

Los Angeles County Regional Park and Open Space District
Application Form



Applicant _____

Project Name _____
 60 Character Limit

Project Description _____

Project Performance Period **Start Date** _____ **End Date** _____

Project Location

Supervisory District _____ Facility Name (If applicable) _____

Project Address _____

Funding Information

Amount Requested _____

Total Project Cost _____

Other Funding \$ _____ -

Los Angeles County Vendor ID No. _____

(for reimbursement purposes, applicant must verify remit address in the County Database [WEBVEN] matches assigned Vendor ID No.) For additional information visit the Los Angeles County Vendor Portal (<http://camisvr.co.la.ca.us/webven/>).

Project Type

<input type="checkbox"/> Acquisition	Acres	<input type="checkbox"/> Development	Acres
Fee Simple	0.00	Owned by Applicant	0.00
Easements/Right of Way	0.00	Leased	0.00
Other	0.00	Easements/Right of Way	0.00
Total	0.00	Other Agreement	0.00
		Total	0.00

Contact Information

<u>Primary Contact</u>		<u>Authorized Representative</u>	
Name	_____	Name	_____
Title	_____	Title	_____
Mailing Address	_____	Mailing Address	_____
Phone	_____	Phone	_____
Email	_____	Email	_____

I have certified that the information contained in this Grant Application, including the required attachments, is accurate and that I have read and understand the assurances included with this form.

 Authorized Representative Signature

 Date