###### Off-Highway Vehicles Grant Program

**Nevada Department of Conservation and Natural Resources**

**Nevada Commission on Off-Highway Vehicles**

###### NRS 490

###### Fall 2017 Grant Application

###### (RFA Appendix A)

**APPLICATIONS DUE**

**November 1, 2017, 4:00 PM, PST**

***Please mail early; Applications postmarked prior to 4:00 pm on November 1, 2017 but not received prior to that time are untimely and will not be considered.***

***NOTE: this is the State OHV program, NOT the Federal Recreational Trails Program***

SUBMIT: ONE FULL COLOR COPY, DOUBLE SIDED

 by MAIL or HAND DELIVERY

 (8.5” x 11” only. maps may be 11”x17” no larger)

TO: Nevada dept. of conservation and natural resources

 OFF-HIGHWAY VEHICLES PROGRAM

 ATTN: DCNR J. SCANLAND

 901 S. STEWART STREET, SUITE 1001

 CARSON CITY, NV 89701

 *AND*

 ONE ELECTRONIC FILE; PDF VIA EMAIL jscanland@ohv.nv.gov

 or memory device enclosed with application.

DO NOT ATTACH ITEMS THAT ARE NOT REQUIRED.

**For questions please contact:**

**Jenny Scanland**

**Executive Secretary**

**(775) 684-2794**

**(****jscanland@ohv.nv.gov**

**NEVADA OFF-HIGHWAY VEHICLES PROGRAM**

**GRANT APPLICATION**

**Nevada Department of Conservation and Natural Resources**

**Nevada Commission on Off-Highway Vehicles**

**Project # \_\_\_\_\_\_\_\_\_\_\_ (State admin only)**

**This application has seven (VII) sections which are all REQUIRED to be filled out in full.**

**To avoid disqualification, all application areas must be concise and complete; certifications must be signed and dated. Denied applications: correspondence will be sent to applicant by email describing the reason for declaring the application incomplete.**

**SECTION I** - **PROJECT INFORMATION**

1. **Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Project Dates:** Expected *Start*: \_\_\_\_\_\_\_\_\_\_\_\_ *Expected Completion*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mailing address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Classification of Applicant**: *(check one)*

 Federal  State  County  Local/Municipal  Other:\_\_\_\_\_\_\_\_\_\_\_\_

 Partnership  Non-profit  For Profit  Individual

*If the applicant is a corporate or legal entity, proof of good standing in the entity’s state of incorporation is required. NAC 490.1345 (Note: grantees must have the capacity to implement and accomplish proposed project and properly administer awarded funds).*

1. **Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **State T-Vendor #** (if available)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Landowner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9**. Classification of Land Control:** *(check all that apply)*

 federally managed public land  Private Land  County  City

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Lease; Attach copy of lease with expiration date.

 R&PP; Attach copy of lease with expiration date.

*If the proposed project is to be carried out on public land, attach any applicable written agreement with any government entity having jurisdiction over that land, including permits, leases, easements, and rights-of-way. NAC 490.135*

10**. Project Costs: *(Please do not submit match not directly related to the project)***

 State OHV Grant Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Funds:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Total Project Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100%

***What are the sources of your leveraged (other) funds?***

 Federal  Private  In-kind  City/County  Other

Please *describe* source(s):

|  |
| --- |
| Type here:  |

11**. Project Type(s) (NRS 490.069 Sec.2c) check all that apply:**

* Studies or planning for trails and facilities;
	+ Environmental Assessments and Environmental Impact Studies.
	+ Other studies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Acquisition of land for trails and facilities
* Mapping and signing of trails and facilities
* Reconstruction, enhancement or maintenance of existing trails and facilities
* Construction of new trails and facilities
* Restoration of areas that have been damaged by the use of off-highway vehicles.
* The construction of trail features, trailheads, parking, or other ancillary facilities which minimize impacts to environmentally sensitive areas or important wildlife habitat areas.
* Safety training and education related to the use of off highway vehicles
* Compliance and enforcement

*Note: Operations & management and purchase or lease of equipment associated directly with a project are eligible.*

12**. All Trail USERS:** *(check all that apply)*

 **** Mountain Biking **** Hiking/Backpacking **** Equestrian **** Single track motorcycle **** Snowmobiling **** Snowshoe/ski

