

Local Sponsor Contact Information

_____ SNOWMOBILE TRAIL GRANT-IN-AID APPLICATION

Local Governmental Sponsor

Executive Officer

Organization

Title

Telephone

Mailing Address

City

NY Zip

Email

Authorized Project Administrator

Organization

Title

Telephone

Mailing Address

City

NY Zip

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Designated Project Contact

Organization

Title

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City

NY Zip

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Mailing Information

Organization

Contact Name

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