

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

WILDLIFE AREA ACTIVITIES CATEGORY

PROJECT NAME		Grant Request Amount \$ _____ Plus Required Match Amount \$ _____ Equals 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
WILDLIFE AREA ACTIVITIES PROJECT is:			
_____ Acres owned in fee simple by applicant			
_____ Recordation number(s) (attach additional sheet if necessary)			
_____ Utilized through a WILDLIFE AREA ACTIVITIES PROJECT agreement or other document			
Explain: _____			
GRANT SCOPE: I represent and warrant that this APPLICATION PACKET describes the intended use of the requested GRANT to complete the event or series of events 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			