



Resolution 04:03-15

City of East Gull Lake
10790 Squaw Point Rd
East Gull Lake MN 56401

2015-2016 Minnesota Trail Assistance Program Application

BE IT RESOLVED the City Council of the City of East Gull Lake, Cass County, Minnesota approves the Minnesota Trail Assistance Program Application for grant-in-aid cross country ski trails, known as the Pine Beach Ski Trail, in the City of East Gull Lake for 2015-2016.

BE IT FURTHER RESOLVED the Mayor and City Clerk are authorized to sign the Minnesota Trail Assistance Program Agreements whereby the City of East Gull Lake will act as sponsoring agent.

Motion: Councilor Ruttger Second: Councilor Lang

Voting for: Councilors, Lang, Hoffman, Demgen, Ruttger, Mayor Kavanaugh

Voting against: _____

Dave Kavanaugh
Dave Kavanaugh Mayor

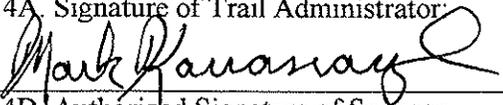
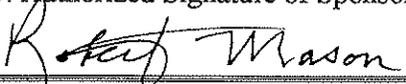
[Signature]
City Administrator

Date: April 7, 2015



MINNESOTA CROSS-COUNTRY SKI TRAIL ASSISTANCE PROGRAM MAINTENANCE AND GROOMING REQUEST FOR REIMBURSEMENT

| | | | | | |
|--|--|---|---|---|-------------------|
| 1. Trail/Club Name: Pine Beach Ski Trails | | 2. Unit of Government Sponsor: City of East Gull Lake | | 3. Date of Request: 4-3-2015 | |
| 4. Reimbursement Period Start Date (For This Request): 10-27-2014 | | | 5. Reimbursement Period End Date (For This Request): 3-31-2015 | | |
| 6. Expenditures | | | | | TOTAL |
| 6A. ADMINISTRATION Explanation: | | | | | \$ |
| 6B. ACQUISITION Explanation: | | | | | \$ |
| 6C. RELOCATION Explanation: | | | | | \$ |
| 6D. FACILITIES Explanation: | | | | | \$ |
| 6E. MAINTENANCE (Attach Work Log) Explanation: Preparation and repair of entire trail system for season | | | | | \$ 1224.00 |
| 6F. TRAIL SYSTEM MAP PRINTING (Include the Number of Maps Printed, Attach One Copy) Explanation: | | | | | \$ |
| 6G. TRAIL GROOMING (Attach Grooming Log), (Up to 90% Reimbursable) Explanation: All trails packed 10' wide (tracking wasn't possible due to low snow). | | | | | \$ 658.00 |
| 6H. LIABILITY INSURANCE (Up to 90% Reimbursable, Maximum Reimbursement of \$1,500) Explanation: | | | | | \$ |
| 7. Total Cost | | 8. Grant Eligible Request | | 9. Available Grant Funds | |
| 7A. Sub-Total 6A – 6F: \$ 1224.00 | | 8A. Sub-Total at 65% (7A X 65%): \$ 795.60 | | 9A. Carry-Forward Grant Balance: \$ 0 Year: | |
| 7B. Sub-Total 6G & 6H: \$ 658.00 | | 8B. Sub-Total at 90% (7B X 90%): \$ 592.20 | | 9B. Current Grant Balance: \$ 7700.00 Year: 2015 | |
| 7C. Total Cost (7A + 7B): \$ 1882.00 | | 8C. Total Eligible Request (8A + 8B): \$ 1387.80 | | 9C. Total Available Grant Funds (9A + 9B): \$ 7700.00 | |
| 10A. Request From Carry-Forward Grant (From 9A Amount): \$ 0 Year: | | | 10B. Request From Current Grant (From 9B Amount): \$ 1387.8 Year: 2015 | | |
| 11A. Carry-Forward Grant Balance (After Request) (9A – 10A): \$ 0 Year: | | | 11B. Current Grant Balance (After Request) (9B – 10B): \$ 6312.20 Year: 2015 | | |

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|--|--|--|--|
| 12. Development/Maintenance Accomplishments | | 13. Grooming Accomplishments | |
| 12A. Trail Miles Developed/Maintained To-Date: Description: 26 | | 13A. Miles of Trail System Groomed (This Request Only): 26 | |
| 12B. Bridges Developed/Maintained To-Date: Description: 0 | | 13B. Trail Width: 12' | |
| 12C. Parking Areas Developed/Maintained To-Date: Description: 3 | | 13C. Miles Traveled by Grooming Equipment (This Request Only): 38 | |
| 14. Sponsor Approval | | | |
| I hereby certify that the materials and/or services shown on this document and/or attached invoices have been delivered, that this is my only original invoice and is correct and just and that no part of same has been paid. | | | |
| 14A. Signature of Trail Administrator:  | | 14B. Telephone Number: 218-829-5226 | 14C. Date of Signature: 4-3-15 |
| 14D. Authorized Signature of Sponsor:  | | 14E. Title: City Administrator | 14F. Date of Signature: 4-3-15 |
| 15. Required Checklist | | | |
| 15A. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Any Bids Required? | | | |
| 15B. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Original Signatures? | | | |
| 15C. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Signed Work Logs and Grooming Logs? | | | |
| 15D. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Invoices Included for Purchases and Services Over \$100.00? | | | |

| DEPARTMENT USE ONLY | | | | |
|--|-----|--------------|---------|-----------------|
| THIS INVOICE APPROVED FOR PAYMENT BY: | | | | |
| Area Trails & Waterways Supervisor | | Signature: | | Date: |
| Partial | FY: | CFMS Number: | Amount: | Invoice Number: |
| Final | | | | |
| Partial | FY: | CFMS Number: | Amount: | Invoice Number: |
| Final | | | | |