

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:** City of Executive Officer.
 - f. **Zip:** Zip code of Executive Officer.
 - g. **Email:** Email address of Executive Officer.
3. **Authorized Project Administrator:** First and last name of designated representative responsible for administering the grant. **MUST** be an 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:** City of Authorized Project Administrator.
 - f. **Zip:** Zip code of Authorized Project Administrator.
 - g. **Email:** Email address of 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 government agency is designating a non-governmental employee to be the Project Contact, OPRHP must receive an official notification from the Local Sponsor, outlining their duties. Please be advised that final review and approval of grant application and/or reimbursement documents must come from the Local Sponsor employees identified in the Local Sponsor Contact Information Form.
 - a. **Organization:** Governmental agency/Non-governmental agency 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:** City of Designated Project Contact.
 - f. **Zip:** Zip code of Designated Project Contact.
 - g. **Email:** Email address of Designated Project Contact.
5. **Mailing Information:** Information to be used for mailing Snowmobile Trail Grant correspondence.
 - a. **Organization:** Name of organization.
 - b. **Contact Name:** First and last name of recipient.
 - c. **Mailing Address:** Street address, City, Zip.