

PROJECT APPLICATION FORM (CHECKLIST #1)

State of California – Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION
Outdoor Equity Grants Program

PROGRAM APPLICATION FORM

PROGRAM NAME (include a name that best identifies the community, 50 character limit)

REQUESTED GRANT AMOUNT \$ _____

OTHER FUNDING SOURCES (IF APPLICABLE) \$ _____

TOTAL PROGRAM COST \$ _____

COMMUNITY HOME BASE NAME and PHYSICAL ADDRESS

COUNTY OF COMMUNITY HOME BASE

APPLICANT NAME (entity applying for the GRANT) and MAILING ADDRESS

AUTHORIZED REPRESENTATIVE, as shown in Authorizing Resolution

Name (*typed or printed*) and Title Email address Phone

APPLICATION CONTACT, for detailed application questions (*if different from* AUTHORIZED REPRESENTATIVE)

Name (*typed or printed*) and Title Email address Phone

GRANT CONTACT, for administration of grant if awarded (*if different from Application Contact above*)

Name (*typed or printed*) 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 Summary 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 _____