

PROJECT APPLICATION FORM (CHECKLIST #1)

State of California – The Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION
Statewide Park Development and Community Revitalization Program of 2018

PROJECT APPLICATION FORM

PROJECT NAME		
REQUESTED GRANT AMOUNT OTHER FUNDING SOURCES TOTAL PROJECT COST		
PROJECT SITE NAME and PHYSICAL ADDRESS where project is located (including zip code)	PROJECT SITE OWNERSHIP (<input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> Owned in fee simple by APPLICANT <input type="checkbox"/> Proposed Acquisition of ____ acres <input type="checkbox"/> Available (or will be available) under a _____ year lease or easement <input type="checkbox"/> 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 (<i>typed or printed</i>) and Title	Email address	Phone
APPLICATION CONTACT		

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

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 as shown in Resolution		Date
Print Name	_____	Title _____