

Siskiyou County Fish and Game Commission

Grant Application

Date: 4/5/18

To: Siskiyou County Fish and Game Commission

From: (Name) California Deer Association
(Address) _____
(Telephone) _____

Project Title: Siskiyou Deer Study UTV / ATV

Brief Project Description:

Purchase of a vehicle UTV or
ATV for the deer & puma study
in Siskiyou County

Amount of Funds Requested \$ 3000⁰⁰

Other Funding Sources and Amounts: CDA

Project Start Date: 4/15/18

Project Finish Date: _____

Number of Progress Reports and Dates: NA

Brief Personal/Professional Background: _____

Commission Action (for official use only):

Date: _____ Priority Number: _____

Approval: _____ Disapproval: _____

Comments: _____

Board Actions: Approved _____ Disapproved _____ Date _____

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Complete and attach to your grant application.

As a business we are required to file Forms 1099. In order to properly complete our reporting requirements we need certain information from you. Please complete the following and return to the address shown above. Thank you for your assistance.

Please check one box only and provide name and Taxpayer Identification Number.

Individual/Sole Proprietor

Name CALIFORNIA DEER ASSOCIATION
DBA: _____

Social Security Number / / / /

Corporation Partnership Estate or Trust

Full Business Name CDA CALIFORNIA DEER ASSOCIATION

Federal Employer Identification Number / /

Business Address 1431 N MARKET BLVD #1

Mailing Address SACRAMENTO CA 95834

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Signature Dale MacDougal Title CDA STATE PROJECT DIRECTOR

Telephone Number 530 209-5594 Date 4/8/18

PAYMENT WILL NOT BE ISSUED UNTIL THIS FORM IS COMPLETED AND RETURNED TO THIS OFFICE.