OFFICE OF GRANTS AND LOCAL SERVICES
HABITAT CONSERVATION FUND (HCF) PROGRAM

Documented Contact with CCC and Certified Local Conservation Corps
Required for HCF Applications

Applicants complete the upper portion - Corps complete the bottom portion

Project Title: **SEE ATTACHED HCF APPLICATION FORM**

Project Type: Select One

Applicant (agency, address, phone, and website

Grant Request Amount $ _____

HCF APPLICANT CONTACT PERSON (address, phone, and email)

Conservation Corps Contacts
For Habitat Conservation Fund Projects

AGENCY	CCC CONTACT TITLE	EMAIL ADDRESS
California Conservation Corps	Chief of Field Operations	See www.parks.ca.gov/hcf click "Additional Applicaton Resources" for the link to the California Conservation Corps.
California Association of Local Conservation Corps	Association Manager	See www.parks.ca.gov/hcf, click" Additional Applicaton Resources" for the link to the California Association of Local Conservation Corps.

☐ A Corps can participate on the following items of work:

Name of Corps: Corps Contact (Name)

(Phone number) Signature

☐ A Corps cannot participate on the project for the following reasons:

- ☐ Tasks/Scope of Work outside the skill set of the Corps
- ☐ Project Distance/Logistics
- ☐ Financial/Budgetary Reasons
- ☐ Grant scope too limited
- ☐ Other _____

Name of Corps: Corps Contact (Name)

(Phone number) Signature