADLINE: April 1, at 4:00 PM