

**State of California - The Resources Agency
DEPARTMENT OF PARKS AND RECREATION
Division of Off-Highway Motor Vehicle Recreation
(OHV Form A)**

**APPLICATION FOR STATE OFF-HIGHWAY MOTOR VEHICLE RECREATION (OHMVR)
LOCAL ASSISTANCE GRANTS OR COOPERATIVE AGREEMENTS PROGRAM**

(State's Use Only) PROJECT NUMBER: **OR** - _____

Application Year: 2006/2007

1. Applicant:
Bureau of Land Management, El Centro Field Office

Address:
1661 S. 4th Street

2. City: El Centro	County: Imperial	State: CA	Zip: 92243
3. California State Senate District: 37	California State Assembly District: 80	United States Congressional District: 51	

4. GRANT OR PROJECT AGREEMENT TYPE(S): (Select one or more)

<input type="checkbox"/> Acquisition	x	<input type="checkbox"/> Facilities Operation and Maintenance (FO&M)	x	<input type="checkbox"/> Restoration
<input type="checkbox"/> Conservation	x	<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Scientific Research
<input type="checkbox"/> Development		<input type="checkbox"/> OHV Safety and/or Education		<input type="checkbox"/> Trail Maintenance,
x Equipment		<input type="checkbox"/> Planning		

**GRAND TOTAL AMOUNT
REQUESTED**
(For all Project Types)
Note: Minimum of \$5,000 for each project type

\$3,005,000

(Rounded to the nearest \$1,000)

5. APPLICANT'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON (S):

Authorized Representative: Vicki Wood	Project Administrator: Neil Hamada
Title: Field Manager	Title: Dunes Manager
Telephone: 760-337-4400	Telephone: 760-337-4451
Fax: 760-337-4490	Fax: 760-337-4490
E-mail: vwood@ca.blm.gov	E-mail: nhamada@ca.blm.gov

6. 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 the 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
SIGNED

DATE