

**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

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**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**