

FY 2018-19
CALTRANS ADAPTATION PLANNING GRANT APPLICATION

PROJECT TITLE	
PROJECT LOCATION (city and county)	

	SUB-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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