



Michigan Department of Natural Resources
Parks and Recreation Division / Law Enforcement Division

OFF-ROAD VEHICLE (ORV) SAFETY EDUCATION PROGRAM GRANT PAYMENT REQUEST

Required under the authority of Part 811 Off-Road Vehicles, 1994 PA 451, as amended, to be eligible for grant funding.

GRANTEE

Grantee (Name of Organization or Agency)		Contact Person	
Address	Telephone Number ()	E-mail	
City, State, ZIP		Federal ID Number	

CLASS

Instructor Name (Last, First, MI)	Location	Date(s) (mm/dd/yy)	No. of Students

Total Number of Students _____

- Final Payment Requested
 Partial Payment Requested

Total Number of Students x \$15/Student = _____

I certify the information provided is true and accurate to the best of my knowledge.

Name of Grantee Representative (print or type) _____ Signature _____ Date _____

Send completed Grant Payment Request To: kennedyr@michigan.gov MICHIGAN DEPARTMENT OF NATURAL RESOURCES PARKS AND RECREATION DIVISION PO BOX 30257 LANSING MI 48909-7757	
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DNR USE ONLY - AUTHORIZATION FOR PAYMENT

_____ Signature	_____ Title	_____ Date
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