 **** ATV quads **** Dune buggy **** Side by side 50” or wider

 **** Race Course **** Skills riding course

|  |
| --- |
| Other Type here: |

13**.** **Scope of Work**: Please describe *exactly* what work will be completed. Programs, planning, NEPA, surveys, mapping etc. and include miles of trail, trail type and other measurable goals including a timeline for completing the work. NAC 490.1375. If purchase of equipment is included please explain where/how it will be housed and maintained. (In order to avoid duplication, **do not include** justification or narrative in this section; refer to Section VII, Scoring Narrative**).**

|  |
| --- |
| Type here:  |

14**. Standards/Guidelines that will be applied to your project:**

 Universal Access to Outdoor Recreation - A Design Guide

 USFS Standard Specifications for Construction & Maintenance of Trails

 BLM Handbook 9114-1 Trails

 NOHVCC Handbooks

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15**. Has the applicant received funding from the OHV Program in the past?**

 No  Yes

Number of projects funded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of funding Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of projects Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II** – **LOCATION, MAPS, PHOTOS**

**Project Location:**

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest Municipality/Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center of project: Latitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maps are a very important part of the application. They are considered part of the final agreement if funded. Please provide readable, proficient maps.**

**Required Maps:** f**or all maps please include a legend, north arrow, scale, and map name. Topographic maps preferred. You may include *additional* aerial/google maps.**

* General location map (showing project area within the state or county)
* Topographic map (7.5 minute series quadrangle, 1:24,000 scale) with project boundary and map name Township:\_\_\_\_\_\_ Range:\_\_\_\_\_\_ Sections\_\_\_\_\_\_\_\_\_
* Detail map indicating specific project elements (e.g., structures, trail alignment)
	+ Maps larger than 11x17 will not be accepted

**Please attach the following photographs:**

* *At least two* (2) overviews of the project area from different angles and distances. *(Good photographs at trail level and google aerials help the scoring committee to understand the location, depth and breadth of your project.)*

**SECTION III** - **Federal Lands or Other**

**Federal Environmental Compliance**

**A. If Federal funds or Land are a part of the project and NEPA was completed,** indicate which document was produced, and **please attach the decision document to this application:**

* Record of Decision (ROD)
* Finding of No Significant Impact (FONSI)
* Categorical Exclusion (CX)
* SHPO 106 compliance/concurrence letter.
* Other compliance documents already completed. (do not attached the EA or EIS)
* Not applicable

**If NEPA or planning is a part of the project describe the steps in the Scope Section I, #13.**

**SECTION IV** - **BUDGET**

**Proposed Budget**: Provide your budget details in the following format. This budget should align clearly with your scope of work from #13.

* ***Please follow this format as much as possible*** and be very specific, as your application will rate higher. You may create your own spreadsheet.
* Reminder, include all sources of funds for the completion of the project including federal, in-kind, private/city/county and state funds.
* ***Attach copies of estimates and identify what each contract will include.***
* ***Attach copies of all quotes/estimates.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item Description** | **Item** | **OHV Grant Request** | **Federal** | **Other**  | **Total** |
| Contracts: studies, planning , design, engineering |  |  |  |  |  |
| Contracts: construction |  |  |  |  |  |
| Direct labor costs Salaries, including fringe, actual costs |  |  |  |  |  |
| Volunteer or donated labor/in-kind # Hrs. skilled labor @$23.56/hr. (not required but is important for scoring higher) (*You will have to provide paperwork for this in your reporting to receive score points)* |  |  |  |  |  |
| Purchase or rental of equipment - Specify type of equipment – cost- # of days. *Attach estimate or quote.*  |  |  |  |  |  |
| Purchase of Materials List items & cost of each item or group of items. |  |  |  |  |  |
| Vehicle Gas and Maintenance standard is now at .54 per mile. Estimate miles. |  |  |  |  |  |
| Other: be specific |  |  |  |  |  |
| Other: be specific |  |  |  |  |  |
| **Totals** |  |  |  |  |  |
| **Percentages**  |  |  |  |  | **100%** |
|  |  |  |  |  |  |

**SECTION VI – TRANSMITTAL LETTERS and LETTERS OF SUPPORT**

**Transmittal Letter(s)**: transmittal letter(s) must be submitted **and attached to this application**. They must be signed by the appropriate club or agency head, (Chairperson/President of the organization or other authorized official) AND by **the landowner.**

