



# County of Santa Cruz

Health Services Agency ♦ Environmental Health



## Fish and Wildlife Advisory Commission

701 Ocean Street, Room 312, Santa Cruz, CA 95060  
(831) 454-3154 TDD/TTY -Call 711 [www.scceh.com](http://www.scceh.com)  
[EnvironmentalHealth@santacruzcounty.us](mailto:EnvironmentalHealth@santacruzcounty.us)

### GRANT INFORMATION: **PROPOSAL**

*This information **will** be included in public documents*

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant name  
or Organization: \_\_\_\_\_

### Project Description:

Funding Requested	
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ITEMIZED BUDGET ITEMS	Requested Funds	Matching Funds	Total Amount
TOTAL AMOUNTS			

Each item description should be sufficient to clearly define the full item. In addition to funds being requested, note any matching funds committed to the proposed project.

For each section, provide a brief written response.

Background of the issue being addressed

Project Goals

Project Logistics: how will the project be completed?

Project Completion Timeline

Applicants Background.