###### NEVADA Off-Highway Vehicles Program

**Nevada Commission on Off-Highway Vehicles**

**Nevada Department of Conservation and Natural Resources**

###### NRS 490

###### FY 2019 Grant Application

###### (Request for grant Applications, Appendix A)

**APPLICATIONS DUE**

**November 1, 2018, 4:00 PM, PST**

**Please mail early; Applications postmarked prior to 4:00 pm on November 1, 2018, but not received prior to that time are untimely and will not be considered.**

**NOTE: this is the NEVADA 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)

*AND*

ONE single ELECTRONIC FILE; PDF VIA EMAIL [jscanland@ohv.nv.gov](mailto:jscanland@ohv.nv.gov)

or memory device enclosed with application

TO: Nevada dept. of conservation and natural resources

OFF-HIGHWAY VEHICLES PROGRAM

ATTN: J. SCANLAND

901 S. STEWART STREET, SUITE 1001

CARSON CITY, NV 89701

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DO NOT ATTACH ITEMS THAT ARE NOT REQUIRED.

***Do not include this page with your suBmittal***

**For questions please contact:**

**Jenny Scanland**

**Executive Secretary**

**(775) 684-2794**

**(**[**jscanland@ohv.nv.gov**](mailto:jscanland@ohv.nv.gov)

**NEVADA OFF-HIGHWAY VEHICLES PROGRAM**

**FY 2019 GRANT APPLICATION PAGE 1**

**Nevada Commission on Off-Highway Vehicles**

**Nevada Department of Conservation and Natural Resources**

This application has FIVE 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 AND APPLICANT INFORMATION**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**4. 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).*

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

**Applicant Signature Date**

**(Chairperson/President/Authorized Official)**

**5. Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**6. 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*

**7. Landowner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**8. THE LANDOWNER MUST PROVIDE A LETTER STATING THAT**:

(See example Appendix B)

1. Landowner has read the Request for Grant Application package;
2. Landowner agrees with the application and the terms of the grant;
3. Landowner holds an interest in the subject land that 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;
4. Landowner is legally committing to maintain the trail/facility and will allow public motorized access to such trail/facilities for 25 years or the normal life of the project; and
5. Landowner agrees to provide any match or other tasks in the application that are assigned to Landowner.

**The State may require the landowner/agency to be co-grantee on the grant agreement/contract.**

**9. 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 or Partners for your leveraged (other) funds?***

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

Please *describe* source(s):

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

**10. Letters of Support from PARTNERS are required**:

1. confirming they agree to the terms of the grant; and
2. that they are committed to providing match/cash or other tasks in the application that are assigned to them.

**Other letters of support are limited to three (3).** Please attach them to the application.

**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 and registration
* Compliance and enforcement (See Appendix C, Enforcement Strategy example)

*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 **** UTV Side by side

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

|  |
| --- |
| Other Type here:  Please explain how you intend to manage conflict between users. |

**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 VI, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\

**If the shape-files for the trail system are available, please submit them in the e-file. The shape-files of the trail will be required at project end. Program will assist in the collection of the data if needed.**

**Maps are a very important part of the application. They are required AND 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 to include at a minimum the items in the following table. You may create your own spreadsheet.

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* Your budget must align clearly with your scope of work from #13. Be specific, as your application will rate higher.
* Reminder: Include all sources of funds for the completion of the project including federal, in-kind, private/city/county and state funds.
* ***It is recommended that you attach copies of estimates to support your budget, and identify what each contract will include.***

***EXAMPLE***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Description | Item Description | $$ OHV Grant Request | Federal $$ | Other Funds | Total Cost |
| Contracts: studies |  |  |  |  |  |
| Contracts: planning , design, engineering 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, Items & cost or group of items. |  |  |  |  |  |
| Travel Costs, Per -diem |  |  |  |  |  |
| Vehicle gas and maintenance standard is now at .54 per mile. Estimate miles. |  |  |  |  |  |
| Other: be specific |  |  |  |  |  |
| Totals |  |  |  |  |  |
| Percentages |  |  |  |  | **100%** |
|  |  |  |  |  |  |

**SECTION V – PRIORITIES AND SCORING NARRATIVE**

**The Scoring Priorities are listed in order of Priority.**

**Address the following twelve (12) criteria in the order listed below.**

* **Please tell us how your project/program meets each criteria.**
* **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. ***Law Enforcement Strategy that addresses enforcement as well as Public Education & Outreach aimed at increasing renewals and new registrations:*** *(See Appendix C). If your Enforcement grant does not include educ. or outreach see #4 below)*
2. ***Trail mapping, signing and maintenance of existing trails and 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.”*
3. ***Training:*** *Please describe the goals and objectives of your public training program, i.e., Public Education, Rider Classes, Safety, Trail Building, or Outdoor Ethics. Number of people trained, contacts made, etc.*
4. ***Law Enforcement, SAR with NO Registration component:*** *How will your officer training, equipment purchase or salary/overtime request serve the off-highway vehicle recreating public?*
5. ***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.*
6. ***Economic Integration:*** *Please describe how your project/program develops outdoor recreation opportunities that help local, regional, or state economies grow (e.g., economic impact, additional OHV funding sources, improved user or business group participation, Road use resolutions and OHV friendly Communities.)*
7. ***Connectivity/Loops:*** *Please describe the increase in connectivity between trails, facilities and other locations that your project/program would provide or enhance when completed. Attach maps if necessary, i.e., towns, parks, areas, trails, etc.*
8. ***Planning, Environmental Studies, Conservation:*** *please describe how the environmental studies and/or planning will result in maintaining or expanding OHV riding areas. Describe HOW your project/program considers water and habitat conservation.*
9. ***Partnering and Leverage:*** *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.* ***Also***, *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. Please remember to attach support letters as described in Section I, #8 and #10).*
10. ***Demand for New Facilities:*** *Please provide justification (the demand) for* ***NEW*** *facility/program development: restrooms, trails, signs, and other amenities*.
11. ***Maintenance:*** *Although this OHV grant program requires maintenance of all facilities funded for 25 years or the normal life of the project, 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 remember to attach support letters as described in Section I, #8 and #10).*