Appendix A: Proposal Application Form and Instructions

**Cannabis Restoration Grant Program (CRGP) – Qualified Cultivator Funding Opportunity**

**Note to Applicants:** All Full Applicants must be invited from the Pre-Application phase and applications must be submitted online at WebGrants: <https://watershedgrants.wildlife.ca.gov>. Appendix A is provided to allow applicants to fill out the Application offline, then cut and paste information into WebGrants.

Appendix A is intended to include the same WebGrants user instructions seen on the online application for consistency.

# Application Main Menu

**Before Starting**

* For Eligibility and Application requirements, refer to:
	+ [**Qualified Cultivator Funding Opportunity, Proposal Solicitation Notice (Solicitation)**](https://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=195378)
* For additional resources see the [**Cannabis**](https://www.wildlife.ca.gov/Conservation/Watersheds/Restoration-Grants/Resources) **Restoration** [**Grant**](https://wildlife.ca.gov/Conservation/Watersheds/Cannabis-Restoration-Grant) **Program webpage**

**Completing and Submitting the Application**

* All application forms are required, depending on project type.
* Each form includes form-specific instructions.
* User must click **Save** to save entered information; the system does not save automatically. Save at least once an hour to ensure information is not lost if system times out.
* All required fields must be filled in before a form may be **Marked as Complete**.
* All forms must be **Marked as Complete** before submitting. The **Marked as Complete** button is below form instructions.
* The check mark in the **Complete?** column in the application menu is only an indicator that the form has been completed, not submitted. Forms can be further edited until submitted.
* To **Submit** the application: click the **Submit** button on the Application main menu / form list page. Once submitted, the form is locked down; no further editing is possible.
* To **Withdraw** the application from consideration, click the **Withdraw** button on the Application main menu.
* To **Print** the application at any time: From the Application main menu click **Application Details** and **Print**. Clicking **Print to PDF** will create a pdf that includes all uploaded attachments except excel files.

**Need help?**

* **Contact** **CDFWWebgrants@wildlife.ca.gov** Monday to Friday, 9 am to 4 pm.
* See the [WebGrants User Guide](https://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=187251) to help you navigate through WebGrants.

Table of Contents

[Application Main Menu i](#_Toc94513219)

[Form 1. General Information 1](#_Toc94513220)

[General Information 1](#_Toc94513221)

[Form 2. Project Narrative 2](#_Toc94513222)

[Project Purpose and Background 2](#_Toc94513223)

[Solicitation Priorities 2](#_Toc94513224)

[Significance of Benefits 3](#_Toc94513225)

[Cultivator Details 4](#_Toc94513226)

[Land Tenure Information 5](#_Toc94513227)

[Project Location Details 6](#_Toc94513228)

[Project Maps and Photos 7](#_Toc94513229)

[Community Support, Collaboration, and Equity 7](#_Toc94513230)

[Project Team Qualifications and Experience 8](#_Toc94513231)

[Form 3. Permits, Environmental Compliance, & Engineering 9](#_Toc94513232)

[CEQA and NEPA Compliance 9](#_Toc94513233)

[Environmental Permits and License Table 11](#_Toc94513234)

[Engineering Design 12](#_Toc94513235)

[Form 4. Monitoring, and Long-Term Management 13](#_Toc94513236)

[Monitoring, and Long-Term and Adaptive Management 13](#_Toc94513237)

[Form 5. Timeline and Approach/Scope of Work 15](#_Toc94513238)

[Timeline and Deliverables 15](#_Toc94513239)

[Approach and Scope of Work 16](#_Toc94513240)

[Form 6a. Budget 17](#_Toc94513241)

[Personnel Services 17](#_Toc94513242)

[Staff Benefits 18](#_Toc94513243)

[General Operating Expenses 18](#_Toc94513244)

[Subcontractors 18](#_Toc94513245)

[Indirect Charges 19](#_Toc94513246)

[Equipment & Other Indirect-Excluded Operating Expenses 19](#_Toc94513247)

[Form 6b. Budget Tables 20](#_Toc94513248)

[Budget Tables 20](#_Toc94513249)

[Form 7. Supplementary Attachments 20](#_Toc94513250)

[Form 8. Acknowledgment and Signature 21](#_Toc94513251)

