

SNOWMOBILE TRAIL ASSISTANCE PROGRAM MAINTENANCE

Certification of Trail Completion 1st Benchmark – Due December 15th

Section A: Certification

Trail Association Name: _____

Trail Coordinator Name (Please Print): _____

By signing this form, the Trail Association certifies that the snowmobile trail was open and available for use by December 15th. This means that the trail was satisfactorily brushed, bridges in good repair, signs were installed, gates were open, land leases completed and submitted to SNDTP, and that the trail meets SNDTP Guidelines.

Trail Coordinator Signature: _____

Date: _____

Is there any reason why SNDTP should withhold any part of this payment?

YES _____ NO _____

If yes, please explain:

Amount Requested \$ _____ (Up to 40% of the annual budget)

Section B: Signing Exceptions

List which trails have not been signed as of December 15th due to the signing exceptions listed in the Trail Guidelines:

<u>Trail Identification</u>	<u>Approximate Location</u>	<u># of Miles</u>
Total Number of Miles Unsigned:		

THIS INVOICE APPROVED FOR PAYMENT BY (Office Use Only):

Date Received:	Date Processed:	Initials:	Date Paid:	Amount:	Check#: