

HOW DOES THIS PROJECT APPLY TO THE RRAF MISSION/BENEFIT OHV USERS?

PROVIDE AN ESTIMATED TIMELINE OF THE PROJECT

FUNDS REQUESTED

Total Amount Requested \$:

Payable To:

Address:

Phone:

City:

State:

Zip:

Upon completion of project, or phases thereof, for which funds are requested, funds recipient agrees to provide to the 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)

Officer

Title

Date

Officer

Title

Date

MAIL APPLICATION TO:

Right Rider Access Fund
1235 S Clark St, Ste 600
Arlington, VA 22202-3261

EMAIL APPLICATION TO:

info@riderfund.org