**NEVADA OFF-HIGHWAY VEHICLES PROGRAM**

**GRANT APPLICATION**

**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. Applications missing required information will be returned to applicants for correction if identified before submission deadline for resubmittal before the deadline.

**SECTION I** - **PROJECT AND APPLICANT INFORMATION**

1. **Project Name:** Click or tap here to enter text.
2. **Project Timeline:** Click or tap here to enter text.
3. **Applicant Name:** Click or tap here to enter text.

Mailing address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

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

Partnership

Non-Profit

For-Profit

Individual

Federal

State

County

Local

Municipal

Other (specify): add here.

*If legal entity, must include proof of good standing in the entity’s state of incorporation is required. (*[*NAC 490.1345*](https://www.leg.state.nv.us/nac/NAC-490.html#NAC490Sec1345)*)*

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

Applicant Signature Date

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

**5. Project Manager:** Click or tap here to enter text.

Mailing address:Click or tap here to enter text.

Phone:Click or tap here to enter text.

Email:Click or tap here to enter text.

**Alternate Contact:** Click or tap here to enter text.

Mailing address:Click or tap here to enter text.

Phone:Click or tap here to enter text.

Email:Click or tap here to enter text.

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

Federally Managed Public Land (see **Note\*** below)

County

City

Private LandClick or tap here to enter text.

Lease: Attach copy of lease with expiration date.

R&PP: Attach copy of lease with expiration date.

Other (specify):Click or tap here to enter text.

***\*NOTE****: 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](https://www.leg.state.nv.us/nac/NAC-490.html#NAC490Sec135))

**7. Landowner / Public Lands Manager** Click or tap here to enter text.

Mailing address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**8. The Landowner (Public Lands Manager) Must provide a letter that includes:**

a) For Public Lands - A letter of support for impacting the land from the governmental entity having jurisdiction. ([NAC 490.135](https://www.leg.state.nv.us/nac/NAC-490.html#NAC490Sec135))

b) For Private Land – Documented Interest in the land - *Proof of ownership, lease, rental, easement, right-of-way, written agreement or other legal instrument, scope inclusive to document ability to complete the proposed project; and to operate and maintain the proposed project for a period of not less than 25 years after its completion or for the normal life of the project, whichever is longer*.

**9**. **Project Costs:**

**List grant request and matching funds directly related to the project:**

State OHV Grant Request:Click or tap here to enter text.

Matching Funds: Click or tap here to enter text.

Total Project Amount:Click or tap here to enter text.

**10. What are the sources or Partners for your leveraged (matching) funds?**

Federal

Private

In-kind

City

County

Other: Describe additional funding source(s) Click or tap here to enter text.

**11. Contemporary letters of support are required (attach to grant proposal)**:

1. Providedocumentation from **Project Partners,** if not included elsewhere in this application, agreeing to provide matching funds or effort.
2. TWO Letters of support from Non-profit organizations.

**12. Project Type: check all that apply:** [**(NRS 490.069 Sec.2c)**](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069)

Studies or planning for trails and facilities for use by owners and operators of off-highway vehicles.

Mapping and signing of trails and facilities.

Acquisition of land for 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 and features ancillary to a trail.

Safety training and education related to the use of off highway vehicles and registration.

Efforts to improve compliance with and enforcement of the requirements relating to off-highway vehicles. ([OHV Enforcement Statistics Form](https://ohv.nv.gov/assets/etc/pdfs/OHV_Enforcement_Stat_Sheet.pdf) & [NRS 490 Memo](https://ohv.nv.gov/assets/etc/pdfs/OHV_NRS_490_Memorandum_-_AJW_8312021.pdf))

**13. TRAIL or FACILITY USERS:**

Describe how this project impacts other trail users, communities, or others in outdoor recreation, include conflict mitigation strategy if necessary

Click or tap here to enter text.

**14. SCOPE of WORK:**

1. Provide description of project, with quantitative goals including applicable components e.g., studies, planning, mapping, trail & facility description, course or service provided, equipment maintenance, storage. storage studies, if applicable

Click or tap here to enter text.

1. What is the timeline for completing this project within 24 months of an award. ([NAC 490.1375](https://www.leg.state.nv.us/nac/NAC-490.html#NAC490Sec1375)):

Click or tap here to enter text.

**15. STANDARDS/GUIDELINES** - **that will be applied to your project**:

1. How does your project conform to *Local, County, State or Federal* guidelines, plans, processes, or zoning?

Click or tap here to enter text.

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

No

Yes, if yes, complete the questions below:

Number of Projects Funded:Click or tap here to enter text.

Amount of Funding Received: Click or tap here to enter text.

