



## 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:	Title:		
Address:		Phone:	
City/County:		State:	Zip:
Email:		Website:	
Non-Profit Status:		Federal Tax ID:	

### **PRIMARY OBJECTIVE(S) OF PROJECT**

## ***PLAN OF ACTION PROPOSED***

## **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:	
GPS Coordinates (if street address is n/a) Latitude:		Longitude:	
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:

City: State: Zip: Phone:

***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
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Officer	Title	Date
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EMAIL APPLICATION & COPY OF TAX STATUS TO: info@riderfund.org