State of California – Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION
Office of Grants and Local Services

STATEWIDE PARK DEVELOPMENT AND COMMUNITY REVITALIZATION PROGRAM

PROJECT APPLICATION FORM

PROJECT NAME	
A. **REQUESTED GRANT AMOUNT**	$ _____
B. **OTHER FUNDING SOURCES** (DPR 859)	$ _____
C. **TOTAL PROJECT COST** (A+B)	$ 0.00
PROJECT SITE NAME and **PHYSICAL ADDRESS** where project is located (including zip code)	**PROJECT SITE INFORMATION** (☑ all that apply) ☐ Owned in fee simple by APPLICANT ☐ Current Park Site acres: _____ ☐ Proposed Acquisition of _____ acres ☐ Proposed Acquisition of _____ linear feet for trail ☐ 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	TITLE	EMAIL ADDRESS	PHONE NUMBER

APPLICATION CONTACT

NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER

GRANT CONTACT
For administration of grant if awarded (if different from **AUTHORIZED REPRESENTATIVE**)

NAME	TITLE	EMAIL ADDRESS	PHONE NUMBER

GRANT SCOPE I represent and warrant that this APPLICATION describes the intended use of the requested GRANT to complete the items listed in the attached DPR 832C, 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.

AUTHORIZED REPRESENTATIVE SIGNATURE (AS SHOWN IN RESOLUTION) _____

PRINTED NAME AND TITLE _____

DATE _____