State of California – The Natural Resources Agency

DEPARTMENT OF PARKS AND RECREATION

Statewide Park Development and Community Revitalization Program of 2018

Project Application Form

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| PROJECT NAME | |
| REQUESTED GRANT AMOUNT $  OTHER FUNDING SOURCES $  TOTAL PROJECT COST $ | |
| PROJECT SITE NAME and PHYSICAL ADDRESS where project is located (including zip code) | PROJECT SITE OWNERSHIP  (🗹 all that apply)  Owned in fee simple by applicant  Proposed Acquisition of \_\_\_\_ acres  Available (or will be available) under a \_\_\_\_\_\_\_\_\_year lease or easement  turn-key Project |
| NEAREST CROSS STREETS | |
| COUNTY OF PROJECT LOCATION | |
| APPLICANT NAME (entity applying for the grant) **and** MAILING ADDRESS | |
| AUTHORIZED REPRESENTATIVE as shown in Resolution    Name *(typed or printed*) and Title Email address Phone | |
| APPLICATION CONTACT    Name *(typed or printed*) and Title Email address Phone | |
| GRANT CONTACT For administration of grant if awarded *(if different from* authorized representative*)*    Name *(typed or printed*) and Title Email address Phone | |
| GRANT SCOPEI represent and warrant that this applicationdescribes the intended use of the requested grant to complete the items 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, including required attachments, is accurate.    Signature of authorizedrepresentative as shown in Resolution Date  Print Name Title | |