

APPENDIX A APPLICATION FORMS

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SECTION I
State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
Division of Off-Highway Motor Vehicle Recreation
(OHV FORM A)

APPLICATION FOR STATE OFF-HIGHWAY VEHICLE (OHV)
LOCAL ASSISTANCE GRANTS OR COOPERATIVE AGREEMENTS
(State's Use Only) PROJECT NUMBER: OR - _____

1. Applicant:

Address:

2. City:

3. County:

State:

Zip:

4. GRANT OR PROJECT AGREEMENT TYPE(S): (Select one or more)

Acquisition	Law Enforcement	Restoration
Development	OHV Safety or Education	Studies and Scientific Research
Equipment	Planning	Trail Maintenance, Trail Conservation, and Trail Reroute
Facilities Operation and Maintenance (FO&M)	Resource Management	

**GRAND TOTAL AMOUNT
REQUESTED**
(For all Project Types)
\$ _____
(Rounded to the nearest \$1,000)

5. APPLICANT'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON (S):

Authorized Representative:	Project Administrator:
Title:	Title:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:

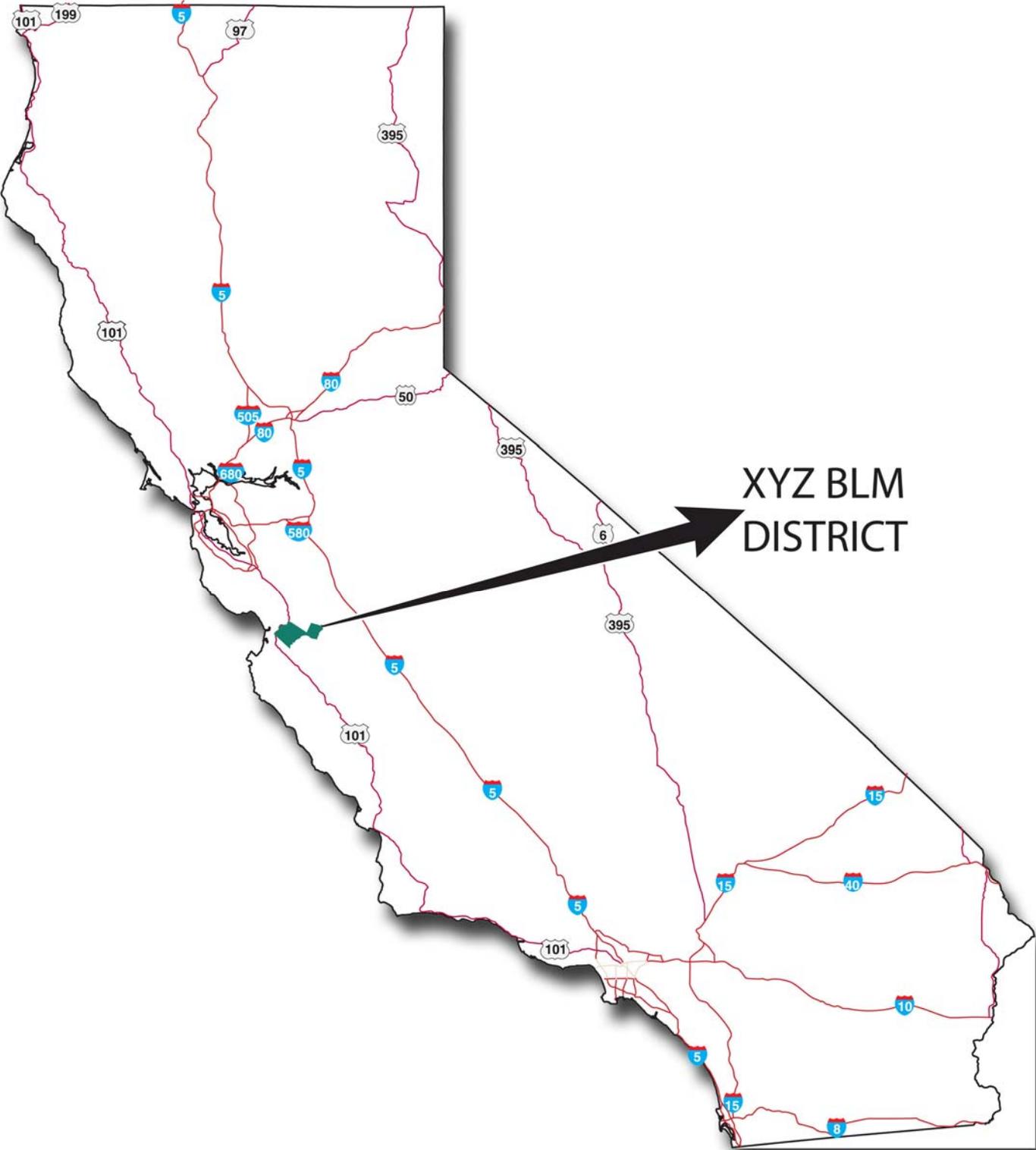
6. AUTHORIZING SIGNATURE

Under penalty of perjury, I certify that all statements made in this application are complete and accurate to the best of my knowledge. I am the authorized to obligate the applicant to the contractual terms of this application. I authorize representatives of the Off-Highway Motor Vehicle Recreation Division to verify the accuracy of the information contained in this application as needed.

