

Project Title:		
 <p style="text-align: center;">DEPARTMENT OF PARKS AND RECREATION, DIVISION OF BOATING AND WATERWAYS QUAGGA AND ZEBRA MUSSEL INFESTATION PREVENTION GRANT PROGRAM 2014 APPLICATION FOR GRANT FUNDING</p>		
<p>This form must be filled-out and submitted to the division no later than the deadline specified on the application guidelines. Please use a separate application for each grant. To fill-out the grant application, the applicant must follow the guidelines and application instructions in the Division of Boating and Waterways Fee Grant Guidelines document. All application documents are available on the 2014 QZ Mussel Prevention Grant Application webpage.</p>		
For Division Use only:		Assigned to:
1. DATE SUBMITTED:	2. RECEIVED BY DIVISION:	APPLICATION NUMBER:
<p>3. PROJECT:</p> <input type="checkbox"/> New <input type="checkbox"/> Part of an ongoing existing project		
<p>4. TYPE OF PROJECT? Check the appropriate box.</p> <input type="checkbox"/> Planning/Assessment <input type="checkbox"/> Implementation/Construction <input type="checkbox"/> Planning and Implementation/Construction (combination)		
<p>5. Do you have a completed Prevention Plan?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Funding Request: \$		
SECTION I. APPLICANT INFORMATION		
7. LEGAL NAME OF APPLICANT:	<p>8. TYPE OF APPLICANT:</p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Federal Government <input type="checkbox"/> Private Inc./ LLP <input type="checkbox"/> Other Public Agency (Specify):	
9. MAILING ADDRESS OF APPLICANT:	10. CONTACT INFORMATION: (Fill-in address, if different than applicant address)	
Address:	Name:	
City:	Title:	
State:	Address:	
Zip Code:	Telephone:	
	E-mail:	

SECTION II. GENERAL PROJECT INFORMATION

11. PROJECT SITE/LOCATION:

Project Title:

12. PROJECT LOCATION AND NAME OF RESERVOIR :

13. PROJECT COMPONENTS

(Check all that apply)

Vulnerability Assessment

Prevention Program

Public Education

Monitoring for Infestation

Management of Recreational Activities

SECTION III: PROJECT DESCRIPTION INFORMATION

14. DESCRIBE THE PROJECT DETAILS TO BE FINANCED WITH MUSSEL FEE GRANT FUNDING

This is to be provided in a narrative format. Complete and submit the Project Narrative as a separate attached document. Label "Attachment A". Formatting instructions and requested project information are in Box # 14 of the Guidelines. Provide all requested information as instructed.

15. DESCRIBE THE SCOPE OF WORK, SCHEDULE AND BUDGET. This is to be provided in a narrative format. See application instructions Box #15 of the Guidelines. Follow all formatting instruction. Submit the Scope of Work as "Attachment B – Scope of Work". Submit the line item budget as "Attachment B-1 –Line Item Budget". Submit the task budget table as "Attachment B-2 – Task Budget". Provide all requested information as instructed.

16. LIST ALL PERMITS AND APPROVALS REQUIRED TO CARRY-OUT THE PROJECT. If the list does not fit in the space provided, submit the list as an attachment.

Project Title:			
17. STATUS OF PERMITS: A. Permit: <input type="checkbox"/> Not Started <input type="checkbox"/> In progress <small>(Attach copy of application)</small> <input type="checkbox"/> Date of consideration <input type="checkbox"/> Expected completion <input type="checkbox"/> Approved <small>(Attach copy)</small>	B. Permit: <input type="checkbox"/> Not Started <input type="checkbox"/> In progress <small>(Attach copy of application)</small> <input type="checkbox"/> Date of consideration <input type="checkbox"/> Expected completion <input type="checkbox"/> Approved <small>(Attach copy)</small>	C. Permit: <input type="checkbox"/> Not Started <input type="checkbox"/> In progress <small>(Attach copy of application)</small> <input type="checkbox"/> Date of consideration <input type="checkbox"/> Expected completion <input type="checkbox"/> Approved <small>(Attach copy)</small>	D. Permit: <input type="checkbox"/> Not Started <input type="checkbox"/> In progress <small>(Attach copy of application)</small> <input type="checkbox"/> Date of consideration <input type="checkbox"/> Expected completion <input type="checkbox"/> Approved <small>(Attach copy)</small>
18. Attach all Ordinances than apply to boating in the reservoir.			
SECTION IV. OTHER INFORMATION			
19. Does the applicant/designated representative(s) control/manage the program site solely as part of a joint power authority arrangement/Memorandum of Understanding (MOU)? Does the applicant/designated representative(s) hold a long-term lease agreement on the program site? Does the applicant operate the site through a concessionaire? Applicant/designated representative(s) must own or control the program area and rights of way to and from the project area. <small>(Provide copies of any related MOUs' lease agreements, ordinances, etc. concerning the control and operation of the project site.)</small>			
20. Submit a Resolution/Order from the governing body/executive officer authorizing the applicant/designated representative(s) to sign the application, contract, any claims for payment or reimbursement. <small>(See Harbors and Navigation Code, Section 676(e))</small>			
21. If the applicant/designated representative(s) have retained an outside consultant for the program, provide the contact information.			
Name:	Name:		
Title:	Title:		
Company:	Company:		
Address:	Address:		
Telephone:	Telephone:		
Email:	Email:		
SECTION VI. APPLICANT ANCKNOWLEDGEMENT AND SIGNATURE			
Under penalty of perjury, I hereby certify that I am an authorized representative of the Applicant, and that I have been authorized by the Applicant by Resolution/Order to execute this Application for funding.			
AUTHORIZED SIGNATURE:	PRINT NAME AND TITLE:	DATE:	