# Form 1. General Information

## General Information

|  |  |
| --- | --- |
| **Primary Contact**  | *Name of the single point of contact and person responsible to the Applicant Organization for the administrative oversight of the project. (The person who starts the Application is the default Primary Contact.)* |
| **Project Title** | *Provide a brief, descriptive project title:*  |
| **Authorized Official** | *Provide name and title of person authorized to legally sign the grant agreement. Note that only one individual may be named as the Authorized Official and will be the signatory on behalf of the Applicant Organization. The Authorized Official must be employed by the Applicant Organization.* |
| **Organization** | *Name of the Applicant Organization (the applicant is solely responsible to ensure all grant provisions are met):* |
| **Organization Type** | *Select which organizational type the applicant falls under based on section 2.1 of the Solicitation. If applicant does not fall under a listed category, the applicant is not an eligible entity.*[ ] Public Agency[ ]  Nonprofit Organization[ ]  California Native American tribe, as that term is defined in Public Resources Code Section 21073  |
| **Applicant Federal Tax Id Number (FEIN)** | *Enter the FEIN associated with this applicant* |
| **Estimated Start Date** | *Provide the date when the proposed project is estimated to begin*  |
| **Estimated Completion Date** | *Provide the date when the project to be funded will end (no later than three years after grant execution:* |
| **Estimated Construction Start Date** | *If the project will include construction activities, provide the anticipated dates when project construction will begin* |
| **Estimated Construction End Date** | *If the project will include construction activities, provide the anticipated dates when project construction will end* |

# Form 2. Project Narrative

## Project Purpose and Background

|  |  |
| --- | --- |
| **Brief Description** | *Provide a brief overview of the project. (1,000 character limit)* |
| **Purpose and Need** | *Describe the purpose of the project. Identify how the project addresses critical problems, threats, or issues. Include citations to specific sections of relevant documents. (7,000 character limit)* |
| **Background and Project History** | * *Provide relevant background information and project history, including all phases completed to date and future anticipated phases.*
* *Indicate if the project is part of any mitigation, court orders, and/or settlement agreements.*
* *Indicate funding sources for each phase, including a strategy for funding of future phases. Indicate if the project is related to any previous or proposed CDFW-funded projects.*
* *Describe all secured and unsecured cost share included in the Cost Share form. Indicate if there are additional current or proposed applications for funding not listed in the Cost Share form, and whether they are complementary (additive) or for the same work (duplicative).*
* *Indicate if the project is related to any previous or proposed projects funded by CDFW*
* *Describe the status of the project, readiness to proceed, and the likely outcome if no funds are available from CDFW.*

*(7,000 character limit)* |

## Solicitation Priorities

|  |
| --- |
| Section Instructions: **Projects may be classified within one or both of the following project priorities (See Solicitation Section 2.3):** |
| **Project Priority - Transition from Provisional License to Annual License** | *Is the proposed project classified under the project priority, Transition from Provisional License to Annual License?* [ ]  Yes[ ]  No |
| **Priorities Description** | *If Yes, describe how the project addresses the Project Priority - Transition from Provisional License to Annual License. This can be carried over from the pre-application or updated based on pre-application input.* |
| **Project Priority - Sustainable Cultivation Practices** | *Is the proposed project classified under the project priority, Sustainable Cultivation Practices?* [ ]  Yes[ ]  No |
| **Priorities Description** | *If yes, describe how the project addresses the Project Priority - Sustainable Cultivation Practices . This can be carried over from the pre-application or updated based on pre-application input. (2,000 character limit)* |
| **Geographic Focus** | *Is this a*[**Cannabis Priority Watershed**](https://www.waterboards.ca.gov/water_issues/programs/cannabis/california_priority_watersheds.html)*and/or a tributary identified in the* [***California Water Action Plan***](https://wildlife.ca.gov/Conservation/Watersheds/Instream-Flow/Action-Plan)*?*[ ]  No[ ]  Yes, please list which watershed. |
| **Co-Benefits Description** | *All proposed projects under this Solicitation must benefit qualified cultivators and provide co-benefits. Co-benefits may include, but are not limited to habitat improvements and/or species conservation, and promoting equity. Please describe the co-benefits the proposed project will provide (see Solicitation Section 2.4). This can be carried over from the pre-application or updated based on pre-application input. (2,000 character limit)* |
| **Project Category** | *Select only one project category:*[ ]  Planning[ ]  Planning and Implementation[ ]  Implementation |
| **Project Category Description** | *Proposals for “Planning and Implementation” must complete all required environmental processes and permitting, and implement the proposed project within the grant agreement term. Please explain how the proposed project will be able to meet these requirements*. *This can be carried over from the pre-application or updated based on pre-application input.* |

## Significance of Benefits

|  |  |
| --- | --- |
| **Significance of Benefits** | *Provide analysis and documentation to demonstrate the significance of expected benefits (e.g. ecological outcome, annual license issuance) and the likelihood that anticipated outcomes will be realized. (3,000 character limit).*  |
| **Metric(s) for Success** | *Quantify project benefits (e.g., road miles treated, amount of sediment removed from system, acres of restored habitat, amount of refuse removed…etc.)* |
| **Landscape Context** | *Describe the project area, including site characteristics that are tied to the project objectives:** *Describe existing and target ecosystems of each project site.*
* *Describe the significance of the project at a landscape scale.*
* *Identify existing public or conserved lands within or adjacent to the project site, how that land might be affected by the project, and how the project will improve landscape scale ecosystem functions such as landscape connectivity and habitat patch size.*
 |