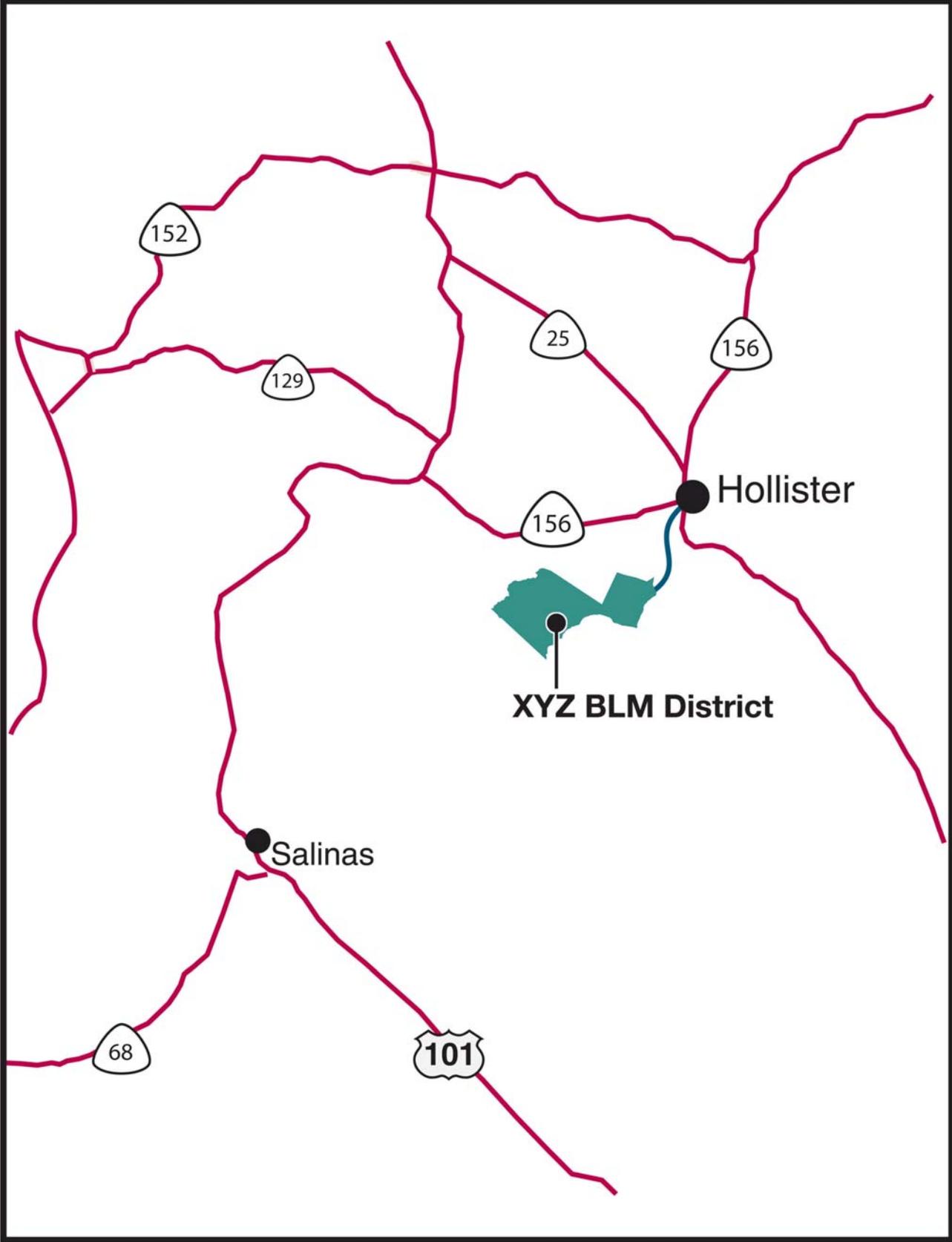
X
SIGNED

DATE

**MAP OF CALIFORNIA
IDENTIFYING THE LOCATION OF THE APPLICANT
(OHV FORM B)**

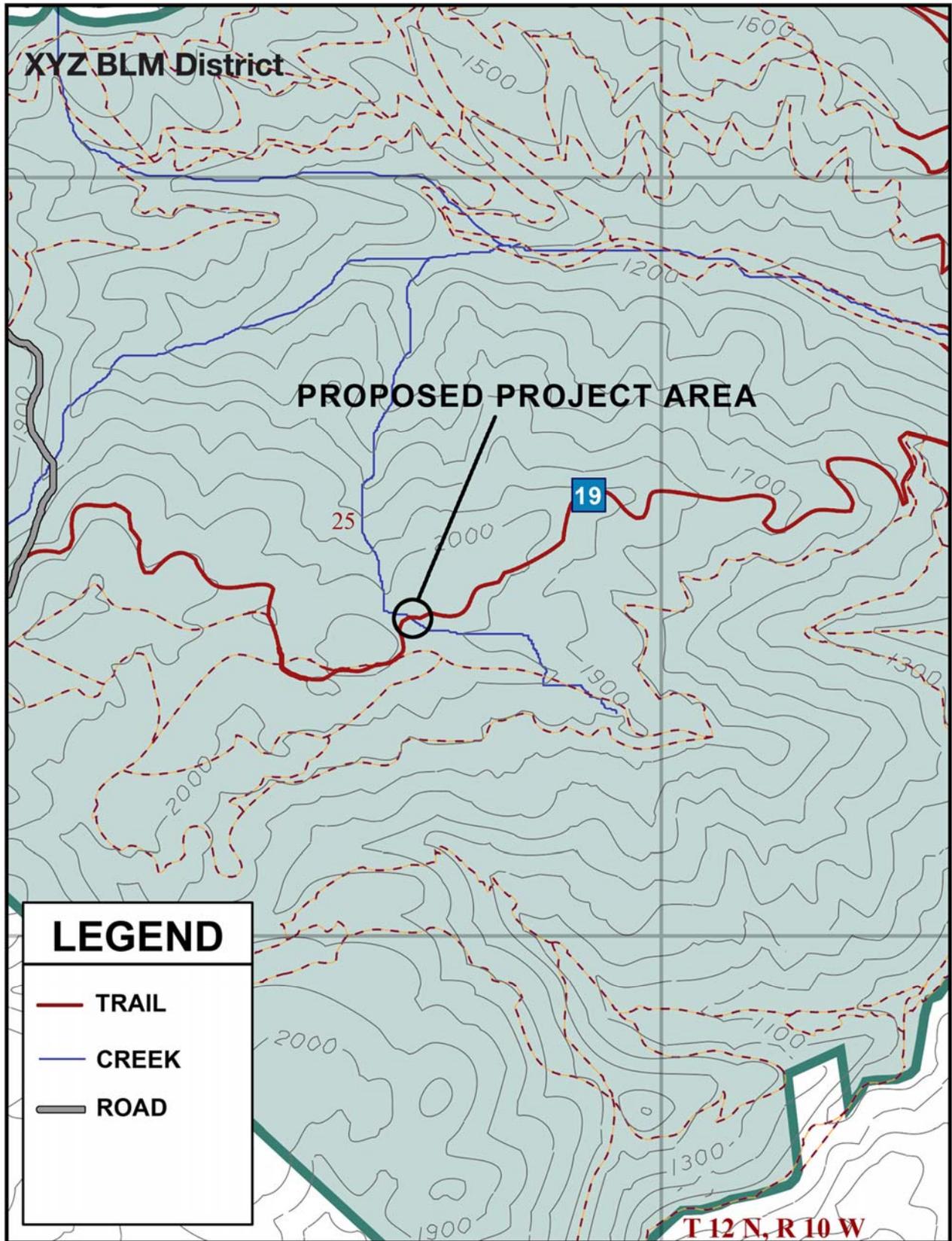


GENERAL VICINITY MAP (OHV FORM C)

