



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

OFF-ROAD VEHICLE SAFETY EDUCATION PROGRAM GRANT APPLICATION

This information required under authority of Part 811, 1994 PA 451, as amended, to be eligible for grant funding.

APPLICANT				
Applicant (Name of organization or agency)	For October 1, _____ to September 30, _____			
Contact Name	Telephone (_____)			
Address	Federal ID Number			
City, State, ZIP	Email			
CLASSES				
List the instructor, instructor certification number, locations and dates of classes to be held by each instructor, and the estimated number of students at each location. Attach additional sheets, if necessary.				
Instructor(s)	Certification No.	Location(s) (City, Township, or Village)	Date(s) (mm/dd/yy)	Estimated # of Students
Total Estimated Number of Students				_____
CERTIFICATION				
<i>I certify the information provided as part of this grant application, including attachments and enclosures, is true and accurate to the best of my knowledge.</i>				
Printed name of grant applicant representative	Signature of grant applicant representative	Date		

Send Completed Application to:

**KENNEDYR@MICHIGAN.GOV
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PARKS AND RECREATION DIVISION
PO BOX 30257
LANSING MI 48909-7757**