## Cultivator Details

|  |
| --- |
| Section Instructions: * To enter data into this table, select **Add** to the right of this section’s title.
* If the **Add** button is not visible, you are probably still in Edit Mode. Go to the top of the form and click **Save** to exit Edit Mode, and then click **Add**.
* Fill out required information and select **Save** when finished.
* Repeat to add a row for each project site.
* To edit a row, select the entry in the first column.
 |
| **License Number** | **License Type** | **License Stage** | **Effective Date****(mm/dd/yy)** | **Expiration Date****(mm/dd/yy)** | **CDFW Permit Number** | **Legal Business Name** | **Owned By** |
|  | **Specialty cottage**[ ]  Specialty Cottage Outdoor[ ]  Specialty Cottage Mixed-Light Tier 1**Specialty**[ ]  Specialty Outdoor[ ]  Specialty Mixed-Light Tier 1**Small**[ ]  Small Outdoor[ ]  Small Mixed-Light Tier 1 | [ ]  Provisional[ ]  Annual |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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## Land Tenure Information

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| --- |
| Section Instructions: * To enter data into this table, select **Add** to the right of this section’s title.
* If the **Add** button is not visible, you are probably still in Edit Mode. Go to the top of the form and click **Save** to exit Edit Mode, and then click **Add**.
* Fill out required information and select **Save** when finished.
* Repeat to add a row for each project site.
* To edit a row, select the entry in the first column.*For each License Number listed in the Cultivator Details section, list landowner(s) providing permission to access project site(s). If the Project has no on-the-ground activities, do not complete this table.*
 |
| **License Number** | **Site Number** | **Cultivator is Site Owner** | **Landowner Information** | **Landowner Interest** | **Land Tenure/ Site Control** |
|  | *Unique identifier for the project site. This is the same as Project Location Details Site Number / Identifier.* | * *Yes*
* *No*
 | *Landowner name, affiliation, address, phone, and email. (500 character limit)* | *Indicate what type of interest the landowner holds: easement, title, or lease. (100 character limit)* | *Submit documentation showing adequate tenure to, and site control of, the properties to be improved or restored for a minimum of 5 years. Proof of adequate land tenure includes, but is not limited to:* * *Fee title ownership,*
* *easement or license agreement,*
* *Other agreement between the applicant and the fee title owner, or the owner of an easement in the property, sufficient to give the applicant adequate site control for the purposes of the project and long-term management.*

 *For projects involving multiple landowners, all landowners or an appointed designee must provide written permission to complete the project.* *CDFW and its representatives shall have access to the project site at least once every 12 months from the start date of the grant for 5 years, or an appropriate term negotiated prior to grant execution.* *When an applicant does not have tenure at the time of proposal submission, but intends to establish tenure via an agreement that will be signed prior to grant execution, the applicant must upload a template copy of the proposed agreement, memorandum of understanding (MOU), or permission form. Documentation of adequate tenure must be submitted prior to grant execution.”* |

## Project Location Details

|  |
| --- |
| Section Instructions: * To enter data into this table, select **Add** to the right of this section’s title.
* If the **Add** button is not visible, you are probably still in Edit Mode. Go to the top of the form and click **Save** to exit Edit Mode, and then click **Add**.
* Fill out required information and select **Save** when finished.
* Repeat to add a row for each project site.
* If the project area spans multiple counties, enter a separate entry for each county. To edit a row, select the entry in the first column.
 |
| **License Number** | **Site Number/ Identifier** | **Location Description** | **Latitude** | **Longitude** | **Description of Coordinates** | **County** | **Senate** | **Assembly** |
|  | *Unique identifier for the project site* | *Describe the location of the project site. Indicate if advance permission is required from the landowner and if locked gates exist. Indicate if there are restrictions to road use. (5,000 character limit)* | *XX.XXXXX* | *-XXX.XXXXX* | *Provide a brief description of what the coordinates refer to, such as the center point of the project reach, or location of your organization’s headquarters. (250 character limit)* | *Provide the county in which the project will occur.* | *Identify the California Senate district of the project site. Refer to the*[***California State Legislature Map Search***](http://www.legislature.ca.gov/legislators_and_districts/districts/districts.html)*.* | *Identify the California Assembly district of the project site. Refer to the*[***California State Legislature Map Search***](http://www.legislature.ca.gov/legislators_and_districts/districts/districts.html)*.* |
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## Project Maps and Photos