* Land Owner: a letter of support by the landowners (county, city, state, federal, private) stating that they have read and agree (1) to the application (2) that the applicant’s interest in the subject land is sufficient in scope and authority to allow the applicant to complete the proposed project and operate and maintain the proposed project after its completion NAC 490.1355 (3) and any match or other tasks in the application that are assigned to them. The State may require the landowner/agency to be co-grantee on the grant agreement/contract.
* A commitment to maintain the trail/facility, and allow for motorized access to those facilities for 25 years or the normal life of the project, by the appropriate entity.
* **Letters of Support are limited to three (3).** Please attach them to the application.

**SECTION VII – SCORING NARRATIVE**

**Address the following 14 questions in the order listed below.**

* **Be specific and concise** with your answers.
* **Please submit no more than five (5) double-sided pages for your Narrative.**
* Please type directly into this application. *If the form doesn’t work for you, please cut and paste into another document and answer in the same order as given below. (if not applicable answer N/A)*

|  |  |  |
| --- | --- | --- |
| **1** | ***Public Education, Law Enforcement & Outreach:*** *Please describe how your project/program will incorporate public education and/or outreach to increase registration and showcase the benefit of OHV communities, including registration events.*  | *Type here* |
| **2** | ***Trail Mapping:*** *Please describe how your project /program will move public lands in Nevada towards having travel plans completed and will result in trail mapping and creation of maps for the public. (With landowner/manager approval).* | *Type here* |
| **3** | ***Access:*** *Please describe how your project/program ensures protection of access. Explain what access/opportunities would be lost or restricted if the project doesn’t occur.*  | *Type here* |
| **4** | ***Demand for New Facilities:*** *Please describe the justification (the DEMAND) for* ***NEW*** *facility/program development: restrooms, trails, signs, and other amenities.*  | *Type here* |
| **5** | ***Connectivity:*** *Please describe the increase in connectivity between trails, facilities and other locations that your project/program would provide when completed. Attach maps if necessary. i.e. towns, parks, areas, trails etc.* | *Type here* |
| **6** | ***Environmental Studies:*** *please describe how your environmental studies, project/program is in a highly desired area that will result in maintaining or expanding OHV riding areas.*  | *Type here* |
| **7** | ***Design for Conservation:*** *please describe how your project/program considers water and habitat conservation. Example: how the trail features are designed to be sustainable while protecting environmentally sensitive areas or important wildlife habitat area.* | *Type here* |
| **8** | ***Existing Facilities:*** *please describe how your project /program assists in the maintenance and/or rehabilitation of* ***Existing*** *Facilities. “Taking care of what is already there to protect the investment”.*  | *Type here* |
| **9** | ***Leveraged Projects:*** *please describe how your project/program leverages private, BLM, USFS, State, local government, or in-kind funding, services or donations (considered as investment in the project. Match is not required but is commended and will receive additional points).*  | *Type here* |
| **10** | ***Partnering:*** *Please describe coordination that has occurred with stakeholders, partners and the public in which all interests have had an opportunity to be heard related directly to this project/program.* | *Type here* |
| **11** | ***Youth and Family Engagement:*** *Please describe how your project/program helps to engage youth and families.*  | *Type here* |
| **12** | ***Economic Integration;*** *Please describe how your project/program develops outdoor recreation opportunities that help local and/or regional economies grow (e.g., economic impact, additional OHV funding sources, improved user or business group participation).* | *Type here* |
| **13** | ***Underserved populations:*** *Please describe how your project/program helps to meet the needs of underserved regions and populations. (e.g., identify people and neighborhoods without access to trails, and establishes outdoor recreation opportunities for them; or creates new recreational opportunities not currently available in the area)* | *Type here* |
| **14** | ***Maintenance:*** *although this OHV grant program requires maintenance of all facilities funded for 25 years or the normal life of the project, we would like you to please describe* ***HOW*** *your project will be maintained and* ***WHO*** *has committed to the ongoing maintenance of the facility or continuation of the service/program. (Please also attach letter as described in Section VI).* | *Type here* |
|  | *Additional justification or project history if you feel important and doesn’t fit under a criterion listed above.*  | *Type here* |