



Florida Department of Environmental Protection

**FLORIDA RECREATION DEVELOPMENT ASSISTANCE PROGRAM
GRANT APPLICATION PACKAGE**

Required Signatures: **Adobe Signature**

PART I — GENERAL INFORMATION

(DEP USE ONLY)

Received: _____

Postmarked: _____

Application Number: _____

1. APPLICANT INFORMATION

A. Name of Applicant: _____

B. Federal Employer Identification Number:** _____
**** (This number must be registered at My Florida Market Place with the address the warrant will be forwarded)**

C. Population: _____

D. Current Operating Budget: _____
(This is the operating budget for the city, county or special district, and not just the department budget)

E. Contact Person: _____ Title: _____
(The contact person is someone who will be in direct contact with DEP and be responsible for administering this grant if awarded)

F. Mailing Address: _____

City/State: _____ Zip Code: _____

Telephone : () _____ E-mail: _____

FAX: _____

I hereby certify that the information provided in this application is true and accurate. I further certify that I possess the authority to apply for this grant on behalf of the applicant.

Signature of City or County Manager/Title

DRP-106 (Effective 06-05-2015)

Date

Page 1 of 28