



Thank you for your interest in applying for a Yamaha Financial Services Stay Outdoors Program Grant.

Please carefully review the Submission Guidelines. This provides vital information for the successful submission of your application and offers important guidance that can improve the chances of receiving a GRANT.

Before filling out the application form, please take the time to collect and, if necessary, scan the necessary materials including:

- Letter of recommendation/support from a local Yamaha dealer
- Documentation verifying nonprofit or tax-exempt status
- An itemized project budget and timeline
- Information on the riding area/opportunity (maps, photos, etc.)

If you have any questions, please contact us at <a href="mailto:stayoutdoors@yamaha-motor.ca">stayoutdoors@yamaha-motor.ca</a>.

To submit this application, please fill it out electronically and email with supporting documents to <a href="mailto:stayoutdoors@yamaha-motor.ca">stayoutdoors@yamaha-motor.ca</a>.

Supporting documents include: Government certification as a registered charity or non-profit organization, a letter of recommendation from at least one Yamaha dealer, and additional project-related information or documents (maps, photos, etc.)

### **CONTACT INFORMATION**

Organization Name:						
Contact First Name:			Contact Last Name:			
Street Address:						
City:			Postal Code:			
Phone:	Alt. Phone:		Mobile:			
Email:	Website:					
ORGANIZATION INFORMATION  ☐ Registered Charity ☐ Not-for-Profit Organization  Organization's Focus*:						
(*i.e., riding club, public	land management, o	conservati	tion, education etc.)			
Focus Area:	☐ Marine	☐ Ro	oad/Off-road			
Number of Members:						



Have you previously applied for the Stay Outdoors Grant? Yes No					
Have you been a recipient of the Stay Outdoors Grant?					
Yes No					
If you answered yes at the previous question, please indicate which year(s) you were a beneficiary?					
□2022 □2023 □2024					
Important note: Please remember to provide certification of charitable or not-for-profit status along with your application.					
AFFILIATED LOCAL YAMAHA DEALERSHIP(S)					
A letter of recommendation from at least one Yamaha Dealer <u>must be submitted</u> as a separate file along with your application.					
List local Yamaha dealership(s) with which your organization is affiliated and/or support your project:					
GRANT REQUEST SPECIFICS					
Name of the project to be funded:					
Dollar amount requested:					
Identify how the Yamaha Brand and the Stay Outdoors Program Grant will be promoted within this project:					



Tell us more about your project. What are your primary objectives and how will the grant be used?				
List the benefits for your organization:				
List the benefits for the community and outdoors/hunting/fishing enthusiasts:				
Provide a timeline for the project (include milestones, deadlines, events, etc.):				
Provide an itemized project budget (include purchase orders/estimates if available):				
List all other sources of funding for the project:				



,,,	al and/or federal agencies	with which your pr	oject is affiliated:
Please provide any ad	ditional information that m	ay be relevant:	
NOTE: Additional info		//	
		u e mans nnotos	, etc.) should be forwarded by email when
		(,	,,
		(1.0, 11.0, p.11.0.0)	,,
you submit your applic	ation.	(1.0, 1.1.4)	
you submit your applic	ation.  MATION		provide information below.
you submit your applic	ation.  MATION		
you submit your applic  RIDING AREA INFOR  If your project or organ	ation. <b>MATION</b> ization is affiliated with a i	riding area, please	
you submit your applic  RIDING AREA INFOR  If your project or organ  Location Name:	ation. <b>MATION</b> ization is affiliated with a i	riding area, please	provide information below.
you submit your applic  RIDING AREA INFOR  If your project or organ  Location Name:  Street Address:	ation.  MATION  ization is affiliated with a i	riding area, please	provide information below.
RIDING AREA INFOR  If your project or organ  Location Name:  Street Address:  City/Town:	ation.  MATION  ization is affiliated with a i	riding area, please	provide information below.
RIDING AREA INFOR If your project or organ  Location Name: Street Address: City/Town: Latitude:	ation.  MATION  ization is affiliated with a i	riding area, please Prov: Longitude:	provide information below.  Postal Code:
RIDING AREA INFOR If your project or organ  Location Name: Street Address: City/Town: Latitude: Phone:	ation.  MATION  ization is affiliated with a i	riding area, please Prov: Longitude:	provide information below.  Postal Code:
RIDING AREA INFOR If your project or organ  Location Name: Street Address: City/Town: Latitude: Phone: Email:	MATION ization is affiliated with a r	riding area, please Prov: Longitude: Website:	provide information below.  _ Postal Code: _ Mobile:



Hours of Operation (If Applicable):		
Describe Riding Area:		
Is the Riding Area Open to the Public:	Yes No	
Type:		
☐ Riding Area ☐ Riding Club	☐ Government Agency	☐ Educational/Public Information
Vehicles Approved to Ride:		
Available Amenities:		
Waiver		
I understand that all applications become documentation will not be shared with ar		r Canada Ltd., and that
By submitting this application, I am provi of my application for promotional purpos	_	td. with permission to use any aspect
Applicant Signature:	Date:	