



# FUNDING REQUEST 2025-2026

Education and Enforcement ♦ Ongoing  
*Report and request for continued funding*

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

**Motorized**       **Non-Motorized**

PATROL AREA – Provide name of Sno-Parks / Trail System(s) patrolled	
TOTAL FUNDS REQUESTED	
\$      Motorized	\$      Non-Motorized
TOTAL FUNDS / IN-KIND SERVICES / MATERIALS PROVIDED	TOTAL VALUE OF PARTNERSHIP
\$	\$

## APPLICANT INFORMATION

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

CONTACT PERSON (if different than above)	TITLE
MAILING ADDRESS (if different than above)	E-MAIL ADDRESS
CITY, STATE, ZIP	TELEPHONE NUMBER & EXTENSION

# Ongoing Education & Enforcement Report and Request for Continued Funding Summary Sheet

List the Sno-Park, single vehicle capacity and estimated average percentage of vehicle use for each (if additional space is needed, add an additional sheet).

Sno-Park Name	Vehicle Capacity	Estimate Average Percentage of Vehicle Use	
		Weekends/Holiday	Weekday
		Non-snowmobile Users/Snowmobile	Non-snowmobile Users/Snowmobile Users
_____	_____	/	/
_____	_____	/	/
_____	_____	/	/
_____	_____	/	/
_____	_____	/	/
_____	_____	/	/
_____	_____	/	/
_____	_____	/	/

1. Date enforcement began \_\_\_\_\_, 2024. Date enforcement ended \_\_\_\_\_, 2025.
2. a. How many officer days per season did your agency provide education/enforcement? \_\_\_\_\_  
 b. Of the total days per season, how many officer\* days per weekday did your agency provide education/enforcement?  
 \_\_\_\_\_ Sun    \_\_\_\_\_ Mon    \_\_\_\_\_ Tues    \_\_\_\_\_ Wed    \_\_\_\_\_ Thurs    \_\_\_\_\_ Fri    \_\_\_\_\_ Sat  
\*Officer days – any portion of a day when one officer is educating/enforcing (one day/two officers = two officer days).
3. This past season, how many calendar days did your agency provide education/enforcement? \_\_\_\_\_
4. What is the average number of Sno-Park visits per officer day. \_\_\_\_\_
5. Average amount of time spent in each Sno-Park visited: \_\_\_\_\_
6. What percentage of patrol hours occur on:
  - a. Weekends/holidays \_\_\_\_\_% + Weekdays \_\_\_\_\_% = 100%
  - b. Parking lot patrol \_\_\_\_\_% + Trail patrol \_\_\_\_\_% = 100%
7. Total number of personal contacts for season. \_\_\_\_\_
8. Total number of users in areas patrolled for season. \_\_\_\_\_
9. a. Total number of vehicles parked in Sno-Parks for season. \_\_\_\_\_  
 b. What is your formula/method to determine the count? \_\_\_\_\_
10. Number of citations issued. \_\_\_\_\_ Of this total, \_\_\_\_\_ are parking and \_\_\_\_\_ are on trails.  
 Number of citations for registration violations \_\_\_\_\_
11. Number of warnings issued. \_\_\_\_\_ Reason(s) (Top 3 reasons):  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
12. Please give an approximate percentage for the following:  
 \_\_\_\_\_% of personal contacts resulting in a citation or warning being issued.  
 \_\_\_\_\_% of vehicles displaying a valid sno-park permit during parking lot patrol

\_\_\_\_\_ % of snowmobiles displaying a valid registration during trail patrol.

13. Do the officers employed under the funding provided have the authority to issue citations? \_\_\_\_\_
14. Provide a brief summary of the 2024-2025 season to include:
  - a) A description of an average education/enforcement day and participation in safety training classes, local grooming council meetings, area trail council meetings, etc.
  - b) Describe your complaint process (how are they recorded and tracked), the number and kind of complaints received, recurring themes and issues, and any known conflict between user groups.
14. How is on the trail enforcement provided? What would you need to make on the trail enforcement more effective?
15. How is Sno-Park enforcement provided? What would you need to make Sno-Park enforcement more effective?

# RESUME

NOTE: THIS APPLICATION IS FOR  
ONGOING EDUCATION & ENFORCEMENT REPORT AND REQUEST FOR CONTINUED FUNDING  
ONLY

APPLICANT AGENCY	
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- (A) **TYPE OF COST** – ITEMIZE ALL COST TYPES, i.e., salaries, benefits, vehicle operation, supplies, etc.  
 (B) **FUNDS BEING REQUESTED** – DOLLAR AMOUNT FOR EACH COST TYPE.  
 (C) **NATURE OF MATCHING, COST SHARING OR VOLUNTEER SERVICES PROVIDED** – EXPLAIN SERVICES PROVIDED.  
 (D) **VALUE OF MATCHING, COST SHARING OR VOLUNTEER SERVICES PROVIDED** –  
 (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.

Type of Cost (A)	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) *
Officer/Ranger Salaries/ Benefits	\$		\$	
Vehicle Operation Costs	\$		\$	
Mileage	\$		\$	
Other	\$		\$	
Administration	\$		\$	
Other (Please describe)	\$		\$	
<b>TOTALS</b> (should match totals on Pg 1)	\$		\$	

Total number of volunteer or donated hours provided for this area last season and type(s) of volunteer or donated work performed.  
 Example: local grooming council participation, safety class training  
 \* Volunteer or donated hours cannot be duplicated in other applications and have to relate to enforcement.

Funds Requested		Fund Contributed	
Salaries Ex: GS-11	Days 5 @ \$190 = \$950	Salaries	
Position name Hourly rate	Days @ \$ = \$	Position name Hourly rate	Days @ \$ = \$
Position name Hourly rate	Days @ \$ = \$	Position name Hourly rate	Days @ \$ = \$
Position name Hourly rate	Days @ \$ = \$	Position name Hourly rate	Days @ \$ = \$
Position name Hourly rate	Days @ \$ = \$	Position name Hourly rate	Days @ \$ = \$
	<b>Total funds requested \$</b>		<b>Total Matching \$</b>

# Agreement

*In the event funding is provided by the Washington State Parks and Recreation Commission Winter Recreation Program, a cooperative or funding agreement of one to five years will be offered to the Applicant that will prescribe how the funding is to be utilized and how to apply for reimbursement for services provided.*

*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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