# Sport Fish Restoration Boating Access Grant Application

## 1. PRIMARY CONTACT

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Street Address: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. |
| Contact Person’s Telephone: | Click or tap here to enter text. |
| Contact Person’s E-mail: | Click or tap here to enter text. |

## 2. ORGANIZATION INFORMATION

|  |  |
| --- | --- |
| Organization Name: | Click or tap here to enter text. |
| Organization Type: |  |
| Tax ID: | Click or tap here to enter text. |
| Street Address: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |

## 3. PROJECT INFORMATION

|  |  |
| --- | --- |
| Project Title: | Click or tap here to enter text. |
| County or Counties: | Click or tap here to enter text. |
| Latitude/Longitude: | Click or tap here to enter text. |
| Estimated Start Date: | Click or tap here to enter text. |
| Estimated Project End Date: | Click or tap here to enter text. |
| Project Type: | (planning, implementation, or Operation Maintenance) |
| H. Landowner Name: | Click or tap here to enter text. |
| I. Landowner Type: |  |
| Total Amount Requested: | Click or tap here to enter text. |

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| Type of CEQA document(s) to be prepared | *Select all that apply.*  Initial Study  Notice of Exemption  Negative Declaration/ Mitigated Negative Declaration  Environmental Impact Report  To be determined |
| CEQA Lead Agency | *Name the CEQA Lead Agency (500-character limit)* |
| Is CEQA Complete? | *Is CEQA complete?*  Yes  No |
| State Clearinghouse Number | *If complete, provide the State Clearinghouse Number* |
| Date of Completion | *If complete, when was the CEQA document completed?* |
| Type of NEPA document(s) to be prepared | *Select all that apply.*  Categorical Exclusion  Environmental Assessment  Finding of No Significant Impact (FONSI)  Environmental Impact Statement  To be determined |
| NEPA Lead Agency | *Name the NEPA Lead Agency (500-character limit)* |
| Is NEPA Complete? | *Is NEPA complete?*  Yes  No |
| Status of NEPA Documents | *If not complete, describe the status of the NEPA documents being prepared. (2,000-character limit)* |
| Date of Completion | *If complete, when was the NEPA document completed?* |
| Environmental Permits | *Does the proposed project require any State, federal, and/or local environmental permits?*  Yes  No |
| Other Permits: | |
| *Please list required environmental permits and status.(500-character limit)* | |

## 4. ATTACHMENT CHECKLIST

|  |  |
| --- | --- |
| Provide the following attachments as applicable: | |
| Project Location and Map (All Proposals) |  |
| Budget Template – Cash Match or Staff Match (All Proposals) |  |
| Project Narrative Template (All Proposals) |  |
| Documentation from CEQA lead agency accepting the role (if applicable) |  |
| Documentation from NEPA lead agency accepting the (if applicable) |  |
| NEPA Checklist (All Proposals) |  |
| Endangered Species Act (ESA) Evaluation Form (All Proposals) |  |
| Bald and Golden Eagle Protection Act Compliance (if applicable) |  |

## 5. ACKNOWLEDGEMENT AND SIGNATURE

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| --- | --- |
| Once submitted, proposals are subject to the Public Records Act and may be publicly available. Do not submit personal information such as the following: home address, home phone number, home email address, date of birth, citizenship, drivers’ license number, marital status, personal hobbies, and the like. Such personal information is irrelevant to the merits of the proposal. | |
| I have read and understand the above statement. |  |
| I certify that the information contained in my Grant Application, including all required attachments, is true, accurate, and complete, and that I am authorized to apply for this grant. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.  Signature  Printed Name and Title: Click or tap here to enter text. | |