CONTROL OF SALE	County of Santa Cruz Health Services Agency • Environmental Hea	lth
	Fish and Wildlife Advisory Commis 701 Ocean Street, Room 312, Santa Cruz, CA 95060 (831) 454-3154 TDD/TTY -Call 711 www.scceh.com EnvironmentalHealth@santacruzcounty.us	Sion ZURONMENTAL
	RMATION: <b>APPLICANT</b> on <b>will not</b> be included in public documents.	
Project Name:		Date:
Full Name:		
Organization: <i>If applicable</i>		
Email Address	:	Phone
Mail Address:		
	Street Address	<i>Apartment/Unit</i> #

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To receive grant funds, applicants must be registered as vendors with Santa Cruz County. If you have received a grant in the past, you should have a Santa Cruz County Vendor Identification #

ZIP Code

YES

NO

State

Vendor ID #:

City

Is your Vendor ID mail address the same as the one listed above?

If you do not have a Vendor ID, or your mailing address has changed, you will need to attach a completed W-9 form to your application. If you are unsure about your Vendor ID information, please contact County General Services at <u>GSDSupportingDocs@santacruzcounty.us</u>.

**REPORTING REQUIREMENT:** If your grant application is approved, you will be required to write a summary report stating how the funds were expended and the success of the project. The report should be roughly  $\frac{1}{2}$  - 1 page in length and is due by August 15<sup>th</sup> after funding is approved. If the grantee does not plan to request funding in the following year, a progress report may be completed within a year of receiving the funds.