



FUNDING REQUEST 2024-2025

Private ♦ Ongoing ♦ Trail Grooming

Report and request for continued funding

Motorized Non-Motorized

For State Parks Use Only	
Priority	2nd, 3rd yr. review

GROOMING AREA – TRAIL SYSTEM NAME		PREVIOUS YEARS GROOMING FUNDS ALLOTTED (STATE PARKS USE) \$
GROOMING MILES REQUESTED	PREVIOUS YEARS GROOMING MILES ALLOTTED (State Parks Use)	

CLUB SPONSOR INFORMATION

SPONSOR NAME	NAME OF CLUB REPRESENTATIVE
SPONSOR MAILING ADDRESS	TITLE
CITY, STATE, ZIP	E-MAIL ADDRESS
TELEPHONE NUMBER & EXTENSION	FAX NUMBER

LOCAL GROOMING COUNCIL INFORMATION

NAME OF GROOMING COUNCIL	
VOLUNTEER GROOMING COUNCIL COORDINATOR	TELEPHONE NUMBER
MAILING ADDRESS	E-MAIL ADDRESS
CITY, STATE, ZIP	WEBSITE
IF MEETINGS ARE SCHEDULED, WHERE IS THE MEETING HELD (location name and address)	
WHAT IS THE DAY OF MONTH AND TIME OF MEETINGS (i.e., 1 st Tuesday, 7:00pm)	

CURRENT CONTRACTOR INFORMATION

COMPANY NAME	NAME OF REPRESENTATIVE
MAILING ADDRESS	TITLE
CITY, STATE, ZIP	E-MAIL ADDRESS
TELEPHONE NUMBER & EXTENSION	FAX NUMBER

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Detailed Season Summary

2023-2024 SEASON

1) Based on last year's log "Trail Grooming Season Totals", please answer the following:

Date grooming started: _____ Date grooming ended: _____ Total hours grooming: _____
Total Miles traveled: _____

2) Please give approximate percentage of recreationists for each category:

_____ % Nordic _____ % Snowshoe _____ % Skijoring _____ % Sledding _____ % Snowmobiling _____ % Snowbiking
_____ % Other

TRAIL SYSTEM

1) Total Trail map miles: _____

2) Actual groomed miles for last season: _____

3) Were all trails identified in the application groomed during this past season? If no, please indicate the trails that were not groomed and the reason (wildlife closure, logging, etc.) *Attach map if necessary.*

4) Were trails groomed that were not identified in the applications? If yes, please indicate trails name, number, map miles and frequency. Was permission to groom these additional trails obtained? (yes or no).

5) If authorized trails were not groomed, please list those trails. *Attach map if necessary.*

SIGNS, MAPS, TRAIL BLAZERS, SNOW POLE ORDERS

Download trail maps, signs, and snow pole order forms from our sports funding webpage, bottom of page:
<https://parks.state.wa.us/148/Sports-Funding-Program>

FUNDING

1) Amount Spent \$ _____
2023-2024

2) If you did not spend the total approved funding amount, why not? _____

3) For this project, please list volunteer hours and type of work (include pre-season hours):

Agreement

In the event funding is recommended by the Snowmobile Advisory Committee for continued grooming of snowmobile trails, or by the Winter Recreation Advisory Committee for continued grooming of non-motorized trails, and approved by State Parks, either an existing Purchased Services Contract will be modified to reflect the approved budget, or a new Purchased Services Contract will be awarded through a public bidding process.

The applicant certifies that, to the best of his/her knowledge, the information in this application is true and correct.

Signature of Applicant

Printed Name and Title of Applicant

Date

Signature of Grooming Council Representative

Printed Name and Title of Grooming Council Rep.

Date

List of Landowner Permission Documents

You are required to obtain written permission from all landowners for State Parks to provide winter recreational services on land which funded activities will occur. The landowners must include approval of each groomed trail route and verification of the number of miles of groomed trails. Each landowner must complete the *Winter Recreation Use Permit*. This must be submitted with the funding application **postmarked** by **June 1, 2024**.

Land owner permission documents are attached from the following landowners:

Owners	Number of miles
1.	
2.	
3.	
4.	
5.	
6.	
7.	

I hereby certify that all appropriate landowners have been asked for their permission to use their land for winter recreation activities, and that their permission documents have been signed and they are either attached with the funding application or received by June 1.

Signature of Authorized Representative

Printed Name and Title

Date

PLEASE NOTE:
COPY OF ORIGINAL DOCUMENTS MUST BE ATTACHED.
ALL DOCUMENTS MUST BE CURRENT.