



APPLICATION

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

**ORGANIZATION**

Name of Organization:			
Contact Person:		Title:	
Address:		Phone:	
City:	State:	Zip:	

**PURPOSE OF FUNDS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN OF ACTION PROPOSED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FUNDS REQUESTED**

Total Amount Required \$ \_\_\_\_\_

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  
Attn: President  
2 Jenner, Suite 150  
Irvine, CA 92618

phone: (877) 806-7813