



State of California – The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

Project Application Form

PROJECT NAME PHASE II RENOVATIONS OF GRIFFIN PARK		REQUESTED GRANT AMOUNT \$ 2,000,000
PROJECT SITE NAME and PHYSICAL ADDRESS where PROJECT is located (including zip code) (Use latitude and longitude if there is no street address) GRIFFIN PARK 420 SOMERSET CIRCLE, CORONA, CA 92879		LAND TENURE (<input checked="" type="checkbox"/> all that apply) <input checked="" type="checkbox"/> Owned in fee simple by APPLICANT <input type="checkbox"/> Available (or will be available) under a _____ year lease or easement
NEAREST CROSS STREET GRIFFIN WAY AND BRITTANY DRIVE		
COUNTY OF PROJECT LOCATION RIVERSIDE COUNTY		
APPLICANT NAME AND MAILING ADDRESS CITY OF CORONA 400 SOUTH VICENTIA AVE., STE. 225, CORONA, CA 92882		
AUTHORIZED REPRESENTATIVE AS SHOWN IN RESOLUTION		
JACOB ELLIS, CITY MANAGER	Jacob.Ellis@CoronaCA.gov	951- 279-3710
Name (typed or printed) and Title	Email address	Phone
GRANT CONTACT - For administration of grant (if different from AUTHORIZED REPRESENTATIVE)		
Moses Cortez, Facilities, Parks, and Trails Manager	Moses.Cortez@CoronaCA.gov	951-739-4957
Name (typed or printed) and Title	Email address	Phone
GRANT SCOPE: I represent and warrant that this APPLICATION PACKET describes the intended use of the requested GRANT to complete the items listed in the attached Project Scope/Cost Estimate Form. I declare under penalty of perjury, under the laws of the State of California, that the information contained in this APPLICATION PACKET, including required attachments, is accurate.		
<u>Jacob Ellis</u> 8CB6AE0895944B4		<u>1/9/2023</u>
Signature of AUTHORIZED REPRESENTATIVE as shown in Resolution		Date
Print Name	<u>Jacob Ellis</u>	
Title	<u>City Manager</u>	