Recreational Trail/Recreational Development Project Request

The following project request form must be completed by the Proponent and submitted to the Beltrami County Natural Resource Management (NRM) Department for approval.

The following conditions apply to all trail development, improvement activities, or recreational development projects on lands managed by the NRM Department:

- Proponent may be responsible for any and all required permits (i.e. water crossings) or grant applications as determined by the NRM Department.
- Proposed projects may be subject to competitive bid process as determined by the NRM Department. This could entail sending a quote request with detailed project description to a minimum of three contractors. (See page 4-5 for a template.)
- NRM Department may require a design approval from a licensed civil engineer, architect, or landscape architect.
- Contractor(s) must be properly insured and qualified to perform required tasks.
- Proposed project must be designed for safe use by the public.
- Proponent must attach map(s) and other documentation providing sufficient detail and information pertaining to the proposed project. Consider impacts to other user groups during the implementation and maintenance phases of the project.
- Any unauthorized activities by the Proponent may be charged with a “land use trespass” and possibly be ordered to restore the area to its previous condition (M.S. 92.70).

A request for a five (5) year “General Maintenance” plan submitted by the Proponent or affiliated User Group may be required by the NRM Department. The complete request must include a general time frame for each activity (i.e. mowing in June and August, clearing deadfalls in September, etc.).

Please completely answer the following questions:

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<tr>
<th>Name of Organization</th>
<th>Contact Person</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Daytime Telephone Number</th>
<th>Evening Telephone Number</th>
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<tr>
<th>Fax</th>
<th>Cellular/ Pager Number</th>
<th>Email Address</th>
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1. Name of Project: ____________________________________________________________

2. Location
   a. Township:________ Range: _______ Section: ________
3. What is the purpose of this project?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Total estimated cost: $ ________________
   a. Who will be covering these costs?
      _______________________________________________________________________
      _______________________________________________________________________
   b. Are you seeking supplemental funding from the NRM Department for this project?
      _______________________________________________________________________
      _______________________________________________________________________
   c. Are funds set aside for upkeep and maintenance?
      _______________________________________________________________________
      _______________________________________________________________________

5. List equipment to be used:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. Does the Proponent have a recorded easement for this portion of trail or site?
   a. Yes ____________
   b. No ____________

7. Dates of Project:
   a. Proposed starting date:________________________________
   b. Proposed completion date:_____________________________

8. General Maintenance (if applicable). Please list additional maintenance requirements if necessary.

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Indicate by “X” which months this work will occur.
If a recreational facility/development, please explain how and who would be responsible for maintenance?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

The above plan is complete to the best of our knowledge and would be carried out to the best of our abilities.

Proponent ________________________ Date ________________________

The above Recreational Trail Development and Improvement proposal has been approved by the NRM Department.

Land Commissioner ________________________ Date ________________________

Recreational Trail Development and Improvement project as approved by the NRM Department is valid for a period of _______ months from the Land Commissioner signing date.
Recreational Trail/Recreational Development Project Quote Request

QUOTE REQUEST: (Brief description and timeline of project)

INTRODUCTION: (Declare request for quote, location of proposed project, and deadline to submit a quote)

*Note: Beltrami County reserves the right to reject any and all bids.

PERFORMANCE BOND: A 10% performance bond will be required for this project.

EQUIPMENT/SEASONAL RESTRICTIONS: (Identify any specialized equipment, certifications, seasonal considerations or other restrictive conditions specific to completing the project)

PROJECT SCOPE: (Define the nature of the project, e.g. one task or multiple components, ongoing or one-time job. Include maps and other supplemental reference information as appropriate)

SITE REVIEW: (Identify who will be available to review and explain the scope of the project. Recommend that before submitting a quote the contractor meets with the designated representative to evaluate the project)
Recreational Trail/Recreational Development Project Quote Request

20XX ~ (name of project) Quote

Please submit your quote on this sheet, in a sealed envelope, by ____ (time), __ (date), 20XX. Envelope to be marked “project name” and must be submitted to ____________ (location). Please attach copies of any necessary certification documents.

Name of Company: ________________________________

Phone Number: ________________________________

Address: ________________________________

Name of Contact Person: ________________________________

Signature of Owner: ________________________________

Total Cost for Project: $____________________
(Quote to determine bid)

Project completion date is on or before _____________ (date) 20XX.

Cost break down if multiple components: (Complete only when applicable)

SEGMENT "A": $______________

SEGMENT "B": $______________

TOTAL: $____________________