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| --- | --- |
| **Location (Regional) Map** | *Clearly identify the project's location in relation to prominent area features. Map should provide sufficient detail to allow a person unfamiliar with the area to locate the project. Attach the Location Map by clicking “Browse”* |
| **Project Specific (Site-scale) Map** | *Clearly delineate project boundaries on an appropriately scaled, USGS (or equivalent) 7.5 minute contoured topographic quadrangle map. Should be sufficiently detailed to identify key elements described in the Project Narrative. Aerial photos do not satisfy this requirement.**Planning projects: Provide a map that shows the extent of the project or anticipated project boundaries.**Attach the Project Specific Map by clicking “Browse”* |
| **Site Photos** | *Required for Implementation and Planning projects (where sites have been identified). Submit no more than 10 photos showing representative areas of the project site(s).* ***Please combine photos into a single pdf document and include captions.*** *Photo point locations may be included on the Project Specific Map.* |
| **Project Shapefiles** | *Attach a polygon boundary of your project using either of these formats:** *Shapefile (shs): zipped*
* *Keyhole Markup Language: zipped (kmz)*

*Project sites separated by more than 0.5 miles should be included as separate polygons. Include the following fields in your file:** *Application Number: (found at the left top of the page in your application).*
* *Applicant Name*
* *Project Title*
* *Site Name*

***Note****: If your Project is selected for funding, you may be required to submit more detailed shape files or kmz files.* |

## Community Support, Collaboration, and Equity

|  |  |
| --- | --- |
| **Community Support and Collaboration** | * *Describe public and institutional support for the project at the local, regional, or larger scale and evidence of that support. E. g., have stakeholders provided funds, in-kind contributions (e.g., administrative/technical services), partnerships, etc.*
* *Describe efforts to include stakeholders in project planning, outreach/education, monitoring, etc.*
* *Letters of support are not required but may be uploaded to the Supplementary Attachments Form. To be considered, letters of support must be submitted through WebGrants; those submitted by other means will not be considered.*

*(3,000 character limit)* |
| **Equity**  | *If applicable, describe any involvement with local equity programs, as defined by the Business and Professions Code (BPC), Division 10, Chapter 23, Section 26240 (c-e).* |

## Project Team Qualifications and Experience

| **Section Instructions** Save your progress to enter your data in this table. Select Save at the top of the screen. To add a row to this table, select Add to the right of this section’s title. If the Add button is not visible, you are probably still in Edit Mode. Go to the top of the form and click Save to exit Edit Mode, and then click Add. Fill out the required information, and select Save when finished. Repeat to add a row for each member of the Project Team. To edit a row, select the entry in the first column.**WHOM TO INCLUDE IN THE PROJECT TEAM**The Project Team includes the principle applicant staff and subcontractors (e.g., consultants, licensed professionals, lawyers) who will be performing the work described in the proposal. All Project Team Members listed here must also be included in the Budget.If subcontractors have not been selected yet, then provide the following: "TBD" for name Project role for unnamed subcontractor Desirable qualifications and experience for prospective subcontractors If the subcontractor will be a California licensed professional engineer or geologist, enter "TBD" for the license information in the Biographical  Sketch. Biographical Sketches are not required for unnamed subcontractors**PLEASE NOTE:** Once submitted, proposals are subject to the Public Records Act and may be publicly available. DO NOT submit personal information such as home address; home telephone, fax, or cell phone numbers; home email address; date of birth; citizenship; drivers’ license numbers; marital status; personal hobbies; and the like. Such personal information is irrelevant to the merits of the proposal. |
| --- |
| **Last Name** | **First Name** | **Personnel or Subcontractor** | **Project Role** | **Biographical Sketches** |
|  |  |  | *Describe this person’s role in the project* | *Attach a one-page Biographical Sketch by clicking “Browse.”* *Include the following information:** *Education and Training*
* *Academic/Professional Appointments (beginning with the current appointment)*
* *If a licensed professional, provide license information*
* *Up to 5 products (e.g., publications, planning documents, reports) related to the proposed project. Each product must include full citation information.*
* *Relevant background information about the Organization with which the individual is associated.*
 |

| **Conflict of Interest** | *To assist CDFW in identifying potential conflicts of interest, list people not identified in Project Team, above, that helped with proposal development (for example by reviewing drafts, or by providing critical suggestions or ideas contained within the proposal) or that will assist with implementing project tasks. Include technical and permitting staff from CDFW and other agencies that have been consulted. Additional applicant administrative support staff do not need to be included. List the name(s) and organization(s) and the type of assistance provided. (2,000 character limit)* |
| --- | --- |

