



State of California – The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

Project Application Form

PROJECT NAME	REQUESTED GRANT AMOUNT \$
PROJECT SITE NAME and PHYSICAL ADDRESS where PROJECT is located (including zip code) (Use latitude and longitude if there is no street address)	LAND TENURE (<input checked="" type="checkbox"/> all that apply) <input type="checkbox"/> Owned in fee simple by APPLICANT <input type="checkbox"/> Available (or will be available) under a _____ year lease or easement
NEAREST CROSS STREET	
COUNTY OF PROJECT LOCATION	
APPLICANT NAME AND MAILING ADDRESS	
AUTHORIZED REPRESENTATIVE AS SHOWN IN RESOLUTION	
Name (<i>typed or printed</i>) and Title	Email address Phone
GRANT CONTACT - For administration of grant (<i>if different from AUTHORIZED REPRESENTATIVE</i>)	
Name (<i>typed or printed</i>) and Title	Email address Phone
<p>GRANT SCOPE: I represent and warrant that this APPLICATION PACKET describes the intended use of the requested GRANT to complete the items listed in the attached Project 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.</p>	
Signature of AUTHORIZED REPRESENTATIVE as shown in Resolution	Date
Print Name	
Title	

EXHIBIT 4

Project Scope/Cost Estimate Form

GRANTEE:	PROJECT Name:
----------	---------------

Grant Scope (Describe the project in 30 words or less):

GRANT SCOPE ITEMS

ACQUISITION: List each parcel number, acreage, estimated date of purchase and cost.

DEVELOPMENT: List each major project element and major support amenity.

Estimated Cost

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

[illegible]

\$

Total GRANT amount:

\$

AUTHORIZED REPRESENTATIVE Signature

Date

Print Name and Title

The APPLICANT understands that this form will be used to establish ELIGIBLE COSTS, and that all of the items listed on this form must be completed before the final PROJECT payment is processed as specified in the Final Payments section of this guide.

EXHIBIT 4



State of California – The Natural Resources Agency
DEPARTMENT OF PARKS AND RECREATION

Funding Sources

Grantee Name: _____

Project Name: _____

PROJECTS funded by the program are not complete until all SCOPE items are complete and open to the public.

If Specified GRANT funds will be used as part of the funding for a larger project, briefly describe the scope of that larger project:

The total cost of the larger project that these GRANT funds will contribute to is
\$ _____

Anticipated completion date: _____

List all funds that will be used:

Funding source	Date Committed	Amount
State of California 2022-23 Budget Act	July 1, 2022	\$

I represent and warrant that I have fully authority to execute this Funding Sources Form on behalf of the GRANTEE. I declare under penalty of perjury, under the laws of the State of California, that this Funding Sources Form, and any accompanying documents, for the above-mentioned grant is true and correct to the best of my knowledge.

AUTHORIZED REPRESENTATIVE Signature

Date

Print Name and Title

NOTE: Submit a revised Funding Sources Form should funding sources be modified.

EXHIBIT 4



State of California – The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
CEQA Compliance Certification Form

GRANTEE:

Project Name:

Project Address:

Is CEQA complete? ☐Yes ☐No Is completing CEQA a PROJECT SCOPE item? ☐Yes ☐No

What document was filed, or is expected to be filed for this project's CEQA analysis:

Date complete/expected to be completed: _____

- ☐ Notice of Exemption (attach recorded copy if filed)
☐ Notice of Determination (attach recorded copy if filed)
☐ Other:

If CEQA is complete, and a Notice of Exemption or Notice of Determination was not filed, attach a letter from the Lead Agency explaining why, certifying the project has complied with CEQA and noting the date that the project was approved by the Lead Agency.

Lead Agency Contact Information	
Agency Name:	
Contact Person:	
Mailing Address:	
Phone: ()	Email:

Certification:

I hereby certify that the above referenced Lead Agency has complied or will comply with the California Environmental Quality Act (CEQA) and that the project is described in adequate and sufficient detail to allow the project's construction or acquisition.

I further certify that the CEQA analysis for this project encompasses all aspects of the work to be completed with grant funds.

AUTHORIZED REPRESENTATIVE Signature

Date

Print Name and Title

FOR OGALS USE ONLY

CEQA Document	Date Received	PO Initials
<input type="checkbox"/> NOE <input type="checkbox"/> NOD		