Number of Projects Completed:Click or tap here to enter text.

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

**Project Location:**

County: Click or tap here to enter text.

Nearest Municipality/Town/City: Click or tap here to enter text.

Center of project: Latitude & Longitude:Click or tap here to enter text.

Include Electronic Files: (.KMZ/.KML .GPX or SHP)

**Required Maps:**

For all maps, include a legend, north arrow, scale, and map name. Topographic maps preferred and maps larger than 11”x17” will not be accepted. You may include *additional* aerial/google maps.

1. General location map (showing project area within the state or county)
2. Detail map indicating specific project elements (e.g., structures, trail alignment)

**Attach the following photographs:**

At least two (2) overviews of the project area from different angles and distances.

**NOTE:** 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 **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 attach the EA or EIS)

Not applicable

**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 and attach to the application.

Your budget must align clearly with your scope of work from Section 1, #14. 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.

***Attach copies of estimates to support your budget and identify what each contract will include.***

***EXAMPLE BUDGET***

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Description** | **OHV Grant Request** | **Matching Funds / Contributor** | **Total Cost** |
| **Contracts: Environmental studies** |  |  |  |
| **Contracts: design, engineering & construction** |  |  |  |
| **Direct labor costs: Salaries, including fringe, actual costs** |  |  |  |
| **Volunteer or donated labor/in-kind**  **# Hrs. skilled labor @$27.20/hr.**  **Note: Not required but is important for scoring higher** |  |  |  |
| **Purchase or rental of equipment - Specify type of equipment – cost- # of days. *Attach estimate or quote.*** |  |  |  |
| **Materials – Purchase or rental of materials for project** |  |  |  |
| **Travel Costs, Hotel Nights, Per-diem** |  |  |  |
| **Vehicle gas and maintenance standard is now at .655 per mile. Estimate miles.** |  |  |  |
| **Other: (Specify)** |  |  |  |
| **Totals** |  |  |  |
| **Percentages** |  |  | **100%** |

**SECTION V – PRIORITIES AND SCORING NARRATIVE**

**Grants will be scored based on answers to the Ten (10) criteria listed below. Each criteria carries a weight determined by the OHV Commission and voted upon during the public meeting for this application. See grant scoring sheet , with Grant announcement for weights.**

1. **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, while enhancing OHV opportunities?* ([NRS 490.069 2.(c).1](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069),6,7)

Click or tap here to enter text.

1. **Trail mapping and signing of existing trails and facilities:***If a mapping component is included in the grant, describe how it will be integrated with the current web mapping application found on OHV.NV.GOV* ([NRS 490.069 2.(c).2](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069))

Click or tap here to enter text.

1. **Demand for New Facilities:** *Provide justification for* ***NEW*** *facility/program development: restrooms, trails, signs, and other amenities*. ([NRS 490.069 2.(c) 3,4](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069))

Click or tap here to enter text.

1. **Enhancement or Maintenance of existing trails and facilities:** *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).* ([NRS490.069 2.(c) 3,4,5,6](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069))

Click or tap here to enter text.

1. **Connectivity/Loops:** *How will the project impact connectivity of OHV trails, facilities, and local communities? Include maps of areas impacted by your project and describe those impacts.* ([NRS 490.069 2.(c) 2,5,6](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069))

Click or tap here to enter text.

1. **Access:** *Describe how your project improves OHV access in the project area. Explain what access/opportunities would be lost or restricted if the project does not occur.* ([NRS 490.069 2.(c) 6,7](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069))

Click or tap here to enter text.

1. **Training:***Describe the goals and objectives of your public safety training program.**Is it a nationally recognized certification? What sets your safety training program apart from the others?* [*(NRS 490.069, 8)*](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069)

Click or tap here to enter text.

1. **Law Enforcement Strategy that addresses registration enforcement, including Public Education & Outreach aimed at increasing renewals and new registrations:** *How will your project increase the number of OHV registrations on the district. How will the equipment and time be used to increase OHV safety and awareness? Reference the Law Enforcement Statistics reporting form.* ([NRS 490.069 2.(c) 8](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069), 9)

Click or tap here to enter text.

1. **Partnering and Leverage:** *Who else is involved in this project? Describe outreach with stakeholders, partners and local governments, that you have communicated with in planning this project.* [*(490.068, 3 (a) 2,3)*](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec068)

Click or tap here to enter text.

1. **Economic Integration:***How will this project improve OHV recreation opportunities that help local, regional, or state economies grow?* [(NRS 490.069 2.(c) 7, 5)](https://www.leg.state.nv.us/NRS/NRS-490.html#NRS490Sec069)

Click or tap here to enter text.