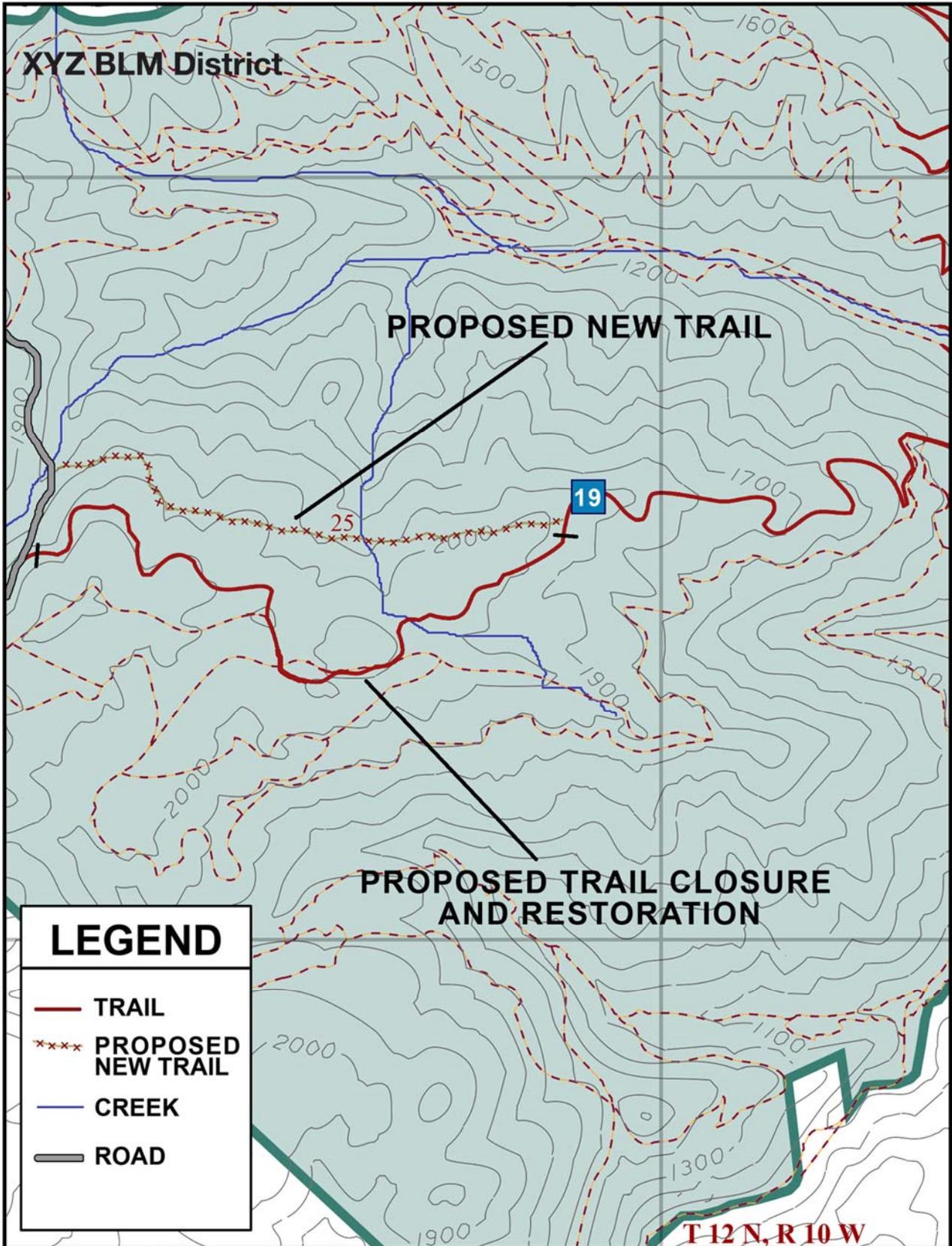


PROJECT SPECIFIC MAP (EXAMPLE A)

(OHV FORM D)

