



FUNDING REQUEST 2025-2026

Government ♦ Ongoing ♦ Trail Grooming

Report and request for continued funding

Motorized **Non-Motorized**

For State Parks Use Only	
Priority	2 nd , 3 rd yr

GROOMING AREA – TRAIL SYSTEM NAME		GROOMING MILES ALLOTTED (State Parks Use)
TRUCK HAULING MILES REQUESTED	GROOMING MILES REQUESTED	GROOMING FUNDS (STATE PARKS USE) \$

APPLICANT INFORMATION

APPLICANT NAME	NAME OF REPRESENTATIVE
APPLICANT MAILING ADDRESS	TITLE
CITY, STATE, ZIP	E-MAIL ADDRESS
TELEPHONE NUMBER & EXTENSION	ALTERNATE E-MAIL/PHONE

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 st Tuesday, 7:00pm)	

CURRENT CONTRACTOR INFORMATION

COMPANY NAME	NAME OF REPRESENTATIVE
MAILING ADDRESS	TITLE
CITY, STATE, ZIP	E-MAIL ADDRESS
TELEPHONE NUMBER & EXTENSION	ALTERNATE E-MAIL/PHONE

Detailed Season Summary

2024-2025 SEASON

1) Based on last year's log "Trail Grooming Season Totals", please answer the following:

Date season started: _____ Date season ended: _____ Total hours grooming: _____

Preventative maintenance hours: _____ Repair hours: _____ Administrative hours: _____

Total hours: _____ Gas/Diesel Used (in Gallons): _____

2) At the end of last season, was there still snow? _____ Was the trail system still being used? _____

3) Estimate the number of visitor days and method used to track this: _____

4) 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 trails name, number, miles and frequency. Was permission to groom these additional trails was obtained? (yes or no)

EQUIPMENT

1) Provide date range(s) that grooming was not conducted due to equipment down time. What back-up plan was implemented?

2) Estimate the longevity of primary machine. When will this machine need replacing? _____

FUNDING

1) Amount Spent \$ _____
2024-2025

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

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

Trails and Map Miles Summary for 2024-2025

1. Show actual grooming information for last winter season.

a. TRUCK MILES <i>List below the round-trip trucking miles for each trip to trail/road for grooming trails.</i>						
	Sno-Park Name or Trailhead Name	Map Miles	Trip Miles	Trips per Week	Trips per Season	Total Miles
<i>TOTAL hauling snow groomer miles for areas listed above:</i>				Actual 24-25 <i>miles</i>		
<i>TOTAL personnel transport miles for areas listed above:</i>				Actual 24-25 <i>mile</i>		

b. TRAIL GROOMING MILES <i>Based on a 16-week grooming season, 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>					Actual 24-25 <i>miles</i>		

2. Review the State Parks PDF map (found on <https://parks.wa.gov/find-sno-parks>) for all groomed trail systems in your area. If there are factual errors, please print and make changes in red. The map only needs to be attached if there are changes. Please attach all maps affected by this change.

Yes, there are changes to trail systems (maps attached). No, there are no changes this year.

Trails and Map Miles Plan for 2025-2026

1. For budgeting purposes and to provide a grooming schedule – Estimate expenditures for a 16 week season.

a. TRUCK MILES <i>List below the round trip trucking miles for each trip to trail/road for grooming trails.</i>						
	Sno-Park Name or Trailhead Name	Map Miles	Trip Miles	Trips per Week	Trips per Season	Total Miles
<i>TOTAL hauling snow groomer miles for areas listed above:</i>				Proposed 25-26		<i>miles</i>
<i>TOTAL personnel transport miles for areas listed above:</i>				Proposed 25-26		<i>miles</i>

b. TRAIL GROOMING MILES <i>(16 week season)</i>							
<ul style="list-style-type: none"> ▪ List any grooming changes for next season. ▪ Total miles should not change. Use priority 5 Application for trail system increases. ▪ Grooming schedules will be required by October 17, 2025. 							
	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>				Proposed 25-26		<i>miles</i>	

COST SUMMARY

FOR ONGOING TRAIL GROOMING AND HAULING TRUCK FUNDING ONLY

PROJECT TYPE Trail Grooming (& Hauling Truck)	AGENCY	TELEPHONE NUMBER ()			
<p>(A) TYPE OF COST – ITEMIZE ALL COST TYPES, i.e., salaries, maintenance, construction, equipment, supplies, etc. (B) PROGRAM FUNDS BEING REQUESTED – DOLLAR AMOUNT FOR EACH COST TYPE. (C) NATURE OF MATCHING, COST SHARING OR VOLUNTEER SERVICES PROVIDED – EXPLAIN WHAT SUCH SERVICES ARE. (D) VALUE OF MATCHING, COST SHARING OR VOLUNTEER SERVICES PROVIDED – ESTIMATE THE VALUE OF SUCH SERVICES. (E) SOURCE OF MATCHING, COST SHARING FUNDS OR VOLUNTEER SERVICES PROVIDED – 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	\$	\$		\$	
Gov't Fleet Miles	\$	\$		\$	
Storage (Rental)	\$			\$	
Trail Maintenance	\$			\$	
Signing	\$			\$	
Miscellaneous (explain)	\$			\$	
	\$			\$	
TOTALS (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

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 agreement will be modified to reflect the approved budget, or a new annual agreement will be executed with the Applicant Agency.

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

Signature of Applicant

Printed Name and Title of Applicant

Date

Signature of Grooming Council Representative

Printed Name and Title of Grooming Council Rep.

Date

List of Landowner Permission Documents

You are required to obtain written permission from all landowners for State Parks to provide winter recreational services on land which this activity 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 following *Winter Recreation Use Permit*. This must be submitted by **June 1, 2025**.

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 attached with this application or will be received by June 1, 2025.

Signature of Authorized Representative

Printed Name and Title

Date

PLEASE NOTE:
COPY OF ORIGINAL DOCUMENTS MUST BE ATTACHED.
ALL DOCUMENTS MUST BE CURRENT.