

## Application #\_

*year-* ##

## PNER TRAILS APPLICATION

\*\*providing funding to our trail partners in efforts towards trail preservation, maintenance, conservation and education.

PNER Member				
Member #				
Phone				
Email				
Date of Application				
TI				
	e of group that PNER will be collaborating with. Project goals. Date of rails name. Land manager name (i.e. USFS, State Park) Location. State:			
Describe how this project adds value and is important to you:				
Describe Funding Request in specifics as applicable to request:  Example \$300 / Gravel or \$500 for new metal signage at McIver State Park				

Name of business to receive check	or Org.			
501c3 if applicat	ole			
Contact Name / Phone				
Address to Mail Check				
Drop Dead Date for Funding Approval				
If approved, the TRAIL Committee requires a written and photographic summary of project. Successes and learnings. To be submitted to within 15 days of completion of project (or main project end date).				
Member Signature				
Approval Date		Name of approving Committee Member / Role		
Approval Date		Name o	f approving BOD Member / Role	