

APPLICATION FORM

SUBMIT A SIGNED ORIGINAL AND COPY WITH YOUR HARD COPY SUBMISSION

Project Name	Estimated Date of Completion: _____		
	Grant Amount Requested: \$ _____		
	Estimated Total Project Cost: \$ _____ (State Grant and other Funds and In-Kind Donations)		
APPLICANT/SPONSOR (with mailing address)	Check one: Non Profit <input type="checkbox"/> Local Public Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Mutual Water Company <input type="checkbox"/>	County _____	Nearest City/Town _____
		Project Address (or nearest cross street) _____	
		Senate Dist. _____	Assembly Dist. _____
		US Congressional Dist. _____	
Applicant's Representative Authorized in Resolution (Signature required at bottom of this page)			
Name: _____		Title: _____	
Phone: _____		Email Address: _____	
Project Manager - Person with day to day responsibility for Project (if different from authorized)			
Name: _____		Title: _____	
Phone: _____		Email Address: _____	
Brief Description of Project (Summarize major activities to be Funded by this Urban Rivers Grant)	Latitude _____	Longitude _____	
		Coordinates Represent: _____ Coordinates Determined Using: _____	
Name of River, Stream or Creek: _____			
Two (2) statutory conditions	Promote Groundwater Recharge and Reuse <input type="checkbox"/> Reduce Energy Consumption <input type="checkbox"/> Use Soils, Plants, and Natural Processes to Treat Runoff <input type="checkbox"/> Create or Restore Native Habitat <input type="checkbox"/> Increase Regional and Local Resiliency and Adaptability To Climate Change <input type="checkbox"/>	Project Type (Acquisition , or Devlpmt.): _____ Acre-feet of water captured: _____ Acres of habitat Created: _____ Acres of habitat Restored: _____ Acres of habitat Acquired _____	
I certify that the information contained in this Project application, including required attachments, is complete and accurate			
Signed: _____ Applicant's Authorized Representative as shown in Resolution		_____ Date	
Print Name: _____	Print Title: _____	Designee? Y N If yes, attach letter of designation from authorized representative.	