

APPENDIX B - APPLICATION FORM – Page 1 of 2

2015-16 Environmental Enhancement and Mitigation (EEM) Program  
Enter EEM Project Information under Section A

**A.1 EEM PROGRAM GRANT APPLICANT**

Agency Name \_\_\_\_\_  
Street Address (& PO Box) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**A.2 EEM PROJECT NAME** \_\_\_\_\_

**A.3 TYPE of AGENCY** (check one)

Local Agency       State Agency       Federal Agency       Non-profit

**A.4 EEM PROJECT CATEGORY** (check only one)  Urban Forestry       Resource Lands  
 Mitigation Projects Beyond the Scope of the Lead Agency

**A.5 TYPE OF EEM PROJECT:**      Development: \_\_\_\_\_      Acquisition: \_\_\_\_\_

**A.6 EEM PROJECT GRANT REQUEST**      \$ \_\_\_\_\_

Total Other Funding Sources for EEM Project \$ \_\_\_\_\_ (Not including grant request)

Total Project Cost \$ \_\_\_\_\_ (EEM and other funding sources)

**A.7 ENVIRONMENTAL COMPLIANCE FOR EEM PROJECT (check type)**

Type:    Exempt \_\_\_\_\_    Categorical Exemption \_\_\_\_\_    Negative Declaration \_\_\_\_\_  
          Mitigated Negative Declaration \_\_\_\_\_    EIR \_\_\_\_\_

**A.8 ANTICIPATED EEM PROJECT** Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**A.9 EEM PROJECT PROJECT LOCATION**

Nearest Cross Street \_\_\_\_\_      Latitude and Longitude \_\_\_\_\_  
County \_\_\_\_\_      Senate District No. \_\_\_\_\_  
Nearest City \_\_\_\_\_      Assembly District No. \_\_\_\_\_  
Project Location: (check only one)      North \_\_\_\_\_ South \_\_\_\_\_  
(Refer to 1-5 North/South Split Page 6)

**A.10 APPLICANT'S REPRESENTATIVE AUTHORIZED IN RESOLUTION AS SIGNATORY**

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Name	Title	Phone
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Email address

**Day-to-day contact for grant project (if different than authorized representative)**

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Name	Title	Phone
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Email address

**A.11 BRIEF DESCRIPTION OF EEM PROJECT** Summarize scope, purpose, location & connection to RTF (max 60 words)

**EEM Program 2015-16 Application Form – Page 2 of 2**  
**Enter Related Transportation Facility (RTF) Information under Section B**

**B. 1 RELATED TRANSPORTATION FACILITY (RTF)**

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Transportation District	City	County	Route Number / Name
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Location

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Description of RTF

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Name of Transportation Agency	Date Construction Began or Scheduled
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Name of Approved/Certified Capital Outlay Program for RTF (if not started)

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**B.2 ENVIRONMENTAL COMPLIANCE FOR RTF PROJECT** (check type and status)

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Type: Exempt \_\_\_ Negative Declaration \_\_\_ Categorical Exemption \_\_\_ EIR \_\_\_

Status: Complete \_\_\_ In Progress \_\_\_

**What were the primary environmental Impacts of the RTF?** (max 25 words)

**Describe the *required* environmental mitigation?** (max 25 words)

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**B.3 Name of Lead Agency for RTF:** \_\_\_\_\_

**B.4 Attach the Letter from the Lead Agency Responsible for the construction of the RTF.**  
(APPENDIX E)

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**C. CERTIFICATION**

*I certify that the information contained in this project Application form, including required attachments, is complete and accurate.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

(Applicant's Authorized Representative, as shown on the Resolution or Letter of Certification)

**DEADLINE: APPLICATION MUST BE POSTMARKED BY TUESDAY, JULY 12, 2016**