



## APPLICATION FORM 20% FUNDING PROGRAM

The Open Space Authority reserves the right to request information from the applicant as a part of the application review and approval process. If more space is required to answer any of the questions, additional sheets may be used. Please reference the question number in the response. For additional information, please refer to Chapter 6 of the Authority's 5 Year Plan.

**1) Name of applying jurisdiction:**

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**2) Contact Person (name, title, department, address, phone, fax):**

Name	_____	Phone	_____
Title	_____	Fax	_____
Department	_____		
Address	_____		
	_____		
	_____		

**3) Name, address, title, department, phone and fax of representative responsible for supervision of funds and records of participating jurisdictions:**

Name	_____	Phone	_____
Title	_____	Fax	_____
Department	_____		
Address	_____		
	_____		
	_____		



**4) Name and Location of Project**

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**5) Current Owner**

**6) Current Lessee  
(if applicable)**

**7) Current Zoning**

**8) Site Size**

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**9) If joint project, or if owner will remain other than applicant, list other agencies involved, and their responsibilities for the project.**

**10) Brief description of proposed project:**

**11) How is the proposed project consistent with the open space policies and goals stated in the local jurisdiction's General Plan?**



# Santa Clara County Open Space Authority

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**12) If acquisition, how is the proposed project consistent with the Authority’s Acquisition Criteria?**  
(See page 9 of the Authority’s 5-Year Plan. If proposed project is a combination of acquisition and site development/restoration, please answer both questions 12 and 13.)

**13) If applicable, are all parties involved “willing sellers”?**

Yes                      No

**14) If site development/restoration, how is the proposed project consistent with the Authority’s Definition of Open Space?** (See page 5 of the Authority’s 5-Year Plan. If proposed project is a combination of acquisition and site development/restoration, please answer both questions 12 and 13.)

**15) If site development/restoration, why is the proposed project more appropriate than acquisition?**

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**16) Project Budget** (Attach cost estimate if available)

<b>Total Project Cost</b>	<b>\$</b>	_____
Amount Requested in this Application	<b>\$</b>	_____
Other Funding Sources (list)	<b>\$</b>	_____
Projected Annual Revenue (if applicable)	<b>\$</b>	_____

<b>To be completed by Authority Staff</b>	
Project annual 20% funds available to Applicant	<b>\$</b> _____
Accrued 20% funds available to staff	<b>\$</b> _____



17) If amount requested exceeds projected five-year allocation, does jurisdiction wish to accrue funds for longer than five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If YES, state why this project is more appropriate than other projects that could be accomplished more quickly.*

*If NO, please state funding strategy.*

18) Maintenance Budget

Estimated Annual Cost

Are local funds allocated for maintenance?

\$ \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

*If YES, provide allocation documentation.*

*If NO, how will the project be maintained?*

19) Project schedule (including necessary permits and approvals, starting and completion dates):



## Santa Clara County Open Space Authority

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**20) Approved by City Council/Board of Supervisors?**

Yes \_\_\_\_\_ No \_\_\_\_\_

*If YES*, attach copy of Resolution or meeting minutes.

*If NO*, give date of expected approval.

**21) Date reimbursement payment from Authority expected to be requested.**

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**22) Please describe long-term site development goals if different than proposed use as stated in application.**

**23) Provide and list enclosures of any design or construction drawings, studies or other reports that have been prepared in support of this project. *Include the name, address and phone number for the staff member or consultant who prepared each plan/report.***

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Please return application to: Santa Clara County Open Space Authority  
6830 Via del Oro, Ste 200  
San Jose, CA 95119