## Application Face Sheet (OHV Form A)

State of California - The Resources Agency DEPARTMENT OF PARKS AND RECREATION Off-Highway Motor Vehicle Recreation Division						
APPLICATION FOR STATE OFF-HIGHWAY MOTOR VEHICLE RECREATION (OHMVR) GRANTS AND COOPERATIVE AGREEMENTS PROGRAM						
1. Applicant: BLM - Palm Springs South Coast FO						Application Year: 2007/2008
2. Address: 690 W. Garnet Ave., P.O. Box 581260						
City: N. Palm Springs		State: CA		Zip: <b>92258</b>		3. County: <b>Riverside</b>
4. California State Senate District: 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 33, 34, 35, 36, 37,		California State Assembly District: <b>40, 41, 42, 43, 44, 45,</b>		United States Congressional District: 27, 28, 29, 30, 31, 32,		5. (Non-profit applicants only) Federal Employer Identification Number:
6. PROJECT TYPE(S): (Enter the number of projects for each project type) Minimum: \$10,000 per Project. Maximum: \$500,000 per Project Type.						
0	Acquisition	0	Facilities Operation and Maintenance (FO&M)		2	Planning
1	Conservation	1	Law Enforcement			Restoration
0	Development	1	OHV Safety and/or Education Program			Trail Maintenance
(For all \$_1			AMOUNT REQUESTED Project Types) <b>,591,000</b> 00,000 per Applicant.			
7. APPLICANT'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):						
Authorized Representative: John Kalish				Project Administrator: Mona Daniels		
Title: Field Manager				Title: Outdoor Recreation Planner		
Telephone: 760-251-4800				Telephone: 760-251-4838		
Fax: <b>760-251-4899</b>				Fax: 760-251-4899		
<sup>E-mail:</sup> John_Kalish@ca.blm.gov				E-mail: Mona_Daniels@ca.blm.gov		
8. AUTHORIZING SIGNATURE Under penalty of perjury, I certify that all statements made in this Application are complete and accurate to the best of my knowledge and that the Project(s) proposed in this Application is/are consistent with applicable planning documents. I am authorized to obligate the Applicant to the contractual terms of this Application. I authorize representatives of the Off-Highway Motor Vehicle Recreation Division to verify the accuracy of the information contained in this Application as needed.						
x						
SIGNATURE				DATE		