

Environmental Enhancement & Mitigation Grant Program
Project Proposal Signature Form

Project Title		Funding Request	Total Project Cost
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Brief Project Summary			
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Project Start Date	Project End Date	Project Latitude	Project Longitude
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Applicant Organization			
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Address		City	Zip Code
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Project Manager		Title	
Email		Phone Number	

Authorized Representative		Title	
Email		Phone Number	

Certification: As the Authorized Representative for the Applicant Organization, I certify the information provided in this Project Proposal, including required attachments, is complete and accurate.			
Signed:	Printed Name:	Title:	Date: