

State of California – Natural Resources Agency
 DEPARTMENT OF PARKS AND RECREATION
 Locally-Operated State Park Program of Proposition 68

PROJECT APPLICATION FORM

PROJECT NAME		
REQUESTED GRANT AMOUNT		\$ _____
MATCH/OTHER FUNDING SOURCES		\$ _____
TOTAL PROJECT COST		\$ _____
STATE PARK/PROJECT SITE NAME	PHYSICAL ADDRESS where the PROJECT is located (including zip code)	
NEAREST CROSS STREETS		
COUNTY OF PROJECT LOCATION		
APPLICANT NAME (entity applying for the GRANT) and MAILING ADDRESS		
AUTHORIZED REPRESENTATIVE , as shown in the Authorizing Resolution		

Name (<i>typed or printed</i>) and Title	Email address	Phone
APPLICATION CONTACT For administration of GRANT if awarded (if different from AUTHORIZED REPRESENTATIVE)		

Name (<i>typed or printed</i>) and Title	Email address	Phone
GRANT CONTACT For administration of GRANT if awarded (<i>if different from</i> AUTHORIZED REPRESENTATIVE)		

Name (<i>typed or printed</i>) and Title	Email address	Phone
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 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 AUTHORIZED REPRESENTATIVE		Date
Print Name _____	Title _____	