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|  |  | **NEVADA OFF-HIGHWAY VEHICLES PROGRAM** |
| **GRANT APPLICATION** |
| **Nevada Commission on Off-Highway Vehicles** |
| **Nevada Department of Conservation and Natural Resources** |

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| **Applicant Information** | | | | | | | | | |
| **Organization Name:** | | |  | | | | | | |
| **Contact Person:** | | |  | |  |  | | | | |
|  |  | *Name* | | |  | *Title* |  | |  | |
| **Mailing Address:** |  | | | | | |  |  | |
|  | *Street Address* | | | | | |  | *Unit #* | |
|  |  | | | |  |  |  | |  | |
|  | *City* | | | |  | *State* |  | | *Zip Code* | |
| **Phone:** |  | | | **Email:** |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| **Which best describes your organization?** *(Check one)* | | | | | |
|  | State Agency |  | Non-Profit Organization | |  |
|  | Federal Agency |  | Community-Based Organization | |  |
|  | County/City Agency |  | For Profit | | |
|  | Local/Municipal Entity |  | Other: |  | |
|  | 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).*

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| **Has the applicant previously received OHV Grant Program funding?** | | | | |
|  | No |  | Yes |  |
| **Does the applicant currently have open grants from the Nevada OHV Program?** | | | | |
|  | No |  | Yes |  |
| Number of projects funded: | | | |  |
| Amount of funding received: $ | | | |  |
| Number of projects completed: | | | |  |

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| **Project Information** | | | | | | |
| **Project Name:** | |  | | | |
| **Select all that describes the project type(s) NRS 490.069 Sec.2c?** | | | | | | |
|  | OHV compliance and enforcement | | |  | OHV safety training and education | |
|  | Studies or planning for trails and facilities | | |  | Enhancement or maintenance | |
|  | Mapping and signing | | |  | Construction of trails/facilities | |
|  | Restoration of areas damaged by OHVs | | |  | Acquisition of land | |
|  | Construction of trail features to minimize impacts on environmentally sensitive areas or important wildlife habitats | | | | | |
| **Project Cost** *(grant request and matching funds directly related to the project)* | | | | | |
| OHV grant request | | | $ | | |
| Matching Funds | | | $ | | |
| Total Project Amount | | | $ | | |

**What are the sources or partners for your leveraged (matching) funds?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Federal |  | In-kind |  |
|  | State |  | Private |  |
|  | City/County |  | Other: |  |

Please describe leveraged (matching) funds (ex. another grant, volunteer hours, cash donation, etc.):

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

**User group(s) that will be able to utilize this project (check all that apply):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Single Track Motorcycle |  | Snowmobiles | |  |
|  | ATV/Quads |  | Dune Buggy | |  |
|  | UTV/Side by Side |  | Mountain Bikers | |  |
|  | Hiking/Backpacking |  | Equestrian | |  |
|  | Snowshoers/Skiers |  | Other: |  | |

If applicable, please explain how this project will aid with managing user interactions:

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

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| **Proposed Scope of Work** |
| Please describe exactly what work will be completed. Programs, planning, NEPA, surveys, mapping, include miles of trail, trail type and any other pertinent information (NAC 490.1375). If purchase of equipment is included, please explain where/how it will be housed and maintained. |
| Type here: |

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| **Project Deliverables** |
| Please describe *quantitative* outcomes for your project. Examples could include miles of trail created, number of enforcement overtime hours, presentations held, programs facilitated, users engaged, pounds of trash collected, etc. |
| Type here: |

**Project Timeline:** Funding Agreements are two years unless specified.Please complete the table below providing a timeline of your project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Quarter** | **Date** | **Project Goals** | **Deliverables** |
| Q1 | Jan-Mar, 25 |  |  |
| Q2 | Apr-Jun, 25 |  |  |
| Q3 | Jul-Sep, 25 |  |  |
| Q4 | Oct-Dec, 25 |  |  |
| Q1 | Jan-Mar, 26 |  |  |
| Q2 | Apr-Jun, 26 |  |  |
| Q3 | Jul-Sep, 26 |  |  |
| Q4 | Oct-Dec, 26 |  |  |

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| **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, voted upon during the open meeting on 9/7/2021. Please reference Grant Manual Appendix A.