# Form 3. Permits, Environmental Compliance, & Engineering

## CEQA and NEPA Compliance

|  |  |
| --- | --- |
| **Is CEQA Complete?** | *Projects that receive funding from CDFW must comply with all applicable laws and regulations, including the California Environmental Quality Act (CEQA). For Implementation projects, CEQA must be complete 15 days prior to CDFW Director approval of projects.**Is CEQA complete?*[ ]  Yes[ ]  No |
| **What type of CEQA document will or has been prepared?** | *Select all that apply.*[ ]  Initial Study[ ]  Notice of Exemption[ ]  Negative Declaration/ Mitigated Negative Declaration[ ]  Environmental Impact Report[ ]  To be determined |
| **Explanation of CEQA Document** | *If not complete, describe the status of the CEQA documents being prepared. If exempt, what is the basis of the exemption? Or if a CEQA document is not being prepared or is yet to be determined, please explain why. (2,000 character limit)* |
| **Date of Completion** | *If complete, when was the CEQA document completed? Or if not complete, provide the expected date of CEQA document completion.*  |
| **State Clearinghouse Number** | *If complete, provide the State Clearinghouse Number* |
| **CEQA Lead Agency** | *Name the CEQA Lead Agency. To be determined is acceptable. (500 character limit)* |
| **CEQA Lead Agency Contact Information** | *Contact person, agency, address, phone number and email address. To be determined is acceptable. (500 character limit)* |
| **CEQA Lead Agency Justification** | *Why was Lead Agency selected? Has this agency accepted the role of Lead Agency? To be determined is acceptable. (2,000 character limit)* |
| **CEQA Lead Agency Acceptance** | *If not complete, Implementation Projects must attach notification from Lead Agency indicating acceptance of their role. Attach proof of Lead Agency Acceptance by clicking “Browse”* |
| **Is NEPA Complete?** | *Is NEPA complete?*[ ]  Yes[ ]  No |
| **What type of NEPA document will or has been prepared?** | *Select all that apply.*[ ]  Categorical Exclusion[ ]  Environmental Assessment[ ]  Finding of No Significant Impact (FONSI)[ ]  Environmental Impact Statement[ ]  To be determined |
| **Explanation of NEPA Document(s)** | *If not complete, describe the status of the NEPA documents being prepared.* *If a Categorical Exclusion will be prepared, identify the exclusion and justify why the exclusion is appropriate. If a NEPA document is not being prepared or is yet to be determined, please explain why. (2,000 character limit)* |
| **Date of Completion** | *If complete, when was the NEPA document completed? Or if not complete, provide the expected date of NEPA document completion.*  |
| **NEPA Document Name** | *If complete, provide the name of the NEPA document. (200 character limit)* |
| **NEPA Lead Agency** | *Name the NEPA Lead Agency. To be determined is acceptable. (500 character limit)* |
| **NEPA Lead Agency Contact Information** | *Contact person, agency, address, phone number and email address. To be determined is acceptable. (500 character limit)* |
| **NEPA Lead Agency Justification** | *Why was Lead Agency selected? Has this agency accepted the role of Lead Agency? (2,000 character limit)* |

## Environmental Permits and License Table

|  |
| --- |
| *Section instructions: To enter data into this table, select “Save” and exit Edit Mode.**To add a row to this table, select “Add” to the right of this section’s title.**Fill out required information and select “Save” when finished.**Repeat to add a row for each permit.**To edit a row, select the entry in the first column.**Projects that receive funding must comply with all applicable laws and regulations. Identify all applicable State, federal, and local environmental permits for the project and their status. The dropdown options include common permits, but this is not an exhaustive list of potentially applicable permits. In instances where an applicable permit is not included in the dropdown, select “Other” and enter the permitting Agency and Type of Requirement in the Comments box.****All projects****: Include status of permit coordination in Comments field, including name of lead agency on permit (if different from applicant). Permit application costs may be included in Project budget. If a project includes or is involved with an active cultivation site, the California Department of Food and Agriculture (now the Department of Cannabis Control) license number, and any associated permit numbers will be requested.****Implementation projects****: Include all permits required for Project, even if you are not requesting CDFW CRGP funds to prepare them. Project will not be approved to start on-the-ground activities until all required permits are obtained.****Planning projects****: Include permits for which funding is requested, and should also include permits anticipated for application during future implementation phase, if that information is available.****If NO permits are required for your project, Select “Not Required” under Agency Type.***  |
| **Agency Type** | **Permitting or Licensing Agency** | **Describe Other** | **Type of Requirement** | **Status** | **Date Expected** | **Date Acquired** | **Expiration Date** | **Comments** |
| * *Not required*
* *Federal*
* *State*
* *Local/ Regional Planning*
 | *Select the Permitting Agency. If the Permitting Agency is not listed, select “Other” and name them in “Describe Other”* | *Name the unlisted Permitting Agency, if applicable* | *Select the permit name. If an applicable permit is not included in the dropdown, select “Other” and enter the permitting Agency and Type of Requirement in the Comments box.* | * *Applied*
* *Not Applied*
* *Acquired*
 | *If Applied, provide the date you expect to receive the permit* | *If Acquired, provide the date the permit was acquired* | *If Acquired, when will the permit expire?* | *Any additional comments for this permit (500 character limit)* |
|  |  |  |  |  |  |  |  |  |

