

ATTACHMENT A
DEPARTMENT OF BOATING AND WATERWAYS
Boating Safety Grant Proposal Application Form

YEAR ONE: 05/06

ORGANIZATION NAME: _____ FEDERAL NON-PROFIT NUMBER _____

ADDRESS: _____

TYPE OF PROPOSAL:

Scholarship Equipment Combination

GRANT AMOUNT REQUESTED: _____

SUMMARY OF PROPOSAL:

LOCATION OF FACILITY/PROGRAM:

CONTACT PERSON: (Please print or type)

NAME: _____ PHONE: () _____ EMAIL: _____

PREPARED BY:

DATE:

AQUATIC DIRECTOR

SIGNATURE:

DATE:

Reviewed Proposal

AUTHORIZED SIGNATURE:

TITLE:

DATE:

DBAW USE ONLY: Additional Review and Action

Approved Disapproved

AGPA _____ Comment: _____

SSM _____ Comment: _____