

APPLICATION

Check the Program for which you are Applying: Safety, Education and Training Support Program **OHV Organization Support Program**

ORGANIZATION						
Name of Organization:						
Number of Organization Members:	Project Name:					
Contact Person:	Titl			Fitle:		
Address:			Phone:			
City/County: State:				Zip:		
Email: Websit			 ∋:			
			Tax ID:			
PRIMARY OBJECTIVE(S)	OF PROJECT	•				
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PLAN OF ACTION PROPO	neen.					
PLAN OF ACTION PROPO	JSED					
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HOW DOES THIS PROJECT APPLY TO THE RRAF MISSION/BENEFIT OHV USERS?
PROVIDE A DETAILED TIMELINE OF THE PROJECT
PROVIDE A DETAILED ITEMIZED BUDGET FOR THE PROJECT

LIST ANY OTHER SOURCES OF FUNDING FOR THE PROJECT						
If application project involves an OHV trail or riding area, ple	ease fill out the	e section	below			
OHV TRAIL/RIDE AREA INFORMATION						
Location Name:						
Address:						
City/County:	State:			Zip:		
GPS Coordinates (if street address is n/a) Latitude: Longitude:			e:			
Email:			Phone:			
Website:				Open to public?		
What vehicles are approved to operate? List all that apply			!			
Briefly describe trail/ride area (type of terrain, total size/length of trails, trail width)						

By submitting an RRAF application, the applicant, if approved, is committed to fulfilling RRAF reporting requirements, including a mid-year and final written report.

FUNDS REQUESTED

Total Amount Requested	d \$:					
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			
	EMAIL APPLICATION & COPY OF TAX STATE	JS TO: info@riderfund.	org			