

**LOCAL SPONSOR APPLICATION CHECKLIST 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>**

1. **Local Governmental Sponsor:** Name of County or Town.
2. **Local Sponsor Application Checklist\*:** Required. One per Local Sponsor.
3. **Local Sponsor Contact Information\*:** Required. One per Local Sponsor.
4. **Conditions of the Grant Agreement\*:** Required. One per Local Sponsor. Original signed copy of this form must be mailed to: OPRHP Snowmobile Unit, Albany, NY 12238
5. **Landowner Permissions and Trail Maintenance Statement\*:** Required. One per TME.
6. **Equipment Summary\*:** Required. One per TME.
7. **3 Year Plan\*:** Required. One per TME or county-wide plan from Local Sponsor.
8. **DOT – List of all State highway crossings:** Trail crossing within or on a DOT right-of-way constitutes an impact. If trail(s) cross a State highway within sponsor jurisdiction, DOT permissions are required. A list of all State highway crossings, including the highway, trail, and point of crossing must be provided as part of the grant application. One per TME or a county-wide plan from a Local Sponsor.  
**YES** – Select if trail crossing(s) exist and DOT permissions are required.  
**N/A** – Select if no trail crossing(s) exist and DOT permissions are not required.
9. **SEQRA Determination for NEW or MODIFIED trails:** State Environmental Quality Review Act (SEQRA) must be submitted for a new snowmobile trail and/or reroute or changes to an existing trail.  
**YES** – Select if value is greater than zero (0).  
**N/A** – Select if value is zero (0).
10. **Do TMEs within your municipality receive funding through the Federal Recreational Trails Program (RTP) Grant?**  
**YES** – Select if value is greater than zero (0).  
**If yes, what is being funded?** Provide name of goods/services.  
**N/A** – Select if value is none.
11. **Are any TMEs in your municipality currently receiving or have received other funding (Federal, State, county, Town, Village or Not for Profit entities) for projects related to their trail system, other than RTP funds?**  
**YES** – Select if value is greater than zero (0).  
**If yes, from what agency/agencies?**  
**NO** – Select if value is none.
12. **Are any TMEs in your municipality receiving municipal grant funds in other counties?**  
**YES** – Select if value is greater than zero (0).  
**If yes, from what agency/agencies?**  
**NO** – Select if value if none.