|  |
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|  |
| **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 in the district. How will the equipment and time be used to increase OHV safety and awareness? Please reference the Law Enforcement Statistics reporting form.* |
| Type here: |
| **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?* |
| Type here: |
| **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).* |
| Type here: |
| **Training:***Please 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?* |
| Type here: |
| **Connectivity/Loops:** *How will the project impact connectivity of OHV trails, facilities, and local communities? Please include maps of areas impacted by your project and describe those impacts.* |
| Type here: |
| **Access:** *Please 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.* |
| Type here: |
| **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 |
| Type here: |
| **Partnering and Leverage:** *Who else is involved in this project? Please describe outreach with stakeholders, partners and local governments, that you have communicated with in planning this project.* |
| Type here: |
| **Economic Integration:***How will this project improve OHV recreation opportunities that help local, regional, or state economies grow?* |
| Type here: |
| **Demand for New Facilities:** *Please provide justification for* ***NEW*** *facility/program development: restrooms, trails, signs, and other amenities*. |
| Type here: |

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| **Project Budget** |

**Proposed Budget**: Provide your budget details to include all project expenses, including contracts, labor costs, volunteer or donated labor, equipment, travel, materials, etc. Each section needs to be broken down into specific item costs. You may create your own spreadsheet. (See Grant Manual Appendix B for example)

* Your budget must align clearly with your Scope of Work.
* Be specific. Each section needs to be broken down into individual line items and costs. For example, a lump sum for “travel” should be broken down into items such as lodging, per diem, gas etc.
* All travel expenses should be based off current GSA rates. Rates can be found [here](https://www.gsa.gov/travel/plan-book/per-diem-rates) or at https://www.gsa.gov/travel/plan-book/per-diem-rates.
* 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.***

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| **LAND MANAGEMENT AND ENVIRONMENTAL COMPLIANCE** |

**Classification of Land Management:**

|  |  |  |
| --- | --- | --- |
|  | City/Municipal | |
|  | County | |
|  | State | |
|  | Federal | |
|  | Private | |
|  | Lease; Attach copy of lease with expiration date | |
|  | R&PP; Attach copy of lease with expiration date | |
|  | Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Landowner(s):** | |  | | |
| *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* | | | | |
| **Will there be ground disturbing activities (ex. construction, trail maintenance)?** | | | | |
|  | Yes | |  | No |

**Standards/guidelines that will be applied to your project (if applicable):**

|  |  |  |
| --- | --- | --- |
|  | Universal Access to Outdoor Recreation - A Design Guide | |
|  | USFS Standard Specifications for Construction & Maintenance of Trails | |
|  | BLM Handbook 9114-1 Trails | |
|  | NOHVCC Handbooks | |
|  | Other: |  |

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

(See Grant Manual Appendix C)

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.

**Federal Environmental Compliance:**

**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) and a Decision Record (DR) |
|  | Categorical Exclusion (CX) |
|  | SHPO 106 compliance/concurrence letter |
|  | Other compliance documents already completed. |
|  | Not applicable |

*If NEPA or planning is a part of the project describe the steps in the Scope of Work.*

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| **Location, Maps, Photos** |

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| --- | --- | --- |
| **Nearest town/city/municipality of project (list multiple if applicable):** | |  |
| **County(s):** |  | |

**Required Maps:** All maps must include a legend, north arrow, scale, and map name. Topographic maps are preferred. You may include *additional* aerial/google maps. (See Grant Manual Appendix D for examples)

The following map types are required:

1. General location map (showing project area within the state or county)
2. Detail map indicating specific project elements (e.g., structures, trail alignment)
   * Maps larger than 11x17 will not be accepted

**Required 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 technical advisory committee and the Commission to understand the location, depth and breadth of your project.)

**Trail projects:** If the shapefiles for the trail system are available, please submit them in the e-file. The shapefiles of the trail will be required at project end. Contact the Program for assistance in the collection of the data if needed.

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| --- | --- | --- | --- |
| **Disclaimer and Signature** | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | |
| If this application is selected for funding, I understand that false or misleading information in my application or presentations may result in the termination of the grant. | | | |
| Signature: |  | Date: |  |
| Printed Name: |  | Title: |  |

**APPLICATIONS DUE:**

**NOVEMEBER 17, 2024 AT 11:59 PM, PST**

SUBMIT: ONE SINGLE ELECTRONIC FILE; PDF VIA EMAIL TO: KBarmore@ohv.nv.gov

OR

ONE FULL COLOR COPY OR MEMORY DEVICE ENCLOSED WITH APPLICATION

BY MAIL OR HAND DELIVERY

(*8.5” X 11” ONLY. Maps should be no larger than 11”X17”*)

TO: NEVADA DEPT. OF CONSERVATION AND NATURAL RESOURCES

OFF-HIGHWAY VEHICLES PROGRAM

ATTN: KADEN BARMORE

901 S. STEWART STREET, SUITE 1003

CARSON CITY, NV 89701

To request assistance in planning your project or for questions about the OHV Grant program, please contact

Kaden Barmore

[KBarmore@ohv.nv.gov](mailto:KBarmore@ohv.nv.gov)

(775) 684-2794