## Engineering Design

|  |
| --- |
| *If engineering design plans have been developed for this project, provide the following information.****PLEASE NOTE****: Implementation projects are required to have at least 65% designs.* |
| **Engineering Designs** | *Will you develop engineering design plans for this project?*[ ]  Yes[ ]  No, we do not plan to develop engineering designs[ ]  No, we have completed engineering designs in a previous phase[ ]  Undecided |
| **Level of Design** | *Select the level of design the project has completed.*[ ]  Conceptual (<65%)[ ]  Intermediate Plans (65%)[ ]  Draft Plans (90%)[ ]  Final Plans (100%)[ ]  Not Applicable |
| **Basis of Design** | *If applicable, attach the Basis of Design Report for this project by clicking “Browse.”* |
| **Design Plans** | *If applicable, attach the Engineering Design Plans for this project by clicking “Browse”* |
| **Licensed Professionals?** | *Are California licensed professional engineers or geologists required to develop project designs (see Solicitation Section 4.9, Qualifications and Licensed Professionals)?**Be sure that these answers are consistent with the information provided in Project Team Qualifications and Experience.*[ ]  Yes[ ]  No |
| **Explanation** | *If no, describe why California licensed professionals were/were not required based upon the project or activity types associated with the design plans. (2,000 character limit)* |

# Form 4. Monitoring, and Long-Term Management

## Monitoring, and Long-Term and Adaptive Management

|  |  |
| --- | --- |
| **Monitoring Plan** | ***Monitoring Plan Instructions**** *Planning projects: Describe baseline monitoring and how and when a full Monitoring Plan will be developed.*
* *Planning and Implementation, and Implementation Only projects: Provide a complete Monitoring Plan. A draft Monitoring Plan may be submitted if a final Monitoring Plan is developed in a project task and submitted as a deliverable.*

***For all Projects:**** *Describe the plan for monitoring and evaluating project effectiveness / performance, consistent with the metrics listed in the Form 2. Project Narrative - Significance of Benefits.*
* *Provide a description of baseline monitoring (existing or to be performed as part of the project).*
* *Incorporate standardized approaches and coordinate with existing monitoring efforts wherever possible.*
* *If applicable, identify opportunities to extend the monitoring activities (e.g., by using standardized monitoring methods; leveraging on-going monitoring programs; and building partnerships capable of attracting funding).*
* *Describe the approach for reporting results.*
* *List all data to be collected and how the data will be handled, stored, transmitted, and made available to CDFW and the public. For example, surface water data shall be reported to*[*CEDEN*](http://www.ceden.org/)*. Groundwater data shall be reported to GeoTracker GAMA. Wetland and riparian restoration project data shall be uploaded to*[*EcoAtlas Project Tracker*](http://www.ecoatlas.org/)*. Species observation data of any*[*tracked species*](http://www.wildlife.ca.gov/Data/CNDDB/Plants-and-Animals)*shall be reported to the*[*California Natural Diversity Database (CNDDB)*](http://wildlife.ca.gov/Data/CNDDB)*. Fish passage assessment data shall be submitted to the*[*California Fish Passage Assessment Database (PAD)*](http://nrm.dfg.ca.gov/PAD/)*.*
* *If a Monitoring Plan has already been completed, summarize it in the Monitoring Plan field and upload it as an attachment below.*

 *(10,000 characters)* |
|  **Monitoring Plan Attachment** | *If applicable, attach an existing Monitoring Plan by clicking “Browse.”* |
| **Long-Term and Adaptive Management Strategy** | *This field must be completed by applicants for the "Planning and Implementation" and "Implementation" project category.** *Describe how the project will deliver sustainable outcomes beyond the term of the grant agreement, for at least five years.*
* *Describe subsequent steps needed for project completion, any maintenance activities needed to sustain outcomes, and adaptive management strategies if the monitoring data indicates that the outcomes may not be met. Explain the strategy for funding and implementing future activities.*
* *A complete long-term and adaptive management plan will be required as a project Deliverable. If a long-term and adaptive management plan has been completed, summarize here and provide as an attachment below.*

*(10,000 character limit)* |
| **Long-Term Management Plan Attachment** | *If applicable, attach an existing Long-Term Management Plan by clicking “Browse”* |

