

FY 2017-18
CALTRANS ADAPTATION PLANNING GRANT APPLICATION

PROJECT TITLE	
PROJECT LOCATION (city and county)	

	APPLICANT	SUB-APPLICANT	SUB-APPLICANT
Organization			
Mailing Address			
City			
Zip Code			
Executive Director/designee and title	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
E-mail Address			
Contact Person and title	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Contact E-mail Address			
Phone Number			

FUNDING INFORMATION
 Use the Match Calculator to complete this section.
[Match Calculator](#)

Grant Funds Requested	Local Match - Cash	Local Match - In-Kind	Total Project Cost
\$	\$	\$	\$

Specific Source of Local Cash Match
 (i.e., local transportation funds, local sales tax, special bond measures, etc.)

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LEGISLATIVE INFORMATION*			
Information in this section must directly be tied to the applicant's address.			
All legislative members in the project area do not need to be listed.			
State Senator(s)		Assembly Member(s)	
Name(s)	District	Name(s)	District

*Use the following link to determine the legislators.
<http://findyourrep.legislature.ca.gov/> (search by address)

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1. Project Description (100 words maximum): Briefly summarize project.

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2. Project Justification (Do not exceed the space provided.): Describe the problems or deficiencies the project is attempting to address, as well as how the project will address the identified problems or deficiencies. Additionally, list the ramifications of not funding this project.

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3. Grant Specific Objectives (Do not exceed the space provided.): Explain how the proposed project supports the related State initiatives and priorities (as applicable) identified on pages 3 – 4. Furthermore, explain how the proposed project addresses the grant specific objectives listed on page 5.

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Grant Specific Objective (Continued - Do not exceed the space provided.)

Empty space for writing the Grant Specific Objective.

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4. Project Management

- A. Scope of Work in required Microsoft Word format
- B. Project Timeline in required Microsoft Excel format

See Scope of Work and Project Timeline samples and checklists for requirements (Grant Application Guide, Pages 26-32), also online at: <http://www.dot.ca.gov/hq/tpp/grants.html>

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Application Signature Page

If selected for funding, the information contained in this application will become the foundation of the contract with Caltrans.

**To the best of my knowledge, all information contained in this application is true and correct.
If awarded a grant with Caltrans, I agree that I will adhere to the program guidelines.**

Signature of Authorized Official (Applicant)

Print Name

Title

Date

Signature of Authorized Official (Sub-Applicant)

Print Name

Title

Date