



Application Form

Applicant _____

Project Name _____

60 Character Limit

Project Description

Project Performance Period

Start Date _____

End Date _____

Project Location

Supervisorial District _____

Facility Name (If applicable) _____

Project Address _____

Funding Information

Amount Requested

Total Project Cost

Applicant must verify remit address in County Database [WEBVEN] matches assigned Vendor ID. For additional information visit the LA County Vendor Portal (<http://camisvr.co.la.ca.us/webven/>).

LA County Vendor ID No.

Other Funding Source:

Source Name

Amount

<i>Source Name</i>	<i>Amount</i>

Project Type

Acquisition

Acres

- Fee Simple 0.00
- Easements/Right of Way 0.00
- Other 0.00

Total

0.00

Development

Acres

- Owned by Applicant 0.00
- Leased 0.00
- Easements/Right of Way 0.00
- Other Agreement 0.00

Total

0.00

Contact Information

Primary Contact

Name _____

Title _____

Mailing Address _____

Phone _____

Email _____

Authorized Representative

Name _____

Title _____

Mailing Address _____

Phone _____

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