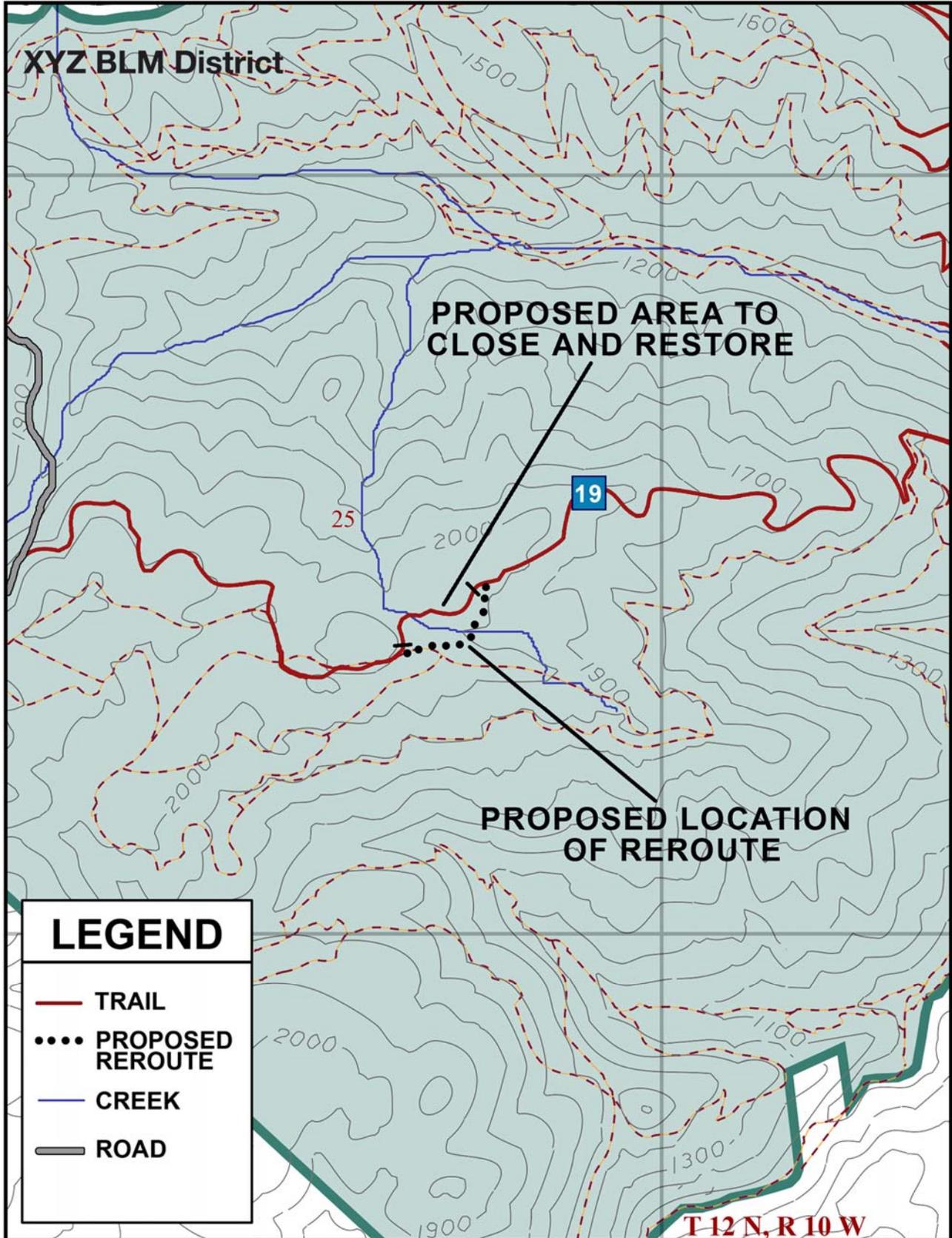


PROJECT SPECIFIC MAP (EXAMPLE B)
(OHV FORM E)

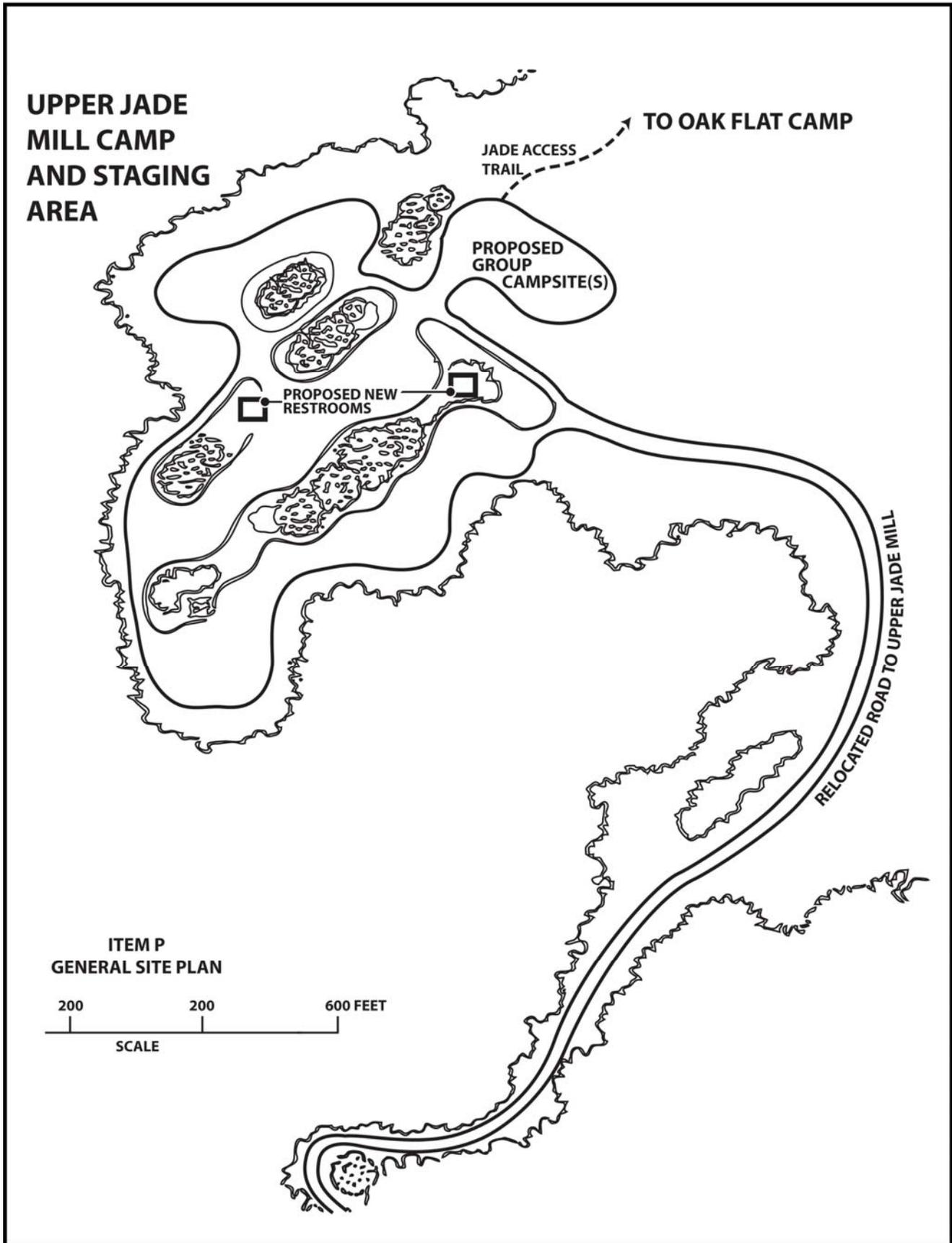


PROJECT SPECIFIC MAP (EXAMPLE C)

(OHV FORM F)



GENERAL SITE PLAN EXAMPLE
(OHV FORM G)



