

**LANDOWNER PERMISSION AND TRAIL MAINTENANCE STATEMENT INSTRUCTIONS**

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

**Snowmobile Trail Grant-In-Aid Program**

**Submission Deadline: September 1<sup>st</sup>**

**All boxes must be checked, even if the answer is NO.**

- 1. TME:** Name of TRAIL Maintenance Entity (TME) or Club submitting application through sponsor.
- 2. Local Governmental Agency Sponsor:** Name of County or Town.
- 3. Private Landowner(s):** Permission obtained from private landowners, including non-public entities, such as Sovereign Nations.  
**YES** – Select if value is greater than zero (0).  
**NO** – Select if value is zero (0).
- 4. NYS Department of Environmental Conservation (NYS DEC):** Permission obtained from DEC land managers.  
**YES** – Select if value is greater than zero (0).  
**NO** – Select if value is zero (0).
- 5. NYS Office of Parks, Recreation and Historic Preservation (NYS OPRHP):** Permission obtained from authorized Park representative.  
**YES** – Select if value is greater than zero (0).  
**NO** – Select if value is zero (0).
- 6. NYS Department of Transportation (DOT):** Permission obtained from authorized DOT representative.  
**YES** – Select if value is greater than zero (0).  
**NO** – Select if value is zero (0).
- 7. Other Public Agency:** Permission obtained from authorized Other Public Agency representative (i.e. National Grid, US Forest Service, NYS Canal Corp, County or Town properties, etc.).  
**YES** – Select if value is greater than zero (0).  
**If yes, please provide name:** Provide name(s) of Public Agency from which permissions have been received.  
**NO** – Select if value is zero (0).
- 8. TME President Name:** Name of TME President.
- 9. TME President Signature:** Form must be signed by TME President. Electronic Signature is acceptable. Forms received without a signature or date will not be accepted.
- 10. Date:** Date document is signed by TME President.
- 11. Local Sponsor Representative Name:** Name of Local Sponsor Representative for County or Town.
- 12. Local Sponsor Representative Signature:** Form must be signed and dated by Local Sponsor representative prior to submission. Electronic Signature is acceptable. Forms received without a signature or date will not be accepted.
- 13. Date:** Date document is signed by Local Sponsor representative.

