



State of Maine
Department of Inland Fisheries & Wildlife
Bureau of Warden Service

All-Terrain Vehicle Enforcement Grant Applications

Applicant Information

1. Applicant's Name/Agency: _____
Applicant's Address: _____
City, State, Zip: _____
2. Federal Tax Identification Number: _____
(application is invalid without tax ID)
3. Project Representative/Project Contact Person: _____
4. Name of Person Authorized to sign an Agreement/Contract: _____
5. Address: _____
City, State, Zip: _____
6. Telephone numbers: _____
7. E-mail Address: _____
8. Name of Financial Contact: _____
9. Telephone Number of Financial Contact: _____
10. Address: _____
(payment will be sent to this address)

Project Information

If applying for a multi-jurisdictional grant, a letter of intent from all participating agencies must accompany application

11. Grant Categories – Project Type:
General ATV Enforcement ; Multi-Jurisdictional Enforcement ; or Training & Equipment
12. Name of Project: _____
(do not use the project type as the name)
13. Amount of Grant Funds Requested: _____
14. Amount of Available Match: _____
15. Total Project Cost: _____

16. If you receive grant-funding do you have authorization in place to received and expend awarded grant funds? Yes No

17. Project Begin Date: _____ Project End Date: _____

18. Project Description (*please attach a separate sheet if necessary*):

19. City/Town (town closest to site): _____

State Legislative District and Representative: _____

20. Please list names of groups or individuals that support this project. Please include their telephone numbers and email addresses.

21. ATV Project Funding & Budget Worksheet

Item	Grant Request	Match	Total Project Cost
Cash			
Cash on Hand			
Cash Donations			
Volunteer Labor			
User Fees			
Law Enforcement			
Vehicle Cost			
Labor Costs			
Equipment Costs (ATV)			
Other Costs (Aircraft)			
Sub-Totals			
Grant Funds Requested			
Match Funds			
Total Project Costs			

You may attach additional paper if you have items you wish to purchase that are not listed on this form.

I certify to the best of my knowledge that all information listed on this applications is accurate

signature of applicant

Please mail completed application to:
William F. Allen, Grant Coordinator
8 Federal Street
167 State House Station
Augusta, ME 04333-0167

For more information, please contact Bill Allen:
Email: bill.allen@maine.gov
Phone: (207) 287-4080