# Form 5. Timeline and Approach/Scope of Work

## Timeline and Deliverables

|  |
| --- |
| *Section instructions: The Timeline must link to the project tasks. The Timeline must include estimated completion dates of all tasks, deliverables, and steps of implementation.* *The Task Numbers listed in the Timeline Section must correspond to details in Form 5. Approach and Scope of Work, listed below.**Planning, and Implementation Projects**All tasks, including submission of the final invoice and Final Project Report, must occur within the following time frame:** *Quarterly Progress Reports: Due within thirty (30) days following each quarterly month for the duration of the agreement*
* *Quarterly Invoices: Due within thirty (30) days following each month (or) quarterly month (or) semi-annual*
* *Executed Subcontracts: Due with Quarterly Progress Reports*
* *Project Data: All data due with Final Report*
* *Draft Final Report: Due ninety (90) days prior to end of grant term*
* *Final Report: Due at least sixty (60) days prior to end of grant term*
 |

| **Task Number** | **Task Title** | **Deliverables and Key Project Milestones** | **Estimated Completion Dates** | **Reporting Frequency** |
| --- | --- | --- | --- | --- |
| *Enter the Task Number that the Deliverable will address. Subtasks may be identified with a decimal number (e.g., 1.1 Project Reporting, 1.2 Subcontractor Bids). The Task Numbers listed in the Timeline Section must correspond to details in Form 6. Approach and Scope of Work* | *Enter the Task Title that the Deliverable will address. The Task Title used needs to correspond to those listed in the Scope of Work* | *Name the deliverable or key milestone each task will accomplish.* *Include any pre-project milestones that proposed project work depends upon (e.g., permitting, engineering designs, land tenure) (2,000 character limit)* | *Enter the estimated date when the deliverable will be submitted to CDFW. For recurring deliverables such as Quarterly Reports, enter the expected due date of the first report.* | *Select the most appropriate frequency for the deliverable from the drop down list.* |
|  |  |  |  |  |

## Approach and Scope of Work

|  |
| --- |
| *Section instructions: Provide a detailed description of each task in the Form 5. Timeline and any other tasks not funded through this grant necessary for project completion.**A general Project Management task example is provided for you below. Include it in your Scope of Work with details for relevant subtasks, e.g. administering subcontracts:****Task 1*** *– Project Management. Applicant will provide technical and administrative services associated with performing* *and completing the work for this project, including managing the Grant Agreement, assuring all permits are finalized, administering subcontracts, invoicing and payments, drafting and finalizing quarterly progress and final reports, and data management.* |

| **Task Number** | **Approach and Scope of Work** |
| --- | --- |
| *Enter the Task Number that the Approach/Scope of work will address. Subtasks may be identified with a decimal number. The Task Numbers listed in the Approach/Scope of Work Section must correspond to details in Form 5. Timeline and Deliverables* | * *Identify who will be responsible for completing each task and associated deliverables. If applicable, include specifically named subcontractors, or types of subcontractors needed for the project.*
* *Include methods and techniques; equipment, facilities and materials; data collection; statistical analysis; and quality assurance procedures, as applicable.*
 |
|  |  |

# Form 6a. Budget

|  |
| --- |
| **How to Fill Out Form***WebGrants navigation menu is at top right of this page.** *To enter data into a table row, click the Add button at the top of the table section. When you are finished entering data, click Save. Repeat to add a new row to the table. You may add as many rows as needed.*
* *If you can't find the Add button to enter data into a table row, you are probably in Edit Mode. You must first save your progress by selecting Save at the top of the page to exit Edit Mode. The Add button should now be visible.*
* *To edit or delete a row, select the blue text in the first column; the Delete button is in the navigation menu at upper right.*
* *To enter your data into form fields (sections which are not tables, i.e., Staff Benefits and Indirect Costs), select Edit at the top right of this page; you will now be in Edit Mode.*
* *To save your progress and leave Edit Mode, select Save.*
* *To exit form without saving (after entering data for a table row or in Edit Mode), select Back from the navigation menu. Do not use the browser’s back button.*
* *The form will calculate totals automatically.*

**Budget Instructions** *See Section 4.4 of the Solicitation for the information on the Budget, and a list of eligible and ineligible costs.**Only provide information for funds requested from this CDFW grant solicitation in the Budget. Work on the proposed project covered by other fund sources should be included in Form 6b. Budget Tables, Budget Justification tab and Cost Share tab. Total section is calculated automatically; however, a total column was provided below, so you may check if the figures are correct.**Ensure that all personnel and subcontractors listed in the Budget are described in the Form 2. Project Narrative - Project Team and Qualifications and that their roles with Project tasks are described in Form 5. Timeline and Approach/Scope of Work .* **IMPORTANT: ALL FIELDS MARKED WITH A RED ASTERISK ( \* ) MUST BE COMPLETED BEFORE SUBMITTING APPLICATION.***For assistance, contact the WebGrants Help Desk at* CDFWWebgrants@wildlife.ca.gov |

## Personnel Services

| **Project Role** | **CDFW Requested amount** |
| --- | --- |
| *Ensure that all personnel are described in the Project Team and Qualifications section of Form 3. Project Narrative and all information provided matches Attachment. Budget Tables. List all personnel from the applying organization who will be charging to the proposed project. Personnel should be listed by project role rather than by name (e.g., Project Manager, Field Technician).* |  |
|  |  |

