



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
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.