

**CALIFORNIA WILDLIFE PROTECTION ACT OF 1990  
HABITAT CONSERVATION FUND GRANT PROGRAM  
PROJECT APPLICATION FORM**

**RARE, ENDANGERED, THREATENED, OR  
FULLY-PROTECTED HABITAT CATEGORY**

|   |  |             |           |
|---|--|-------------|-----------|
| PROJECT NAME  | Grant Request Amount \$ _____                                      |             |           |
|   | Required Match Amount \$ _____                                     |             |           |
|   | TOTAL PROJECT COST \$ _____  |             |           |
| GRANT APPLICANT (agency and address, include zip code)  | COUNTY   |             |           |
|   | PROJECT ADDRESS (OR NEAREST CITY)                                  |             |           |
|   | NEAREST CROSS STREET   |             |           |
| APPLICATION CONTACT PERSON  |  |             |           |
| Name (typed or printed) and Title _____   |  |             |           |
| Email Address _____   |  | Phone _____ | Fax _____ |
| PERSON WITH DAY-TO-DAY RESPONSIBILITIES FOR PROJECT IF DIFFERENT FROM AUTHORIZED REPRESENTATIVE   |  |             |           |
| Name (typed or printed) and Title _____   |  |             |           |
| Email Address _____   |  | Phone _____ | Fax _____ |
| GRANT APPLICANT'S REPRESENTATIVE AUTHORIZED IN RESOLUTION   |  |             |           |
| Name (typed or printed) and Title _____   |  |             |           |
| Email Address _____   |  | Phone _____ | Fax _____ |
| PROJECT land will be:   |  |             |           |
| _____ acres to be acquired in fee simple by applicant.  |  |             |           |
| _____ acres to be acquired as permanent easement  |  |             |           |
| Easement explanation:   |  |             |           |
| _____   |  |             |           |
| _____   |  |             |           |
| GRANT SCOPE: I represent and warrant that this APPLICATION PACKET describes the intended use of the requested GRANT to complete the RECREATION FEATURES and MAJOR SUPPORT AMENITIES listed in the attached GRANT SCOPE/Cost Estimate Form. I declare under penalty of perjury, under the laws of the State of California, that the information contained in this APPLICATION PACKET, including required attachments, is accurate. |  |             |           |
| SIGNED  |  |             | DATE      |
|   | Grant Applicant's Authorized Representative as shown in Resolution |             |           |
| NAME  |  |             |           |