

**Bureau of Reclamation  
Recreation Use Data Report, Part II - Concessionaires  
To Be Completed By Concessionaires and Reclamation and/or Managing Partner, If Applicable**

Shaded areas to be completed by Reclamation and/or managing partner	Other areas to be completed by Concessionaire
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**Paperwork Reduction Act:** The purpose of this form is to provide information to the Bureau of Reclamation for evaluating and improving the recreation services and programs that it provides to the public. Response is voluntary. No action may be taken against you for refusing to supply the information requested. The reporting burden for this form is estimated to average 30 minutes, which includes the time for reviewing instructions and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Please direct comments regarding the burden estimate or any other aspect of these forms to the Bureau of Reclamation, Attention: 84-53000, PO Box 25007, Denver, CO 80225.

**Privacy Act Statement:** No Privacy Act Information is being collected; therefore, no direct link to the individual(s) filling out this form will be available.

<b>1. Background Information</b>				
<b>Reclamation Project:</b>				
<b>Recreation/Wildlife Area:</b>				
<b>Recreation/Wildlife Management Entity:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>
<b>E-Mail Address:</b>				
<b>Contact Name:</b>		<b>Contact Phone:</b>		
<b>Management Contract Agreement Number.:</b>				
<b>Approval Date:</b>		<b>Expiration Date:</b>		
<b>Last Reclamation Review/Inspection Date:</b>				

2. Concessions Use Authorization				
Use Authorization Title:				
Use Authorization Number:				
Name of Concession Operation:				
Legal Name of Owner(s):				
Address:				
City:		State:		Zip Code:
E-Mail Address:				
Issued By:				
Approval Date:		Expiration Date:		
Renewal Option:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Renewal Term Length:				
Concession Agreement Authority:				
Annual Financial Report Prepared:	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**3. Sub-Concessions:** Identify the sub-concessions that have been issued by the concessionaire. Leave table blank if there are no sub-concessions.

Business Name	Address	Contact Name	Authority	Service Provided

**4. Non-profit Organization/Facilities:** Identify the organization, authority used to enter into the use authorization, and the type of use provided within the concession area. Also identify the facilities owned or operated by the non-profit.

Organization	Authority and Type of Use Authorization	Type of Use Provided	Facilities Owned/Operated

**5. Twelve Month Reporting Period:**

From:  (Month/Day/Year)

To:  (Month/Day/Year)

Note: Report only requires an annual update, at the end of reporting period use, by the concessionaire

**6. Concession Area of Operation**

	Acres		Miles (decimal)
Total Area Occupied by Concession:		Concession Area Surfaced Roads:	
Total Concession Land Surface Area:		Concession Non-Surfaced Roads:	
Total Concession Water Surface Area:		Shoreline Occupied by Concession:	
		Total of all designated trails and paths:	

**7. Length of Season for Concession Operation**

**From: Month and Day**

**To: Month and Day**

Peak Season Months

Off Season Months

**8. Number of Visitors**

Number for Peak Season Reporting Period

Number for Off Season Reporting Period

Total

**9. Concession Review and Evaluation**

Date of Last Review and Evaluation:

Type of Review:

External: Yes  No

Local: Yes  No

Significant Findings:

10. Fees		
Fee Type (list all types of fees)	Fee Amount Daily	Fee Amount Annual (if applicable)

11. Revenues/Expenses For Peak and Off Season Reporting Period			
Gross Receipts:		Fees Paid To:	
Concession		Reclamation	
Sub-concession(s)		Managing Entity	
Other (identify)		Other (Identify)	
Total Gross Receipts of Concessionaire		Total Fees Paid by Concessionaire	