APPLICATION SUMMARY SHEET
OHV Local Assistance Grants or Cooperative Agreements
(OHV FORM H)
LIST ALL PROJECTS SUBMITTED IN PRIORITY ORDER

Applicant:

FUNDING CATEGORIES					
(A) PROJECT TITLE	CESA				(F) TOTAL
	(B) CONSERVATION	(C) ENFORCEMENT	(D) RESTORATION	(E) NON-CESA	
TOTAL					
(G) Administration (maximum 10%)					
Subtotal					
APPLICATION SUMMARY SHEET TOTAL ROUNDED TO NEAREST \$1,000 (This amount must match the Grand Total amount requested on the application face sheet)					
((ROUND TO NEAREST \$1,000); (e.g., \$1-\$499 round (down ↓)); \$500-\$999 round (up ↑))]					
*Applicants may request administrative costs, not to exceed 10% of the total project(s) requested. The total amount of administrative costs requested shall be identified on (G) above.					

PROJECT COSTS/DELIVERABLES (PC/D)

(OHV FORM I)

APPLICANT:		GEOGRAPHIC AREA:				
Application Title:						
General Funding Category C E R N (Mark one) (see below)	Qty**	Unit	Unit Cost	Subtotal	Match*	Grant
Activities:						
Staff:						
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total						
Contracts:						
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total						
Materials/Supplies:						
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total						
Vehicle Maintenance/FOR:						
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total						
Equipment:						
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Total						
Other:						
			\$	\$	\$	\$
			\$	\$	\$	\$
Total						
(DO NOT ROUND) Form Total				\$	\$	\$

Funding Categories C = Conservation E = Enforcement R = Restoration N = (non-CESA)	<p>* If an agency requesting a cooperative agreement wants to voluntarily report agency contributions, change the title from "Match" to " Agency Contributions"</p>
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** Quantity and Unit: Enter the quantity ordered and appropriate unit of measure for each items (e.g., ea=each, pk = package, & bx = box)

Applicants may request administrative costs, not to exceed 10% of the total project(s) requested. If administrative costs are requested, please identify them on the Application Summary Sheet.

ENVIRONMENTAL DOCUMENTATION
(For all project types except Restoration Projects)
(OHV FORM J)

All applications shall include the appropriate environmental documentation to comply with National Environmental Policy Act (NEPA) and/or California Environmental Quality Act (CEQA) requirements. Cities, counties, appropriate districts, educational institutions, and nonprofit applicant projects and studies that require CEQA compliance shall provide the required completed documentation for the Division to determine that CEQA compliance has been met.

Federal agencies and federally recognized Native American tribe applicants must include current project related NEPA compliance documentation and provide responses to the six items related to the exceptions to categorical exemptions under CEQA listed below.

The six items below shall be provided for all project types except restoration projects to allow the Division to make a sufficient project review to determine the appropriate level of CEQA compliance. For restoration projects complete the OHMVR Division – Restoration Environmental Review Data Sheet.

ENVIRONMENTAL REVIEW DATA SHEET
CEQA CATEGORICAL EXEMPTION EXCEPTIONS
(For all project types except restoration projects)

Item 1: Provide an evaluation of the impacts of this project on wetlands, navigable waters, and sensitive habitats (including threatened and endangered species).

Item 2: Provide the existing or potential cumulative impacts, if any, of this project or others that have been conducted in the same place over several years. Refer to the cumulative effects discussion in the environmental impact statement or land management plan as appropriate.

Item 3: Provide a discussion of the possibility that the proposed activities will have a significant effect on the environment due to unusual circumstances such as steep slopes or highly erodible soils.

Item 4: Provide a discussion of the potential damage to scenic resources within the view shed of a highway officially designated as a state scenic highway.

Item 5: Disclose whether the proposed project area has been listed as producing hazardous materials (Cortese list).

Item 6: Describe the potential for any substantially adverse changes in the significance of historical or cultural resources.

OHMVR DIVISION
RESTORATION ENVIRONMENTAL REVIEW DATA SHEET
(OHV FORM K)

The following information is to be provided for all restoration project applications to allow the Division to make a sufficient project review to determine the appropriate level of CEQA compliance.

Please provide written detail for the numbered items applicable to your project. If the information is already provided in your application, then either cross-reference the page number(s) or reproduce the information on this data sheet.

1. Project Description. Please describe:

- A. Location.
- B. Project overview. Provide a brief overview of the project.
- C. Project purpose. Please address all that apply:
 - 1. Restore closed roads or trails.
 - 2. Repair damage caused by off trail use such as hill climbs.
 - 3. Repair erosion scars and/or control erosion, and provide protection against further use.
 - 4. Remove exotic pest (e.g., noxious weeds, etc...) and restore natural vegetation.
 - 5. Fencing or barriers for closure areas.
 - 6. Other (please describe).
- D. Size in acres and/or length in miles.
- E. Existing conditions: Please describe existing vegetative cover (e.g., grassland, shrub land, forest, etc.) and dominant species present. Also, describe any special habitats such as wetlands, streams, seeps, etc. Please provide "before" photos of the site(s) to be restored.
- F. Implementation schedule (e.g., days weeks, months).

2. Activities to be Conducted.

- A. Scraping or grading. Describe what type of equipment will be used (e.g., hand tools only, bobcat SWECO tractor, etc).
- B. Planting. Describe the native vegetation and other materials that will be used (e.g., seeds, container plants, hay bales, etc.).
- C. Erosion control devices (name these, e.g., jute netting, drains, etc.)
- D. Install irrigation system (name type, and whether it is above or below ground).
- E. Use of pesticides (what types and methods?).

- F. Barriers. Describe any ground disturbing activities that might impact cultural and physical resources.
- G. Other (please describe).

