

New York State Snowmobile Trail Application
_____ Program Year

Local Governmental Agency Sponsor:

Trail Maintenance Entity/Club:

Trail Name: Trail Classification (A or B): Current Mileage: Anticipated Mileage:

Please select all trail criteria related to the request from the list below:

TRAIL CHANGE REQUEST

GPS update(s) of an existing trail – Please note, GPS date will reflect oldest collection date within entire trail segment (end to end)

Trail reroute(s) – If SEQRA determination is required, please attach to application

Trail reclassification: Class A to Class B Class B to Class A

Secondary to Corridor }
Corridor to Secondary } → If Secondary/Corridor reclassification, is there
a trail name recommended for consideration?

Trail reassignment (request to transfer responsibility & maintenance between clubs)

NEW TRAIL - SEQRA determination is required. Please attach to application.

Please note, Metadata form and map must accompany request made on this form.

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 Review Determination:

Approved Not Approved

Trail Name: Trail Type: Trail Classification: Mileage: Funded Mileage:

Comments:

OPRHP Representative Signature _____ Date _____