

## **APPLICATION**

Check the Program for which you are Applying: Safety, Education and Training Support Program OHV Organization Support Program **ORGANIZATION** Name of Organization: Contact Person: Title: Address: Phone: City/County: State: Zip: Email: Website: Federal Tax ID: Non-Profit (Y/N if applicable): PRIMARY OBJECTIVE(S) OF PROJECT **PLAN OF ACTION PROPOSED** 

HOW DOES THIS PROJECT APPLY TO THE	RRAF MISSION	BENEFIT OHV USERS?
PROVIDE AN ESTIMATED TIMELINE OF THE	E PROJECT	
FUNDS REQUESTED		
Total Amount Requested \$:		
Payable To:		
Address:		Phone:
City:	State:	Zip:
Upon completion of project, or phases thereof, for which funds		
RRAF a report on results achieved and an accounting of expenditures related to the project for which funds were granted. Recipient also agrees to provide progress reports upon request.		
Authorized Signature(s)		
Office and	T-11	
Officer	Title	Date
Officer	Title	Date
Right Rider Access Fund		

1235 S Clark St, Ste 600 Arlington, VA 22202-3261