

**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							
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name (typed or printed) and Title</td> <td style="width: 20%;">Email Address</td> <td style="width: 20%;">Phone</td> <td style="width: 20%;">Fax</td> </tr> </table>				Name (typed or printed) and Title	Email Address	Phone	Fax
Name (typed or printed) and Title	Email Address	Phone	Fax				
PERSON WITH DAY-TO-DAY RESPONSIBILITIES FOR PROJECT IF DIFFERENT FROM AUTHORIZED REPRESENTATIVE							
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name (typed or printed) and Title</td> <td style="width: 20%;">Email Address</td> <td style="width: 20%;">Phone</td> <td style="width: 20%;">Fax</td> </tr> </table>				Name (typed or printed) and Title	Email Address	Phone	Fax
Name (typed or printed) and Title	Email Address	Phone	Fax				
GRANT APPLICANT'S REPRESENTATIVE AUTHORIZED IN RESOLUTION							
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name (typed or printed) and Title</td> <td style="width: 20%;">Email Address</td> <td style="width: 20%;">Phone</td> <td style="width: 20%;">Fax</td> </tr> </table>				Name (typed or printed) and Title	Email Address	Phone	Fax
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							