

NEW YORK STATE SNOWMOBILE TRAIL APPLICATION INSTRUCTIONS
New York State Office of Parks, Recreation and Historic Preservation (OPRHP)
Snowmobile Trail Grant-In-Aid Program
Submission Deadline: June 1st

Please read the New York State Grant-in-Aid Program Grant Documentation before completing this form.

1. **Local Governmental Agency Sponsor:** Name of County or Town.
2. **Trail Maintenance Entity/Club:** Name of TME or Club submitting application through sponsor.
3. **Trail Name:** Designated trail name or "TBD" if NEW TRAIL request.
4. **Trail Classification (A or B):** The appropriate classification is determined, based on criteria listed below.
 - a. **Class A** trails have trail treads at least 12 feet wide, wider in curves and capable of handling groomer power units and drags at least 8 feet wide.
 - b. **Class B** trails have trail treads at least 8 feet wide, wider in curves and capable of handling groomer power units and drags at least 4 feet wide.
5. **Current Mileage:** Mileage, as listed on Mileage Table or N/A if NEW TRAIL request.
6. **Anticipated Mileage:** Mileage for designated trail (reflecting change/no change to Current Mileage value) or estimated mileage for review if NEW TRAIL request.
7. **TRAIL CHANGE REQUEST OR NEW TRAIL:** Select correct category.
 - a. **TRAIL CHANGE REQUEST:**
 - GPS Update:** Select if submitting trail data to meet 3-year GPS collection date requirements.
 - Trail Reroute:** Select if trail data has changed from previously recorded data. If SEQRA determination is required, it must be provided with application.
 - Trail Reclassification:** Select if trail criterion has changed and choose one of the four options listed, as appropriate.
 - Trail Reassignment:** Select if permissions and trail maintenance responsibilities of previously funded trail has transferred between TMEs. An application requesting the reassignment of a previously funded trail must be received from each TME for recording purposes.
 - b. **NEW TRAIL:**

SEQRA determination is required and must be attached to application.

NOTICE: The New York State snowmobile trail network has reached the maximum capacity of trails that can be sustained at the current funding levels. New trail segments cannot be considered for funding without the closure/removal of a designated trail of equal or lesser mileage located within the borders of the local sponsor jurisdiction.
8. **Justification/Narrative:** Explain how this trail benefit will the overall trail system. If applicable, provide name of designated trail(s) and/or service(s) proposed trail will provide connectivity to.
9. **Local Sponsor 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.
10. **OPRHP Grant Review Determination:** For OPRHP Office Use Only.