

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, please fill out the section below

OHV TRAIL/RIDE AREA INFORMATION

Location Name:

Address:

City/County:	State:	Zip:
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GPS Coordinates (if street address is n/a) Latitude:	Longitude:
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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 \$:

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 STATUS TO:

info@riderfund.org