



**MATANUSKA-SUSITNA BOROUGH  
COMMUNITY DEVELOPMENT DEPARTMENT**

350 East Dahlia Avenue • Palmer, AK 99645  
Phone (907) 861-8631 • Fax (907) 861-8635  
E-mail: [lmb@matsugov.us](mailto:lmb@matsugov.us)

**FY23 WINTER TRAIL GROOMING & CARE APPLICATION  
REQUEST FOR FUNDING**

**\*Grant Requires 50% Match**

**\* Grant Requires Proof of Certificate of Liability Insurance (See Exhibit A)**

**CONTACT INFORMATION:**

Organization:		Contact Person	
Mailing Address:			
City:		AK Zip Code:	
Phone:		Cell:	
Email:			

**TYPE OF ORGANIZATION:**

	Business Corporation		Individual
	Nonprofit Corporation		Other -
<b>**PLEASE PROVIDE A COPY OF YOUR MSB BUSINESS LICENSE**</b>			

**VALID TRAIL CARE AGREEMENT ON FILE?** ☐ Yes ☐ No

<b>NAME OF TRAIL(S) YOU PROPOSE TO GROOM &amp; MAINTAIN WITH FUNDS: (Please attach a map of the trails)</b>	<b>TRAIL MILES</b>	<b>TYPE OF TRAIL (Motorized / Non-motorized / Both)</b>

**Is trail to be maintained within a borough or state maintained area?**

If not, is there a recorded public use easement for the trail? Please attach a copy of the recorded easement.

**\*Funding will not be approved if there is not a valid public use easement.**

☐ Yes ☐ No



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**PUBLIC BENEFIT:**

*Describe below how the funds will be used to benefit the publics' enjoyment of the trail.*

Estimated Number of Users Per Week:	
Trail Maintenance Start Date:	
Trail Maintenance End Date:	
How often will trail(s) be groomed per week?	
Will trail signage be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No



PROJECT DETAIL	
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ITEM	UNIT COST	QUANTITY	TOTAL
<i>*Material costs must be based on verifiable estimates or bids.</i>			
<b>TOTAL GRANT REQUEST</b>		<b>\$</b>	

IN-KIND <i>*Match can include in-kind volunteer hours, cost of rental, value of equipment, etc.</i>	UNIT COST	QUANTITY	TOTAL
TOTAL IN-KIND		\$	



**Exhibit A:  
Insurance Requirements  
General Services**

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, their agents, representatives, employees or subcontractors.

**MINIMUM SCOPE AND LIMIT OF INSURANCE**

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$1,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.

2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Symbol 1), or if Contractor has no owned autos, hired, (Symbol 8) and non-owned autos (Symbol 9), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.

3. **Workers’ Compensation:** Contractor shall ensure that, with respect to all personnel performing work on the sites, Contractor shall maintain in effect at all times during the term of this contract, coverage or insurance in accordance with the applicable laws relating to workers’ compensation and employers’ liability insurance, regardless of whether such coverage or insurance is mandatory or merely elective under law. If the Contractor is exempt, they shall provide written confirmation of status for Matanuska-Susitna Borough to waive this requirement. Contractor shall carry Employers’ Liability insurance with limits of not less than the following unless they are exempt:

Bodily injury by Accident -	\$500,000.00 each accident
Bodily injury by Disease -	\$500,000.00 each employee
Bodily injury by Disease -	\$500,000.00 policy limit

**Other Insurance Provisions**

The General Liability and Automobile Liability policies are to contain, or be endorsed to contain, the following provisions:

***Additional Insured Status***

The Matanuska-Susitna Borough, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 if a later edition is used or most current state approved form or its equivalent).

***Primary Coverage***

For any claims related to this contract, the Contractor's insurance coverage shall be primary coverage at least as broad as ISO CG 20 01 04 13 (Most Current State Approved Form or its equivalent) as respects the Matanuska-Susitna Borough, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the Matanuska-Susitna Borough, its officers, officials, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

***Notice of Cancellation***

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the Matanuska-Susitna Borough.

***Waiver of Subrogation***

Contractor hereby grants to Matanuska-Susitna Borough a waiver of any right to subrogation which any insurer of said Contractor may acquire against the Matanuska-Susitna Borough by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the Matanuska-Susitna Borough has received a waiver of subrogation endorsement from the insurer.

The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the Matanuska-Susitna Borough for all work performed by the Contractor its employees, agents, and subcontractors.

***Self-Insured Retentions***

Self-insured retentions must be declared to and approved by the Matanuska-Susitna Borough. The Matanuska-Susitna Borough may require the Contractor to purchase coverage with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or Matanuska-Susitna Borough.

***Acceptability of Insurers***

Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the Matanuska-Susitna Borough.

***Verification of Coverage***

Contractor shall furnish the Matanuska-Susitna Borough with original Certificates of Insurance including all required amendatory endorsements (or copies of the applicable policy language effecting coverage required by this clause) and a copy of the Declarations and Endorsement Page of the CGL policy listing all policy endorsements to Matanuska-Susitna Borough before work begins. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The Matanuska-Susitna Borough reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

***Special Risks or Circumstances***

Matanuska-Susitna Borough reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.