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

RIPARIAN HABITAT CATEGORY

PROJECT NAME	Grant Request Amount $_____ Required Match Amount $_____ TOTAL PROJECT COST $ **0.00**
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 RESPONSIBLITIES 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

For acquisition projects, project land will be _____ Acres to be acquired in fee simple by applicant. _____ Acres to be acquired as permanent easement (explain): _____ _____	For enhancement or restoration projects, land tenure is: _____ Acres owned in fee simple by applicant. _____ Recordation number(s) (attach additional sheet if necessary) _____ _____ Acres available under a _____ year lease. _____ Acres other interest (explain): _____

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		