



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

FY25 WINTER TRAIL GROOMING & CARE APPLICATION
REQUEST FOR FUNDING
***Grant Requires 50% Funds Match by Organization**
*** Grant Requires Certificate of Liability Insurance Submitted with Application (See Exhibit A)**

CONTACT INFORMATION:			
Organization:		Contact Person	
Mailing Address:			
City:		AK Zip Code:	
Phone:		Cell:	
Email:			
List the Social Media/Websites you post trail updates to *:			

**If your organization receives funds this info will be posted to the Borough website for trail areas you are maintaining so that citizens have access to the most current trail conditions.*

TYPE OF ORGANIZATION:			
	Business Corporation		Individual
	Nonprofit Corporation		Other -
**PLEASE SUBMIT A COPY OF YOUR STATE OF ALASKA BUSINESS LICENSE WITH YOUR APPLICATION **			

VALID TRAIL CARE AGREEMENT ON FILE? Yes No

NAME OF TRAIL(S) YOU PROPOSE TO GROOM & MAINTAIN WITH FUNDS: <i>(Please attach a map of the trails)</i>	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. *Funding will not be approved if there is not a valid public use easement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--



**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

PUBLIC BENEFIT:

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

Large empty rectangular area for describing public benefit.

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



**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

PROJECT DETAIL

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

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



**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

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 COMPLETED AND SIGNED APPLICATION AND ANY ATTACHMENTS (TO INCLUDE BUSINESS LICENSE AND CERTIFICATE OF LIABILITY INSURANCE) TO:			
MATANUSKA-SUSITNA BOROUGH COMMUNITY DEVELOPMENT DEPARTMENT 350 E DAHLIA AVENUE PALMER, AK 99645			
QUESTIONS?	907-861-8631	INSURANCE QUESTIONS?	907-861-8629
FAX:	907-861-8635		
E-MAIL:	lmb@matsugov.us		

EXHIBIT A

INSURANCE REQUIREMENTS

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, their agents, representatives, employees or subcontractors.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 (or most current state approved form equivalent) covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 05 09 or 25 04 05 09) or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Symbol 1), or if Contractor has no owned autos, hired, (Symbol 8) and non-owned autos (Symbol 9), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers’ Compensation:** Contractor shall ensure that, with respect to all personnel performing work on the sites, Contractor shall maintain in effect at all times during the term of this contract, coverage or insurance in accordance with the applicable laws relating to workers’ compensation and employers’ liability insurance, regardless of whether such coverage or insurance is mandatory or merely elective under law. If the Contractor is exempt, they shall provide written confirmation of status for Matanuska-Susitna Borough to waive this requirement.

Other Insurance Provisions

The General Liability and Automobile Liability policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The Matanuska-Susitna Borough, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of **both** CG 20 10 and CG 20 37 or CG 38 and CG 20 40 (or most current state approved forms or their equivalents). If the contractor does not utilize subcontractors, CG 20 33 and CG 20 39 or their state approved equivalent may be used. Any form that does not grant additional insured status for both the ongoing operations and products/completed operation coverage IS NOT ACCEPTABLE.

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary coverage at least as broad as ISO CG 20 01 04 13 (Most Current State Approved Form or its equivalent) as respects the Matanuska-Susitna Borough, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the Matanuska-Susitna Borough, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the Matanuska-Susitna Borough.

Waiver of Subrogation

Contractor hereby grants to Matanuska-Susitna Borough a waiver of any right to subrogation which any insurer of said Contractor may acquire against the Matanuska-Susitna Borough by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the Matanuska-Susitna Borough has received a waiver of subrogation endorsement from the insurer. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the Matanuska-Susitna Borough for all work performed by the Contractor its employees, agents, and subcontractors.

Self-Insured Retentions

Self-insured retentions must be declared to and approved by the Matanuska-Susitna Borough. The Matanuska-Susitna Borough may require the Contractor to purchase coverage with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or Matanuska-Susitna Borough.

Acceptability of Insurers

Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the Matanuska-Susitna Borough.

Verification of Coverage

Contractor shall furnish the Matanuska-Susitna Borough with original Certificates of Insurance including all required amendatory endorsements (or copies of the applicable policy language effecting coverage required by this clause) and a copy of the Declarations and Endorsement Page of the CGL policy listing all policy endorsements to Matanuska-Susitna Borough before work begins. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The Matanuska-Susitna Borough reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Special Risks or Circumstances

Matanuska-Susitna Borough reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.