3. Monitoring and Maintenance.

- A. Monitoring. Describe frequency, duration, and success criteria. Results of the monitoring will be reported to the State at the end of the project.
- B. Maintenance. Describe anticipated ongoing maintenance and law enforcement needed to protect the area restored from illegal use.
- C. Other (Please describe):

4. Information the Division Needs to Complete Environmental Review of the Project.

- A. If the project would have a significant adverse effect on any of the following, please check the box and provide an explanation of any adverse effects.
- B. Wetlands, streams, or creeks, and/or threatened, endangered, or other special-status species (where is habitat located in relation to the project site? Are there any measures proposed to reduce conflicts such as Limited Operating Periods (LOP)?).
- C. Cumulative effects (e.g., will trail closure and restoration impact other trails in the area such that they will become damaged or cause more user conflicts? Will trail closure and/or restoration of an area cause user groups to go elsewhere, necessitating a need for more trails and/or open areas to be built? If so will new trails or open areas that will be built have significant environmental effects?
- D. Steep slopes, erodible soils.
- E. State Scenic Highway.
- F. Hazardous materials? Project site cannot be in a potentially hazardous material site, you must look on Cortese List:
http://www.dtsc.ca.gov/database/Calsites/Cortese_List.cfm
- G. Cultural and historic resources (has clearance been provided for the project site?).

WHPP/HMP FORMAT B

(OHV FORM L)

Wildlife Habitat Protection Program (WHPP)/Habitat Management Program (HMP)

Grant Number: OR _____ (OHV Division Use Only)

Title: _____

Applicant: _____

Location: _____

Prepared by (name & title): _____

Phone number: _____ E-mail: _____

Date: _____

Approved by (name & title): _____

Phone number: _____ E-mail: _____

Date: _____

Check the appropriate project type for your application:

- Equipment Purchases
- Facilities Operations & Maintenance
- Planning Projects
- OHV Safety or Education Program Projects
- Resource Management, if only including monitoring, surveys, or signing
- Restoration Projects
- Studies and Scientific Research

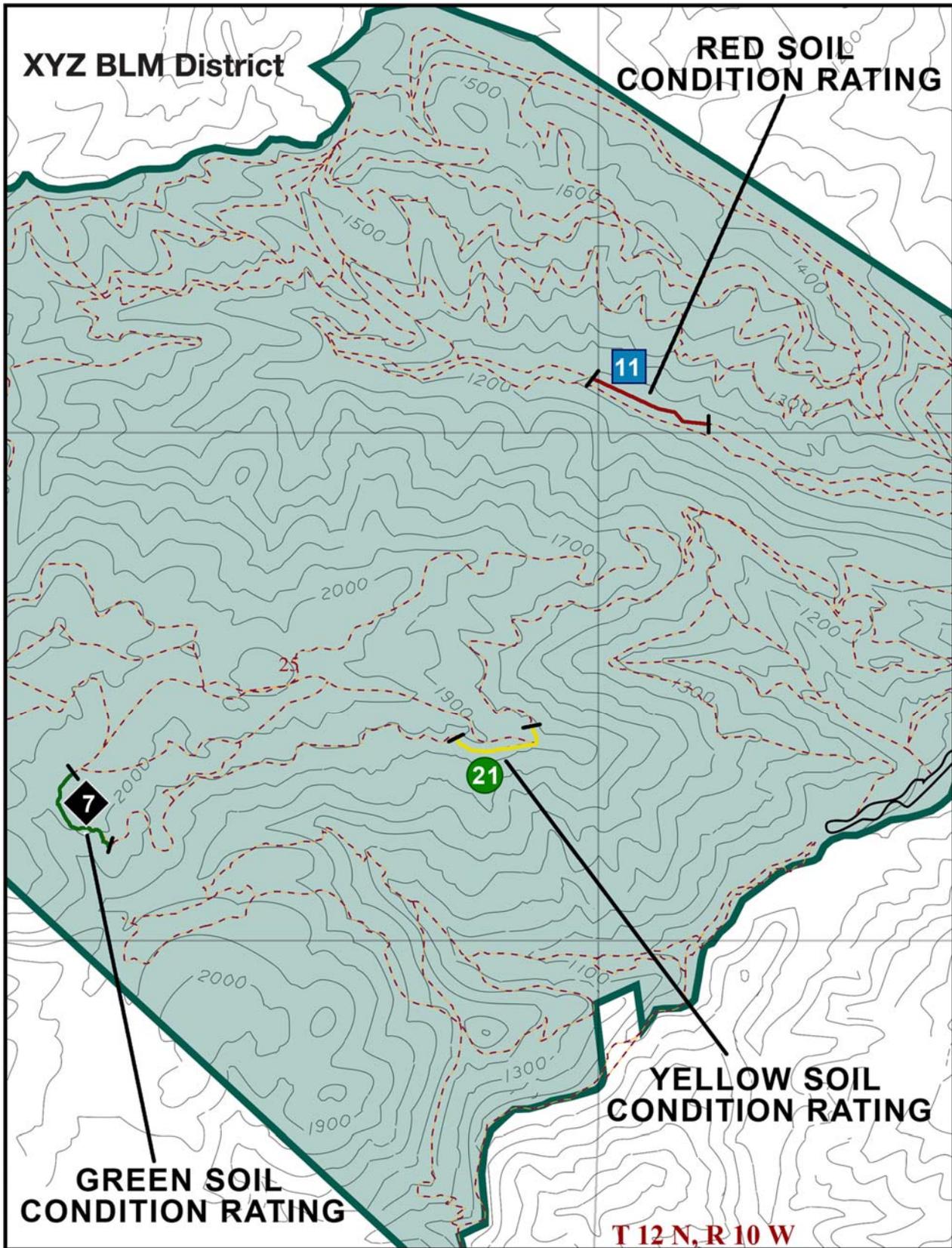
I certify that this project has no species or habitats of concern or risk factors associated with OHV use.

Signature:

Date:

SOIL CONDITION MAP

(OHV FORM M)



PROJECT ACCOMPLISHMENT REPORT (PAR)

(OHV FORM N)

Part I
 All applicants who were awarded grant or cooperative agreement funds regardless of project type in the prior year **must** complete the PAR form below. The PAR will reflect data from the previous calendar year (January – December). In addition, include any “control language” placing conditions on the prior year’s grant and cooperative agreement funds (if applicable).

