



INTAKE FORM

PROJECT TEAM PROFILE

This section collects information about the project team.

1. Lead applicant (“you” or “your”) general contact information: (write in)

| | |
|---|---|
| Organization Name: City of Fontana | Authorized Officer Name: Robert Torres |
| Lead Contact Name and Title: Robert Torres, Public Affairs Manager | California-Based Affiliate Contact (if different from the Lead Contact Name): Same |
| Person with Contract Signing Authority (if different from above): Fontana City Council | |
| Street Address: 8353 Sierra Ave | |
| City: Fontana | Zip Code: 92335 |
| Phone: 909-538-0517 | Email Address: rtorres@fontana.org |
| Mailing Address (If different): | |

2. Please select your organization’s type:

(select one)

Public agency. The City of Fontana is a public agency.

3. Do all partners included on your application team have full support and approval from decision-makers in their organization (e.g. Board of Directors, City Council, or other governing body, etc.) to participate in the project as proposed?

Yes.

Conditional:

- a. If any application team members still require approvals to participate in the project, please state which member, who has the authority to approve, the process for approval, and anticipated approval timelines.**

None.

4. If your project area eligibility is based on location on tribal lands, please provide the name of the reservation, or if not part of a reservation, the address of the tribally owned facility.

N/A.