

LOCAL SPONSOR CONTACT INFORMATION INSTRUCTIONS

New York State Office of Parks, Recreation and Historic Preservation (OPRHP)

Snowmobile Trail Grant-In-Aid Program

Submission Deadline: September 1st

1. **Local Governmental Sponsor:** Name of County or Town.
2. **Executive Officer:** First and Last Name of designated Executive Officer representative.
In accordance with §21.05, "Executive Officer" shall mean:
 - (a) In the case of a county, the county executive, unless there is none, in which case it shall mean the county manager, if there is one, or the chairman of the legislative body if there is neither a county executive nor county manager.
 - (b) In the case of towns, the supervisor or presiding supervisor.
 - a. **Organization:** Governmental Agency the Executive Officer represents.
 - b. **Title:** Governmental agency title or position held.
 - c. **Telephone:** Telephone number for Executive Officer.
 - d. **Mailing Address:** Street Address for Executive Officer.
 - e. **City:** Mailing Address City for Executive Officer.
 - f. **Zip:** Mailing Address Zip Code for Executive Officer.
 - g. **Email:** Email Address for Executive Officer.
3. **Authorized Project Administrator:** First and Last Name of designated representative responsible for administering the grant. **MUST** be and employee of the governmental agency.
 - a. **Organization:** Governmental Agency the Authorized Project Administrator represents.
 - b. **Title:** Governmental agency title or position held.
 - c. **Telephone:** Telephone number for Authorized Project Administrator.
 - d. **Mailing Address:** Street Address for Authorized Project Administrator.
 - e. **City:** Mailing Address City for Authorized Project Administrator.
 - f. **Zip:** Mailing Address Zip Code for Authorized Project Administrator.
 - g. **Email:** Email Address for Authorized Project Administrator.
4. **Designated Project Contact:** First and Last Name of designated representative responsible for serving as coordinator between all local TMEs and the Local Sponsor. This person may be the Authorized Project Administrator, another government employee, or a person from the snowmobile community. If the governmental agency is designating a non-governmental employee to be the Project Contact, OPRHP must receive an official notification the person represents the governmental agency in an official capacity.
 - a. **Organization:** Governmental agency/Non-governmental the Designated Project Contact represents.
 - b. **Title:** Governmental agency/Non-governmental title or position held.
 - c. **Telephone:** Telephone number for Designated Project Contact.
 - d. **Mailing Address:** Street Address for Designated Project Contact.
 - e. **City:** Mailing Address City for Designated Project Contact.
 - f. **Zip:** Mailing Address Zip Code for Designated Project Contact.
 - g. **Email:** Email Address for Designated Project Contact.
5. **Mailing Information:** Information to be used for mailing Snowmobile Trail Grant correspondence, including voucher packets.
 - a. **Organization:** Name of organization.
 - b. **Contact Name:** First and Last name of recipient.
 - c. **Mailing Address:** Street address, City, Zip.