

**OFFICE OF NATURAL RESOURCE RESTORATION
NATURAL RESOURCE RESTORATION GRANT APPLICATION FORM**

Complete and submit with all required attachments to:

Office of Natural Resource Restoration
NJDEP
Mail Code 501-01
P.O. Box 420
Trenton, NJ 08625-0420

Applicant:
Municipality _____
County _____

Project Name: _____

Location of Site:
Street Address _____
Block(s) _____ **Lot(s)** _____

Project Manager: _____ **Title:** _____
Phone: _____ **Email:** _____

Total Estimated Cost of Project: \$ _____

Grant Request: \$ _____
Cost Share: In-Kind \$ _____ **Cash** \$ _____

Is the project site a current or former landfill site, known or suspected hazardous waste site, or adjacent to (or affected by) such sites?

___ Yes ___ No. If yes, explain: _____

Person having day to day responsibility for this application:

Name _____ **Title** _____

Address _____

Telephone () _____ **extension** _____ **Fax Number** () _____

E-mail address _____

Authorized Official: _____

Title: _____

(Local government official authorized to sign this application and the grant agreement on behalf of the applicant, e.g. Mayor, Business Administrator. This person must be identified by name as the authorized official in the Governing Body Resolution)

Resolution Certifier: _____

Title: _____

(Person that will sign to certify that the Governing Body Resolution was passed e.g. Municipal Clerk. This person cannot be the same as the authorized official named in the resolution.)

Chief Financial Officer: _____

Phone: _____ **Email:** _____

Address where checks are to be sent:

As the authorized official representative of the above named municipality named in the attached Governing Body Resolution, I hereby certify that the information provide within this grant proposal application and this application form is complete and true.

Date

**Signature of official authorized to submit application
per attached Governing Body Resolution**