



**MATANUSKA-SUSITNA BOROUGH
COMMUNITY DEVELOPMENT DEPARTMENT**

350 East Dahlia Avenue • Palmer, AK 99645
Phone (907) 861-8631 • Fax (907) 861-8635
E-mail: lmb@matsugov.us

**FY20 WINTER TRAIL GROOMING & CARE APPLICATION
REQUEST FOR FUNDING
*Grant Requires 50% Match**

CONTACT INFORMATION:			
Organization:		Contact:	
Address:			
City:		AK Zip Code:	
Phone:		Cell:	
Email:			

TYPE OF ORGANIZATION:			
	Business Corporation		Individual
	Nonprofit Corporation		Other -
<i>*Please provide a copy of your MSB Business License.</i>			

VALID TRAIL CARE AGREEMENT ON FILE? Yes No

NAME OF TRAIL(S) YOU PROPOSE TO GROOM & MAINTAIN WITH FUNDS: (Please attach a map of the trails)	TRAIL MILES	TYPE OF TRAIL (Motorized / Non-motorized / Both)

Is trail to be maintained within a borough or state maintained area? If not, is there a recorded public use easement for the trail? Please attach a copy of the recorded easement. <i>*Funding will not be approved if there is not a valid public use easement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PUBLIC BENEFIT:

Describe below how the funds be used to benefit the publics' enjoyment of the trail.

Large empty rectangular area for describing public benefit.

Estimated Number of Users Per Week:	
Start Date:	
End Date:	
How often will trail(s) be groomed per week and when?	
Will trail signage be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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AMOUNT OF FUNDING REQUESTED:	\$
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PROJECT DETAIL

ITEM	UNIT COST	QUANTITY	TOTAL
<i>*Material costs must be based on verifiable estimates or bids.</i>			
TOTAL GRANT REQUEST			\$

IN-KIND	UNIT COST	QUANTITY	TOTAL
<i>*Match can include in-kind volunteer hours, cost of rental, value of equipment, etc.</i>			
TOTAL IN-KIND			\$



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EQUIPMENT & RESOURCES YOU HAVE AVAILABLE: Describe the number of volunteers, equipment, and other resources you or your organization can provide.	
Volunteers:	
Equipment:	
Equipment:	
Equipment:	
Equipment:	
Equipment:	
Equipment:	
Other Resource:	
Other Resource:	
Other Resource:	
Other Resource:	
Provide any other reason or justification your application should be funded:	
SIGNATURE:	
DATE:	

RETURN ORIGINAL COMPLETED FORM AND ANY ATTACHMENTS TO: <i>*You may e-mail completed application, however, Community Development must receive the original signed application, completed in full, to be considered for grant funding.</i>	
<p align="center">MATANUSKA-SUSITNA BOROUGH COMMUNITY DEVELOPMENT DEPARTMENT 350 E DAHLIA AVENUE PALMER, AK 99645</p>	
QUESTIONS?	907-861-8631
FAX:	907-861-8635
E-MAIL:	imb@matsugov.us