



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

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**PROVIDE A DETAILED TIMELINE OF THE PROJECT**

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**PROVIDE A DETAILED ITEMIZED BUDGET FOR THE PROJECT**

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**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