**12. Exclusive Uses:** If exclusive uses occur on the area, provide a description of the use and quantities:

13. Inventory of Recreation Facilities, Designated Areas, and Opportunities:											
Facility/Designated Area	No. = Total Number				DW = Drinking			E= Electricity		S = Sewer	
	No.	DW	E	S	Facility/Designated Area	No.	DW	E	S		
<b>A. Camping</b>					<b>H. Boating</b>						
Campgrounds					Boat Launch Ramps						
Total number of campsites					Vehicle/Trailer Parking Lots						
Tent only campsites					Boat ramp courtesy docks						
RV Campsites					Vault Restroom Buildings						
RV Campsites w/Hookups					Flush Restroom Buildings						
Group campsites					Marine fueling station						
Boat in campsites					Sanitary Pump Out Stations						
Shade shelters					Dry Boat Storage Locations						
Vault Restroom Buildings					Rental slips in marina						
Flush Restroom Buildings					Rental moorings						

13. Inventory of Recreation Facilities, Designated Areas, and Opportunities:									
No. = Total Number		DW = Drinking			E= Electricity			S = Sewer	
Facility/Designated Area	No.	DW	E	S	Facility/Designated Area	No.	DW	E	S
Shower Facility Locations					Watercraft Rental Locations				
Laundry Facility Locations					Floating restroom				
Campground Playgrounds					Boat cleaning station				
RV Dump Locations					<b>I. Lodging, Food, Supplies, Fuel, Other Services (On-Site)</b>				
Equestrian Campsites					Motels				
<b>B. Day Use Areas</b>					Educational Dorms/Lodges				
Designated day use areas					Full-Service restaurant or snack bar				
Picnic sites					Cabin Rental Sites				
Group picnic sites					Trailer Rental Sites				
Picnic Vehicle Parking Lots					Swimming pools				
Shade shelters					Water parks				
Vault Restroom Buildings					Vending Service Locations				
Flush Restroom Buildings					Groceries/supplies/gift store				
<b>C. Horseback Facilities</b>					Vehicle fueling station				
Horse Stable Locations					Yurts				
<b>D. Winter Sports</b>					<b>J. Fishing</b>				
Ski and snowshoe Rental Locations					Designated Fisherman Access Sites				
Snowmobile Rental Locations					Bait/Tackle Store Locations				
Snow park facilities					Fishing Guide Operations				
<b>E. Wildlife Viewing</b>					Fish cleaning stations				
Designated wildlife/fish viewing locations					Fishing pier				
<b>F. Other</b>					<b>K. Water Sports</b>				
Golf Courses					Designated Swim Beaches				
Rifle/Pistol Shooting Range Locations					Designated non-motorized Boating areas				
Trap/Skeet/Sport Clay Range Locations					Designated Water Skiing Areas				
Domestic Pet Exercise Areas					Designated wakeless areas				
Archery Range Locations					Wind surfing areas				
Sea Plane Landing Areas					Swimming dock/platform locations				
Sports fields									
Remote control model areas					<b>L. Use Authorization</b>				

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Facility/Designated Area	No.	DW	E	S	Facility/Designated Area	No.	DW	E	S
<b>G. Trail Systems</b>					Guided Equestrian trips				
Trailheads (number)					Guided fishing trips				
Hiking/walking trails miles					Guided rafting trips				
Bicycle trails miles					Guided hunting trips				
Equestrian trails miles					Guided OHV trips				
OHV trails miles					Fishing tournaments				
Multi-use trails miles					Athletic events				
Hard surface trails miles					Competitive events				
Groomed Cross Country Ski Trails					<b>Other: Description</b>	<b>No.</b>	<b>DW</b>	<b>E</b>	<b>S</b>

14. Activity Ranking: For the facility/designated area activities listed above in Section 13, identify and rank the order of the four most popular activities by entering the letter in the boxes above. For example, if camping was the most popular activity, enter an A in the first column. If the fourth most popular activity was fishing, enter the letter J in the fourth column.					
Highest Top Four>	First	Second	Third	Fourth	Lowest <Top Four

15. **Comments/Notes/Additional Data:** Please specify item number. Attach additional pages, if necessary.

16. **Preparers Contact Information**

Bureau of Reclamation or Non-Federal Partner: The person who supplied the information for the shaded areas of this form should fill out the contact information.			
Prepared By:		Date:	
Telephone No.:		E-mail:	
Concessionaire: The person who supplied the information specific to the concession operation should fill out the contact information.			
Prepared By:		Date:	
Telephone No.:		E-mail	