PROJECT ACCOMPLISHMENT REPORT

Agency:	
Unit*:	
Time Period:	Date:
Previous Year’s Grant Number and Title:	

I. Off-Highway Vehicle (OHV) Opportunity	
Is there any change in miles available for OHV opportunity since the last PAR? Number of miles lost: _____; Number of miles gained: _____	
Why?	
1. Acres available for “open” OHV recreation.	#
2. Miles of motorcycle trails (single track).	#
3. Miles of ATV trails (2 track, <50 inches in width).	#
4. Miles of four-wheel-drive trails (2 track, >50 inches in width).	#
5. Miles of roads open to non-street licensed vehicles.	#
6. Total miles of OHV opportunity (add lines 2-5).	#
II. Over the Snow Vehicle (OSV) Opportunity	
1. Acres available for open OSV recreation.	#
2. Miles of groomed / marked snowmobile routes.	#
3. Miles of ungroomed / marked snowmobile routes.	#
4. Miles of unmarked snowmobile routes.	#
III. Conservation activities funded by grant	
1. Miles of OHV routes ¹ repaired/maintained.	#
2. Miles of routes temporarily closed.	#
3. Miles of routes closed and restored in the previous year.	#
4. Acres of “open” land closed and under rehabilitation.	#

¹ Route is defined as roads and trails.

5. Total Agency moneys spent on resource protection.	\$
IV. Volunteer information	
1. Number of volunteer hours contributed.	#
2. Estimated value of volunteer hours.	#
OSV information	
1. Total OHV funds spent on OSV activities.	\$
2. Total Agency funds spent on OSV activities.	\$
3. Total Agency contribution (optional)	\$
V. Visitor assistance information	
1. Number of OHV visitors (count any portion of a day as one visitor).	#
2. Number of OHV visitor's contacted/assisted. Includes law enforcement and non-enforcement contacts.	#

Explanations:

- * If more than one unit is reported, a separate PAR must be submitted for each unit. An additional summary PAR totaling all reported units must be prepared. **Sections I and II entitled, "Opportunity" must include all mileage and acres in jurisdiction, not just those areas funded by the grant.**
- Acres of land available for "open" OHV recreation (item I. 1.) – primarily for use by BLM Field Offices and local OHV park operations. If there are no designated "open" areas within the unit, indicate "0."
- Number of visitors (item V. 1.) – please estimate use based on observations or counters. If a person is camping and engaged in OHV recreation for three days in a row – it should be recorded as 3 visits.
- Visitor's contacted/assisted (item V. 2.) – visitors that you talked to during your inspections, at your contact station, or visitor center (associated with OHV recreation).

VI. OHV Law Enforcement Data	
1. OHV - activity related accidents	#
2. OHV - activity related fatalities	#
3. Total agency moneys spent on enforcement.	\$
4. Total OHV Enforcement Contacts (complaint & non-complaint)	#
VII. OSV Law Enforcement Data	
1. OSV - activity related accidents	#
2. OSV - activity related fatalities	#
3. Total agency moneys spent on enforcement	\$
4. Total OHV Enforcement Contacts (complaint & non-complaint)	#

PAR Notes and Definitions:

LE Contact – A law enforcement contact is a detention or consensual contact performed by a trained law enforcement employee, where the enthusiast is found to be in compliance with OHV related laws and regulations, or the officer issues a warning (verbal or written), citation, or arrest for a violation of OHV related laws and regulations.

Compliance – A compliance contact is a law enforcement contact where detention or consensual contact is initiated by a trained law enforcement employee, where the enthusiast is found to be in compliance with OHV related laws and regulations.

Warning – A warning is a law enforcement contact (written or verbal) where there is, or may have been if not addressed, an OHV related violation and there is no citation or arrest.

Citations – A law enforcement contact where a citation or notice to appear has been issued for an OHV related violation.

Arrest – An arrest is a law enforcement contact where the enthusiast is not in compliance with a more serious OHV related law or regulation and is taken into custody.

****Cold Reports** – Reports that occur after an OHV related violation, and do not result in citation, warning, or arrest.

Other OHV Related Violations – OHV related violations not specifically listed should be identified in the “other” category. Include number of citations and warnings for each. For example, “Other” includes no helmet on ATV (6 citations, 12 warnings), etc.

Injury Accidents and Fatalities – No details regarding serious injury accidents and fatalities will be added. The total number of accidents and fatalities will be placed on the corresponding line in (items VI. 1 and 2, and VII. 1 and 2).

The empty rows in the LE statistics table allow the opportunity to add specific violations not already listed, such as non-resident registration or alcohol-related contacts or vandalism; these would be more prevalent than the “other” category.

LAW ENFORCEMENT CONTACTS

	# Compliance		# Warnings		# Citations		# Cold** Reports		Arrests		Total
	O H V	O S V	O H V	O S V	O H V	O S V	O H V	O S V	O H V	O S V	
Registration											
Spark Arrester											
Noise											
Resource Damage											
Trespass (private property)											
Wilderness Intrusions											
ATV Certification											
ATV Helmet											
ATV Double -Riding											
Other: explanation below											
Total LE Contacts											

Part II

PAR Narrative:

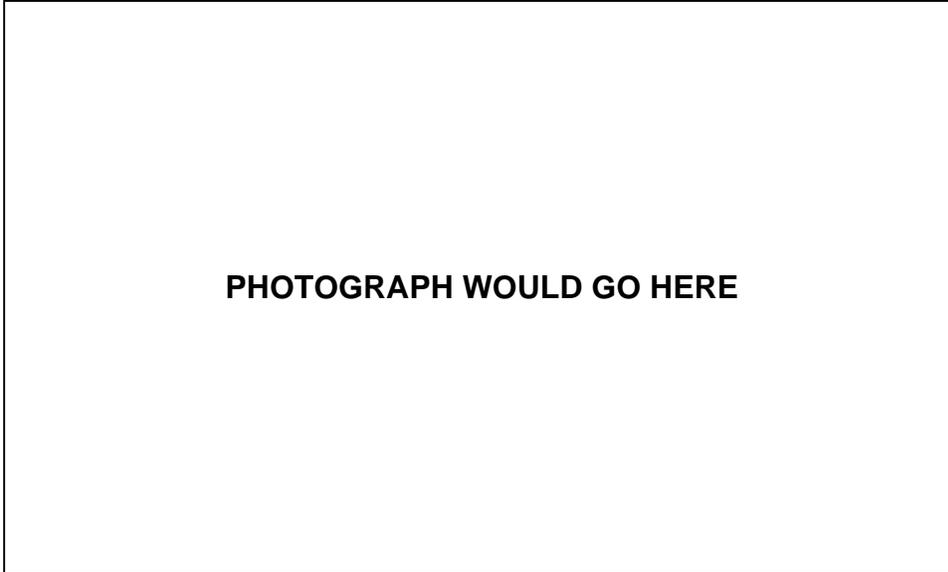
In the space provided below, briefly summarize your accomplishments for each project deliverable accomplished with previous year's grant funds. If additional unexpected accomplishments were realized, please summarize these as well.

