

CALIFORNIA MUSEUM GRANT PROGRAM

Project Proposal Signature Form

Project Title:	
Project Description (limited to 2,000 characters)	
Total Project Cost:	Funding Amount Requested:
Project Start Date:	Project End Date:
Project Latitude:	Project Longitude:
Applicant Organization:	
Address:	
City:	Zip Code:
Project Manager:	
Job Title:	Job Title:
Email:	Phone Number:
Authorized Representative:	
Job Title:	Job 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:	Date:
Printed Name:	Title: