**Project Pre-Application:**

**Monarch Butterfly and Pollinator Rescue Program Funding**

**(Up to 4 pages not including photographs or maps)**

**PROJECT INFO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** |  | | |
| **Brief Summary** |  | | |
| **Total Project Cost (round to nearest $1,000)** | **$** | **Amount Requested** | **$** |
| **Start Date** |  | **End Date** |  |
| **Habitat Type/Acres** |  | | |

**LOCATION INFO**

|  |  |  |  |
| --- | --- | --- | --- |
| **County(ies)** |  | **Specific Location**  **(APN or Address)** |  |
| **Nearest City** |  | **Distance** |  |
| **Latitude**  (Decimal Degrees) |  | **Longitude**  (Decimal Degrees) |  |
| **What point is represented by the lat/longs (eg., parking lot, center of site, etc):** | |  | |

**APPLICANT INFO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | State Government Federal Government  Local Government Nonprofit Organization  Tribal Private Landowner  Resource Conservation District | | |
| **Organization Name** |  | | |
| **Contact Person** |  | **Title** |  |
| **Phone** |  | **Email** |  |
| **Address** |  | | |

**LANDOWNER INFO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | State Government Federal Government  Local Government Nonprofit Organization  Private Landowner Other | | |
| **Organization Name** |  | | |
| **Contact Person** |  | **Title** |  |
| **Phone** |  | **Email** |  |
| **Address** |  | | |

# Project Overview

*Provide a brief (2 paragraphs or less), clear description of the project and an explanation of how the project will provide benefits to monarchs and other pollinators.*

**Environmental Review (CEQA)**

The proposed project…. (select the appropriate answer):

Is not a project under CEQA. Briefly specify why.

Is exempt under CEQA. Provide the CEQA exemption number and specify how the project meets the terms of the exemption.

Requires Neg Dec, MND, or EIR. Specify the lead CEQA agency (the agency preparing the document) and the (expected) completion date. Please note that WCB will need to review and approve any CEQA document. For more information on CEQA, visit: <http://ceres.ca.gov/topic/env_law/ceqa/flowchart/index.html> .

# Funding Sources

*Provide a task oriented draft budget for the proposed project (Table Below). Include a complete list of all partners contributing toward the project and include all sources of cash and in-kind services.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task #** | **Task** | **WCB** | **Other** | **Total Cost** | **Expected Completion Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| **TOTAL** |  | **$ 0** | **$ 0** | **$ 0** |  |

*Add or delete rows as necessary.*

**Other Funds**

*Please list all of the sources of match funding described above. Please indicate if other funding sources have been secured or are pending (applied for but not yet awarded).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Amount ($)** | **Status - Secured / Applied for** | **State of CA Funds Y/N** |
| e.g: California Natural Resources Agency–  Prop 1 |  | Secured | YES |
| e.g: National Fish and Wildlife Foundation |  | Applied for | NO |
| **TOTAL** | **$** |  |  |

*Add or delete rows as necessary.*

## Maps/Photographs

*Attach location maps, designs, plans, engineering drawings, color photographs, etc., to help describe your proposal. Label photos with a one sentence description*.