

## State of California – The Resources Agency DEPARTMENT OF PARKS AND RECREATION Statewide Park Development and Community Revitalization Program of 2008 Project Application Form

PROJECT NAME	Requested GRANT Amount \$	
	Other Funding Sources \$	
PROJECT PHYSICAL ADDRESS (including zip code)	Estimated TOTAL PROJECT COST \$	
	Nearest Cross Street	County of Project Location
GRANT APPLICANT (entity applying for the grant)	GRANT APPLICANT'S Mailing Address	
AUTHORIZED REPRESENTATIVE AS SHOWN IN RESOLUTION OR CERTIFICATION LETTER		
Name (typed or printed) and Title Em	ail address	Phone
DIRECTOR/PRESIDENT/CEO		
Name (typed or printed) and Title Em	ail address	Phone
DAY-TO-DAY CONTACT for ADMINISTRATION of the GRANT (if different from AUTHORIZED REPRESENTATIVE)		
Name (typed or printed) and Title Em	ail address	Phone
For ACQUISITION:	For DEVELOPMENT:	
Total land acquired will be acres	Total acreage of the PARK will be (include land to be acquired if applicable) Acres owned in fee simple by Applicant	
Acres to be acquired in fee simple by Applicant		
Acres to be acquired in other than fee simple <i>(attach explanation)</i>	Acres available under a year lease or easement.	
GRANT SCOPE: I represent and warrant that this APPLICATION PACKET describes the intended use of the requested GRANT to complete the RECREATION FEATURES and MAJOR SUPPORT AMENITIES 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.		
Signature AUTHORIZED REPRESENTATIVE as shown in Resolution Date		
Print Name		
Title		