



# FUNDING REQUEST 2025-2026

Non-Profit ♦ 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 Only)
Truck Hauling Miles Requested	Grooming Miles Requested	Of the total value of the applicant contribution plus funding requested from State Parks, what is the percentage from:  <b>State %</b> (Total funds requested divided by total value x 100) <b>Applicant %</b> (Total funds divided by total value x 100)
Previous Years Truck Hauling Miles Allotted (State Parks Use)	Previous Years Grooming Miles Allotted (State Parks Use)	
Total Applicant Contributions (Dollars / In-Kind Services / Materials)	\$	

## APPLICANT INFORMATION

APPLICANT NAME	NAME OF REPRESENTATIVE
APPLICANT MAILING ADDRESS	TITLE
CITY, STATE, ZIP	E-MAIL ADDRESS
TELEPHONE NUMBER & EXTENSION	ALTERNATE E-MAIL/PHONE 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 <sup>st</sup> Tuesday, 7:00pm)	

# Detailed Season Summary

## 2024-2025 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: \_\_\_\_\_

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

\_\_\_\_\_ % Nordic \_\_\_\_\_ % Snowshoe \_\_\_\_\_ % Skijoring \_\_\_\_\_ % Sledding \_\_\_\_\_ % Snowmobiling

\_\_\_\_\_ % Snowbiking/Tracked UTV \_\_\_\_\_ % 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 authorized 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 trail names, numbers, miles and frequency. Was permission to groom these additional trails obtained? (yes or no)

## SIGN, MAPS, TRAIL BLAZERS, SNOW POLE ORDERS

Download trail maps, signs, and snowpole order forms from our sports program funding webpage, bottom of page.

<https://parks.wa.gov/about/grants/sports-funding-program>

## FUNDING

1) Amount Spent \$ \_\_\_\_\_  
2024-2025

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

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

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## Trails and Map Miles Summary

**1. Show actual grooming information for last winter season.**

<b>TRAIL GROOMING MILES</b> <i>List the trail grooming miles for each trail system groomed.</i>							
	Trail Name or Road Number	From which Sno-Park	Map Miles	Trip Miles	Trips per Week	Trips Per Season	Total Miles
<i>TOTAL grooming miles for trail systems listed above:</i>				<b>Actual 24-25</b>		<i>miles</i>	

**2. Show requested grooming information for next winter season.**

<b>TRAIL GROOMING MILES ADJUSTED FOR 2025-2026</b> <i>(16-week season)</i>							
<ul style="list-style-type: none"> <li>▪ List any grooming changes for next season. If no changes leave blank.</li> <li>▪ Total miles should not change from previous season. Use priority 5 Application for new funding increases.</li> <li>▪ Grooming schedules will be required by <b>October 17, 2025</b>.</li> </ul>							
	Trail Name or Road Number	From which Sno-Park	Map Miles	Trip Miles	Trips per Week	Trips Per Season	Total Miles
<i>TOTAL grooming miles for trail systems listed above:</i>				<b>Proposed 25-26</b>		<i>miles</i>	

## COST SUMMARY

FOR ONGOING TRAIL GROOMING AND HAULING TRUCK FUNDING ONLY

**NOTE: ORIGINAL APPLICATION ON FILE, ONLY UPDATE FIELDS WITH CHANGES SINCE LAST SEASON.**

PROJECT TYPE <b>Trail Grooming (&amp; Hauling Truck)</b>	AGENCY	TELEPHONE NUMBER (       )			
(A) THROUGH (E) BELOW IS OPTIONAL FOR SPONSORING CLUB/COUNCILS FILLING OUT THIS APPLICATION:					
<p>(A) <b>TYPE OF COST</b> – ITEMIZE ALL COST TYPES, i.e., salaries, maintenance, construction, equipment, supplies, etc.          (B) <b>PROGRAM FUNDS BEING REQUESTED</b> – DOLLAR AMOUNT FOR EACH COST TYPE.          (C) <b>NATURE OF MATCHING, COST SHARING OR VOLUNTEER SERVICES PROVIDED</b> – EXPLAIN WHAT SUCH SERVICES ARE.          (D) <b>VALUE OF MATCHING, COST SHARING OR VOLUNTEER SERVICES PROVIDED</b> – ESTIMATE THE VALUE OF SUCH SERVICES.          (E) <b>SOURCE OF MATCHING, COST SHARING FUNDS OR VOLUNTEER SERVICES PROVIDED</b> – IDENTIFY WHETHER THEY ARE COUNTY/STATE GENERAL FUNDS, FEDERAL AGENCY FUNDS, LOCAL CLUB FUNDS, VOLUNTEER HOURS, ETC.</p>					
Type of Cost (A)	Grooming Funds Requested (B)	Hauling Truck Funds Requested (B)	Nature of Matching/Cost Sharing Funds or Volunteer Service Provided (C) *	Value of (C) (D) *	Source of Matching/Cost Sharing Funds or Volunteer Service Provided (E) *
Operator Salary/Benefits	\$			\$	
Program Administration	\$			\$	
Postage/Telephone	\$			\$	
Snow Cat Maintenance/ Parts/Labor	\$			\$	
Hauling Truck Maintenance/Parts/Lab	\$	\$		\$	
Fuel, oil, grease	\$	\$		\$	
Storage (Rental)	\$			\$	
Trail Maintenance	\$			\$	
Signing	\$			\$	
Miscellaneous (explain)	\$			\$	
	\$			\$	
<b>TOTALS</b> (enter totals from Page 1)	\$	\$		\$	
Any major snow cat breakdowns? Yes/No	Length of down time?		Explain type of breakdown:		
What type(s) of snow groomer(s) are currently being used?					
Make	Model	Year	Season Beg Hrs	Season End Hrs	Season Total Hrs
Make	Model	Year	Season Beg Hrs	Season End Hrs	Season Total Hrs
Make	Model	Year	Season Beg Hrs	Season End Hrs	Season Total Hrs

## 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. In some instances, a grant will be awarded provided the Applicant meets Program requirements.*

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

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Signature of Applicant

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Printed Name and Title of Applicant

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Date

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Signature of Grooming Council Representative

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Printed Name and Title of Grooming Council Rep.

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Date

## List of Landowner Permission Documents

You are required to obtain written permission from all landowners for WA State Parks and Recreation Commission to provide winter recreational services on land which this project 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* (see following pages). This must be submitted either with the application or by the due date.

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 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.**