

Applications: BLANK SUPPLEMENTAL OHV APPLICATION

Profile

Supplemental Grant Application

Section I. Grant Application

Please be sure to fill out the budget section before submitting the pre-application. For help with filling out the budget section, see the budget portion of the eCivis help doc by [Clicking Here](#)

- Current Volunteer Rate: \$28.54
- Current Mileage Reimbursement Rate \$0.445/mile

Organization Name

Project Title:

Project Sponsor Address:

Project Type:

City:

Zip code:

Company/Agency/Organization Website:

Project Coordinator Name:

Job Title:

E-mail:

Phone:

Secondary Project Coordinator Name:

Job Title:

E-mail:

Phone:

Project Information

[Click on this link to verify your Congressional and Arizona Legislative Districts](#)

Provide nearest town / city to project location:

Program/Project Congressional District (check all that apply)

Program/Project Legislative District (check all that apply)

County (Select all that apply)

Summarize the project proposal including scope and nature of what is to be accomplished with the funds that you will receive:

Upload Project Timeline:

Profile:

Applicant Information

Tell us about you.

Linked Applicant

First name

Last name

Email

Title

Company

Company Website

City

State

Organization Information

Tell us about your organization.

Organization Name

Employer Identification Number (EIN)

DUNS

Authorized Representative

Business/Finance Representative

Organization Address

Address

Address 2

City

State

County

Congressional District/Region

Zip

Phone

Phone Extension

Fax

Authorized Representative (if different from above)

Name

Title

Email

Phone

Business/Finance Contact (if required)

Name

Title

Email

Phone

Additional Documents: [29887935](#)

Linked Form to Applications

Upload Additional Documents Here:

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Additional Documents: File Attachments

Upload Additional Documents Here:

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Linked Form to Applications

Are you applying for a Law Enforcement Grant?

Mark this form as complete and please move to the next form in the application

Linked Form to Applications

Supplemental Programs Maps & Photos

Instructions

RECOMMENDATIONS

Maps: If you are submitting more than one (1) map please combine all maps into one (1) file, convert to a PDF document and then upload to this section.

Photos: If you are submitting more than one (1) photo please combine all photos into one (1) file, convert to a PDF document and then upload to this section.

Maps

Photos

Maps & Photos: File Attachments

Maps

Photos

Linked Form to Applications

Instructions:

The authorized official for your agency must sign (Type) in the space provided below. We no longer need a handwritten signature on these documents or a hard copy of the application. However, for the electronic signature process to work the authorized official must also be registered in eCivis with their own unique username and password.

If your supervisor is required to sign grant documents please have your supervisor contact Parks staff at 480-340-1305 for assistance. You cannot sign (Type) on-behalf of your supervisor.

Certification

Certification & Authorized Signature Requirements:

1. The certified application form can be electronically signed and dated by the individual authorized to act on behalf of the project sponsor entity / organization in conducting all official business related to the project

EXCEPTION:

1. **FOREST SERVICE APPLICANTS:** Per request, Forest Service staff may opt out of electronic signature and provide a hard copy signature of this form. Print this form, collect required signature from the District Supervisor and upload sign Certification Form in the space provided.
2. **BUREAU OF LAND MANAGEMENT APPLICANTS:** District/Field Manager signatures are required. BLM District/Field Managers may register in WebGrants and sign this form electronically or follow the FS signature process If needed.

INSURANCE REQUIREMENTS

PROJECT SPONSOR and sub-contractors must procure and maintain occurrence-based insurance policies that cover claims for injury or death to persons or damage to property that may arise from or in connection with the performance of the work hereunder by the PROJECT SPONSOR, its agents, representatives, employees or sub-contractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the PROJECT SPONSOR from liabilities that might arise out of the performance of the work under this contract by the PROJECT SPONSOR, its agents, representatives, employees or sub-contractors, and PROJECT SPONSOR is free to purchase additional insurance.

Minimum Scope and Limits of Insurance: PROJECT SPONSOR shall provide coverage with limits of liability not less than those stated below.

1. Commercial General Liability – Occurrence Form
Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.
 - General Aggregate \$2,000,000
 - Products – Completed Operations Aggregate \$1,000,000
 - Personal and Advertising Injury \$1,000,000
 - Blanket Contractual Liability – Written and Oral \$1,000,000
 - Fire Legal Liability \$50,000
 - Each Occurrence \$1,000,000

a. The policy must be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the PROJECT SPONSOR."

b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the PROJECT SPONSOR.

I acknowledge and understand that our agency is required to provide proof of liability insurance at the time of project signature if the grant is awarded.

Proof Of Insurance Acknowledgement

Upload Proof of Insurance here:

Certificate.pdf

DISABILITIES ACT AND COMPLIANCE Title II, Americans with Disabilities Act of 1990 P.L. 101-336, 42 U.S.C. Chapter 126 THE UNDERSIGNED ACKNOWLEDGES AWARENESS OF AND THE RESPONSIBILITY TO COMPLY WITH THE FOLLOWING:

Title II, of the Americans with Disabilities Act, (“ADA”) and federal department regulations on its implementation.

It is understood that recipients of Arizona State Park & Trails project funds are required to comply with Title II of the ADA and those regulations of federal departments and agencies on its implementation. The ADA and federal department regulations mandate that: No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any public entity. See 28 CFR Part 35.

This assurance is effective as of the date of state approval of funds and throughout the period during which real or personal property is used.

A signature page with the following information must be signed by the Authorized Agent and uploaded below to complete this application

I hereby certify that the information in this application is true and correct and that our agency agrees to comply with all appropriate procedures, guidelines, and requirements established by Arizona State Parks & Trails.

Project Sponsor Name:

Authorized Agent:

Title:

Contact Information:

Date:

Authorized Agent Signature Page

Certification Form: File Attachments

Upload Proof of Insurance here:

Authorized Agent Signature Page