

SNOWMOBILE TRAILS ASSISTANCE PROGRAM MAINTENANCE AND GROOMING

Certification of Trail Completion

1st Benchmark – Due By December 15th

Trail Name: _____

Club/Organization Name: _____

Trail Administrator Signature: _____ Date: _____

By signing this form, the Sponsor certifies that the snowmobile trail was open and available for use by December 1. This means that the trail was satisfactorily brushed, bridges were in good repair, signs were installed (including MnUSA corridor trail signs if appropriate), gates were capable of being open (snow permitting), permission was granted for all private lands and that the trail meets the guidelines of the Minnesota Snowmobile Trails Assistance Program Manual.

Is there any reason why the Department of Natural Resources should withhold any part of this payment?
YES _____ NO _____

If YES, please elaborate: _____

Sponsor Name (Local Unit of Government): _____

Sponsor Signature: _____ Date: _____

Title: _____

Amount requested \$ _____ (Up to 45% of the original contract.)

DEPARTMENT USE ONLY

THIS INVOICE APPROVED FOR PAYMENT BY:

Parks and Trails Area Supervisor – OK TO PAY	Date	FY	Amount \$
SWIFT PO:	RECEIPT #		
VENDOR #:	LINE #		
SERVICE BEGIN DATE: JULY 1, 20 ____	SERVICE END DATE: NOVEMBER 30, 20 ____		
INVOICE #: <div style="text-align: right;"><u>BM1</u></div>	Vendor Name and Address:		

SNOWMOBILE TRAILS ASSISTANCE PROGRAM

MAINTENANCE AND GROOMING

Certification of Satisfactory Grooming

2nd Benchmark – Due By February 15th

3rd Benchmark – Due By April 15th

Trail Name: _____

Club/Organization Name: _____

Trail Administrator Signature _____ Date _____

By signing this form, the Sponsor certifies that the above snowmobile trail has been satisfactorily groomed
 _____ from opening day through January 15th; or
 _____ from January 16th through the end of the season or April 1st.

Is there any reason why the Department of Natural Resources should withhold any part of this payment?
 YES _____ NO _____

If YES, please elaborate: _____

Sponsor Name (Local Unit of Government): _____

Sponsor Signature: _____ Date _____

Title: _____

Amount requested \$ _____ (Up to 25% of the original contract.)

DEPARTMENT USE ONLY

THIS INVOICE APPROVED FOR PAYMENT BY:

Parks and Trails Area Supervisor – OK TO PAY	Date	FY	Amount \$
SWIFT PO:	RECEIPT #		
VENDOR #:	LINE #		
SERVICE BEGIN DATE: December 1, 20 ____	SERVICE END DATE: January 15, 20 ____		
SERVICE BEGIN DATE: January 16, 20 ____	SERVICE END DATE: March 31, 20 ____		
INVOICE #: <div style="text-align: right; margin-top: 10px;"><u>BM2</u></div> <div style="text-align: right; margin-top: 10px;"><u>BM3</u></div>	Vendor Name and Address:		

SNOWMOBILE TRAILS ASSISTANCE PROGRAM

MAINTENANCE AND GROOMING

Certification of Trail Closure/Application Submission

4th Benchmark – Due By May 15th

Trail Name: _____

Club/Organization Name: _____

Trail Administrator Signature: _____ Date: _____

By signing this form, the Sponsor certifies that the above snowmobile trail has been satisfactorily closed as defined within the Minnesota Snowmobile Trails Assistance Program Manual, an application for the coming grant round is completed and on file by May 15th and that a backup grooming plan is in place and is on file in the event the groomer or the operator are not able to maintain the trails.

Is there any reason why the Department of Natural Resources should withhold any part of this payment?
YES _____ NO _____

If YES, please elaborate: _____

Sponsor Name (Local Unit of Government): _____

Signature: _____ Date _____

Title: _____

Amount requested \$ _____ (Up to 5% of the original contract.)

DEPARTMENT USE ONLY

THIS INVOICE APPROVED FOR PAYMENT BY:

Parks and Trails Area Supervisor – OK TO PAY	Date	FY	Amount \$
SWIFT PO:	RECEIPT #		
VENDOR #:	LINE #		
SERVICE BEGIN DATE: April 1, 20 ____	SERVICE END DATE:		
INVOICE #: <div style="text-align: right;"><u>BM4</u></div>	Vendor Name and Address:		