

**ATTACHMENT A-1**  
**LIQUEFIED NATURAL GAS FROM LANDFILL GAS DEMONSTRATION GRANT**  
**APPLICATION COVER SHEET**

Applicant:	
Mailing Address:	
City & Zip Code:	County:

Primary Contact (Name & Title):	
Phone:	Fax:
Email Address:	

Type of Organization:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Agency	
Taxpayer federal employer identification number:	
Year organized:	
Assembly and Senate Districts:	

Brief Description of Project (3-5 Sentences):
Total Grant Request: \$

<b>Certification:</b>	
I declare, under penalty of perjury, that all information submitted for the CIWMB's consideration for allocation of grant funds is true and accurate to the best of my knowledge.	
Signature of authorized person: _____ Date: _____	
Type or print name and title: _____	

## **INSTRUCTIONS FOR APPLICATION COVER SHEET**

### **Applicant**

This is the name of the entity that is submitting the application, e.g. XYZ Corporation, City of Anaheim, Code Enforcement Agency or Santa Clara County Local Enforcement Agency.

### **Primary Contact**

This person is responsible for carrying out the day-to-day management and implementation of the project. All CIWMB correspondence will be directed to this individual.

### **Type of Organization**

Mark the type of company, non-profit organization, or public agency. If other than public agency, include taxpayer federal employer identification number and year the organized.

### **Assembly and Senate Districts**

List the numbers for all districts affected by the proposed projects.

### **Brief Description of Project**

Include a three to five sentence summary of the proposed project. Include the number of sites to be remediated.

### **Total Grant Request**

The total number of dollars being requested from the CIWMB rounded to the nearest dollar. Do not include applicant contributions or in-kind services.

### **Certification/Signatures**

Please select the designated signature authority carefully because only the person in the designated position, as authorized in the resolution, will be able to sign the Grant Agreement Form and Payment Request Form.