Empty space for PAR Narrative.

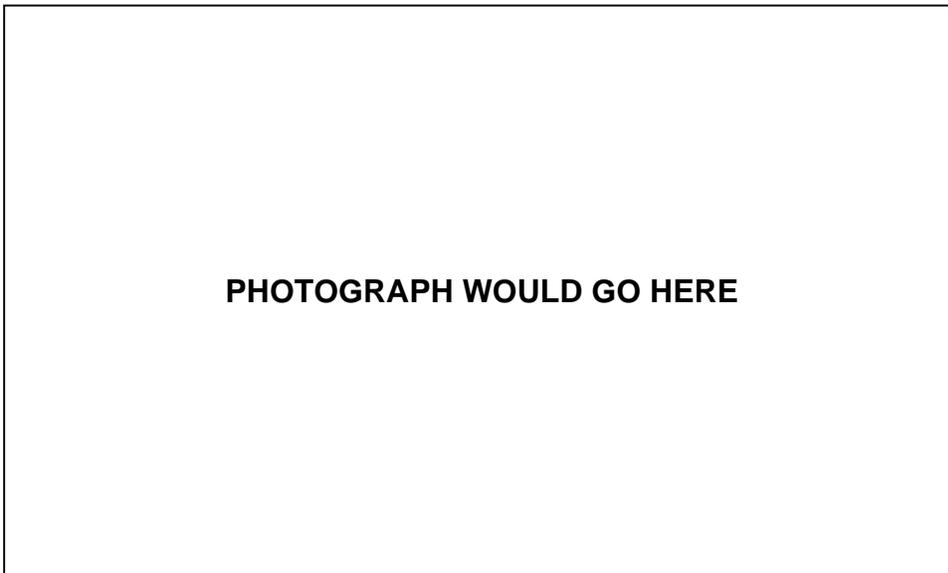
APPLICATION PHOTOGRAPH EXAMPLE

(OHV FORM P)

The following example illustrates the required format an applicant should use to present photographs within an application and/or project. There should be no more than two (2) photographs per page. All photographs should be labeled.



There should be a label at the bottom of each photograph.



There should be a label at the bottom of each photograph.

TRAIL MAINTENANCE PLAN

(OHV FORM Q)

TRAILS TO BE MAINTAINED					Signing Needed				
Name	Number	Type of use ¹	Type of Maintenance work to be performed ²	Maintenance Schedule ³	Number	Type ⁴	Equipment to be used ⁵	Type of Labor Force ⁶	Average cost per mile ⁷

¹ What type of use does the trail receive. List any and all types (Monocycle = MC, All-Terrain Vehicle = ATV, Four-Wheel Drive = 4WD, etc).

² What type of maintenance work will occur on the trail (Mechanized or hand tools, and trail conservation related work).

³ How often you maintain the trail (Monthly, Fall & Spring, Annually, Bi-Annually, etc).

⁴ What types of signs are needed on the trail(s) (Trail confidence marker, directional, regulatory, etc).

⁵ What type of equipment will be used to maintain the trail (Trail dozer, mini-excavator, rock rake, etc)

⁶ What type of labor force are you using (Permanent agency staff, seasonal, contracts, California Conservation Crew, volunteers, etc)

⁷ What is the average cost per mile of maintenance for the trail.

**PAYMENT REQUEST
OHV Grants and Cooperative Agreements Program
State of California – The Resources Agency**

Complete the following with the information from your Project Agreement (**do not** combine 2 or more projects on 1 request).

NUMBER: _____ **CONTRACT No.:** _____ **PCA:** _____ **STATUTES:** _____

TITLE: _____ **VENDOR ID:** _____

APPLICANT: _____

GRANT/ COOPERATIVE AGREEMENT AMOUNT: \$ _____

1. Payment Request Number: _____ **FINAL** (PLEASE Check if **FINAL**)
2. Invoice Number/Bill for Collection Number: _____
3. Request Type (Check one) Reimbursement Advance (a project action plan must be attached).
4. Grant Type (check one):

<input type="checkbox"/>	Acquisition	<input type="checkbox"/>	Development	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	FO&M	<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	OHV Safety/Education
<input type="checkbox"/>	Planning	<input type="checkbox"/>	Res. Mgmt	<input type="checkbox"/>	Restoration	<input type="checkbox"/>	Studies and Scientific Research				
Trail Maintenance, Trail Conservation, & Trail Reroute											

5. Total project expenditures to date (**reimbursement**) and /or planned expenditures (**advance**).

	Conservation	Restoration	Enforcement	Admin	Facilities	Other
Personnel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contract Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	<input type="text"/>					

6. Payment Request Information:

	Con., Rest, & Enf.	Admin, Facility & Other
a. Total Grant Amount	_____	_____
b. Grant Funds Spent to Date	_____	_____
c. Current Amount Available (6a-6b)	_____	_____
d. AMOUNT OF THIS REQUEST	(a) _____	(b) _____
e. Remaining Grant Funds (6c-6d)	_____	_____
Total of this Request [6d. (a +b)]	\$ <input type="text"/>	

7. Make Warrant Payable to: _____
 Street/PO Box _____
 City _____
 State & Zip _____

8. **CERTIFICATION:** I certify that the above information is correct and that all funds received have or will be expended in accordance with the conditions set forth by the State. If this is a final payment request, I have included the required summary of costs.

GRANTEE _____ **DATE** _____

SIGNED (Authorized Representative)

9. **STATE APPROVAL:** _____ **DATE** _____

10. Return ONE completed and signed ORIGINAL of this form to: California Department of Parks & Recreation
 Off-Highway Motor Vehicle Recreation Division
 Attention: OHV Grant Section
 Post Office Box 942896
 Sacramento, CA 94296-0001

DPR 364 Revised (3/2005)