

# Grant Application



The Natural Resources Agency

Santa Monica Mountains Conservancy

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Malibu, California 90265

Phone: 310-589-3200

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www.smmc.ca.gov

Project Title:

Date:

Funds:

Amount:

Applicant Name:

Match amount:

Address:

Match source:

State/Province:

Total Project Cost:

Zip/Postal code:

Phone:

Brief Project Description:

Fax:

Grantee's Authorized Representative:

*Name and Title*

*Phone Number*

*Email*

Person with day-to-day responsibility:

*Name and Title*

*Phone Number*

*Email*

Project Objective:

\*Attach additional pages as necessary

Project Address:

Latitude:

Acreage:

Trail Length:

Longitude:

APN's:

Stream Miles:

Congressional District:

State Senate District:

Assembly District:

Tasks / Milestones:

Budget:

Completion Date:

\*Attach additional pages as necessary

I certify that the information contained in this Grant Application form, including required attachments, is accurate.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date