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

**Nevada Commission on Off-Highway Vehicles**

**Nevada Department of Conservation and Natural Resources**

###### NRS 490

###### 2020 Grant Application

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

**APPLICATIONS DUE**

**November 12, 2019, 4:00 PM, PST**

**Please mail early; Applications postmarked prior to 4:00 pm on November 12, 2018, but not received prior to that time are untimely and will not be considered.**

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 NNarkhede@ohv.nv.gov

 or memory device enclosed with application

TO: Nevada dept. of conservation and natural resources

 OFF-HIGHWAY VEHICLES PROGRAM

 ATTN: Nikhil narkhede

 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:**

**Nikhil Narkhede**

**Program Manager**

**(775) 684-2794**

NNarkhede@ohv.nv.gov

**NEVADA OFF-HIGHWAY VEHICLES PROGRAM**

**2020 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

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

Please *describe* additional funding source(s):

**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

|  |
| --- |
| Please explain how you intend to manage user interactions: |

**13.** **Scope of Work**: Please describe *exactly* what work will be completed. Programs, planning, NEPA, surveys, mapping, include miles of trail, trail type and other quantitative 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 V, 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 Funds | 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 @$24.14/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 .58 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 eleven (11) 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.**
* **If attached additional pages, ensure the question being answered is referenced.** *(If not applicable, answer N/A.)*
1. **Law Enforcement Strategy that addresses registration enforcement, including Public Education & Outreach aimed at increasing renewals and new registrations:** *Please describe how your project will increase the number of OHV registrations on the district. How will the equipment and time be used to increase OHV safety and awareness? What is your department's history of patrolling for safe OHV Recreation?*
2. **Enhancement or Maintenance of existing trails and facilities:** *Describe the maintenance intervals for your project. How will maintenance needs be prioritized and how often will your project hold a maintenance/ trails enhancement event? HOW will your project be maintained and WHO has committed to the ongoing maintenance of the facility or trail.(note: a minimum of 2 maintenance/ trail events are required per year)*
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. **Trail mapping and signing of existing trails and facilities:***If a mapping component is included in the grant, please describe how it will be integrated with the current web mapping application found on OHV.NV.GOV*
5. **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.*
6. **Planning, Environmental Studies, Conservation:** *Describe how the environmental studies, conservation and/or planning will mitigate resources impacted by OHV recreation. How will your project contribute to the conservation of our natural resources?*
7. **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.*
8. **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.*
9. **Economic Integration:***Please describe how your project/program increasing Off Highway Motorized recreation in thedevelops 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.)*
10. **Demand for New Facilities:** *Please provide justification for* ***NEW*** *facility/program development: restrooms, trails, signs, and other amenities*.