

**ABANDONED WATERCRAFT ABATEMENT FUND (AWAF)
APPLICATION FOR GRANT
(Cover Sheet)**

Local Agency Name: _____

Address: _____

City: _____ State: CA Zip Code: _____

Contact Person: Name: _____
Please print or type

Note: The contact person is the individual who will address ALL questions and concerns on behalf of the Grantee.

Telephone: () _____

FAX: () _____

E-Mail: _____

1. Total requested AWAF grant amount: \$ _____

2. 10% contribution commitment of grant amount requested: \$ _____

3. Total amount of AWAF grant requested **plus** the 10% contribution commitment: \$ _____

Note: Per Harbors and Navigation Code 525 (C) "A grant awarded by the department pursuant to subparagraph (A) shall be matched by a 10% contribution from the local agency receiving the grant." Grant monies WILL NOT be reimbursed by the department until the 10% contribution is met.

Prepared By: _____ Date: _____

Reviewed By: _____ Date: _____

Signature of Officer: _____ Date: _____

Title of Officer: _____

DBW USE ONLY: Additional Review and Action

AGPA: Approved _____

Chief/Ops: Approved _____

Disapproved _____

Disapproved _____