

**CALIFORNIA MARITIME HERITAGE GRANT PROGRAM
GRANT APPLICATION COVER PAGE**

APPLICANT: _____

PROJECT NAME: _____

TOTAL GRANT FUNDING REQUESTED: _____

Contact People	Responsible for PROGRAM Management	Responsible for FISCAL management
Name and Title		
Address		
Phone		
Email		

LEGISLATIVE DISTRICTS:

State Assembly District: _____ **State Senate District:** _____

U.S. House of Representatives District: _____

TYPE of PROJECT:

Preservation Project

Education Project

I have read and will ensure that the applicant will comply with the California [Maritime](#) Heritage Grant Program general and special provisions and the Secretary of the Interior's Standards and Guidelines, as applicable.

Authorized Representative Signature

Date

Name and Title of Authorized Representative