## SNOWMOBILE TRAIL APPLICATION Snowmobile Trail Grant-In-Aid Program

Program Year					
gency Sponsor:					
ity/Club:					
rail Classification (A or B):	Current Mileage:	Anticipated Mileage:			
Please select all trail criteria related to the request from the list below:					
UEST					
GPS update(s) of an existing trail – Please note, GPS date will reflect oldest collection date within entire trail segment (end to end)					
SEQRA Determination Require	ed SEQRA Determina	ation <u>Not</u> Required			
tion: Class A to Class B	Class B to Class A				
	If Secondary/Corridor reclassification, is there a trail name recommended for consideration?				
Corridor to Secondary					
Trail reassignment (request to transfer responsibility & maintenance between clubs)					
<b>NEW TRAIL</b> - SEQRA determination is required. Please attach to application.					
JUNCTION UPDATE - Adding or modifying trail junction numbers. *Please note: Metadata form and map must accompany request made on this form.					
	ity/Club: rail Classification (A or B): eria related to the request from the UEST f an existing trail – Please note, GPS dat SEQRA Determination Require tion: Class A to Class B Secondary to Corridor Corridor to Secondary ent (request to transfer responsibilit determination is required. Please a Adding or modifying trail junction nu	gency Sponsor: ity/Club: rail Classification (A or B): Current Mileage: eria related to the request from the list below: UEST f an existing trail – Please note, GPS date will reflect oldest collection da SEQRA Determination Required SEQRA Determination: tion: Class A to Class B Class B to Class A Secondary to Corridor If Secondary/Corridor corridor to Secondary If Secondary/Corridor a trail name recomment ent (request to transfer responsibility & maintenance betweer determination is required. Please attach to application. Adding or modifying trail junction numbers.			

**Justification/Narrative** (Please explain how this will trail benefit the overall trail system, how it connects to services, and/or how it will meet the overall OPRHP Snowmobile trail system management goals).

Local Sponsor Signature			Date	
OPRHP Grant Rev	view Determination:			
Approved	Not Approved			
Trail Name:	Trail Type:	Trail Classification:	Mileage:	Funded Mileage:
Comments:				