## Staff Benefits

| **Staff Benefits** | **CDFW Requested amount** |
| --- | --- |
| *Section instructions: Select* ***Edit*** *at the top of the screen to enter data into form fields or edit existing data. To save your progress and leave Edit Mode, select* ***Save****.**Enter the total staff benefits requested for this grant.* |  |

## General Operating Expenses

|  |  |
| --- | --- |
| **Operating Expenses** | **Amount Requested from CDFW** |
| *Section instructions: Click* ***Add****- to the right of this section’s title - to create a new row for each General Operating Expense Item. If the* ***Add*** *button is not visible, select* ***Save*** *at the top of the page to exit Edit mode, then* ***Add*** *will be visible.**List each Operating Expense for the proposed project. Examples of expenses include Field Supplies, Permit Fees, Travel, and other General Expenses incurred by the applicant (not subcontractors). Expenses must be described in the Budget Justification tab in the Attachment. Budget Tables.* *For travel, see the following documents for applicable travel reimbursement rates** [***University Terms and Conditions***](http://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=160605)*(UC/CSU applicants)*
* [***General Grant Provisions***](http://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=100018)*(all other applicants)*
 |  |
|  |  |
| **Operating Expenses: General Subtotal** |  |

## Subcontractors

|  |  |
| --- | --- |
| **Subcontractor Name or Role** | **Amount Requested from CDFW** |
| *Section instructions: Click* ***Add****- to the right of this section’s title - to create a new row for each Subcontractor. If the* ***Add*** *button is not visible, select* ***Save*** *at the top of the page to exit Edit mode, then* ***Add*** *will be visible.**Ensure all subcontractor tasks are described in Form 5. Timeline and Approach/Scope of Work and that Subcontractors and their roles are listed in Project Team and Qualifications section of Form 2. Project Narrative.**You must provide a detailed Subcontractor Budget for each subcontractor in the Attached Budget Tables* |  |
|  |  |
| **Subcontractors Subtotal** |  |

## Indirect Charges

|  |  |
| --- | --- |
| **Rate %** | **Amount Requested from CDFW** |
| *Section instructions: Select Edit at the top of the screen to enter data into form fields or edit existing data. To save your progress and leave Edit Mode, select Save.**Indirect costs (i.e., administrative overhead) are those costs that cannot be directly assigned to a particular grant activity but are necessary to the operation of the organization and the performance of the grant project.**Calculate indirect costs by multiplying the Indirect Charge Rate (not to exceed 20%) by [Total Personnel Services + Total General Operating Expenses + first $25,000 of each Subcontractor}. Costs greater than $25,000 for each subcontractor and costs to purchase equipment cannot be included in the calculation of indirect costs.**Please see Section 4.2.2 of the Solicitation for the Qualified Cultivator Funding Opportunity for more information on Indirect Costs.**Enter the indirect charge rate that will be applied to the Personnel Services, General Operating Expenses, and first $25,000 of each Subcontractor. The rate must be justified in the Budget Justification tab in the Attached. Budget Tables. Indirect Charge Rate cannot exceed 20%.* |  |

## Equipment & Other Indirect-Excluded Operating Expenses

|  |  |
| --- | --- |
| **Item**  | **Amount Requested from CDFW** |
| *Section instructions: Click* ***Add****- to the right of this section’s title - to create a new row for each Subcontractor. If the* ***Add*** *button is not visible, select* ***Save*** *at the top of the page to exit Edit mode, then* ***Add*** *will be visible.**List the equipment and other operating expenses that will be excluded from indirect costs. These expenses include, but are not limited to electronics and software.* *See* [*General Grant Provisions*](http://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=100018) *for equipment definitions.* |  |
|  |  |
| **Equipment & Other Indirect-Excluded Operating Expenses Subtotal** |  |

# Form 6b. Budget Tables

## Budget Tables

|  |
| --- |
| **Budget Tables**  |
| *Complete and upload the* [*Budget Tables template*](https://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=198513) *in Excel format. Complete the following tabs: Applicant Budget (required for all projects), Budget Justification (required for all projects), Subcontractor Budget (if applicable), and Cost Share (if applicable). See the first tab of the Excel template for more detailed instructions.**Please see Section 4.4 of the Solicitation for the* [*Qualified Cultivator Funding Opportunity*](https://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=195378) *for more information on the Budget, and a list of eligible and ineligible costs.* |

# Form 7. Supplementary Attachments

|  |
| --- |
| ***Start Here****Attach additional documents that support your application or further describe your conservation goals. This may include, but is not limited to: Letters of support** *Letters of support (optional)*
* *Existing permits (optional)*
* *Regional plans associated with the project (optional)*
* *Existing monitoring or long term management plans (optional)*

*Provide a brief description for each file including:* * *What kind of file/document is it?*
* *Why is it being included in the application?*
* *What Application requirements does this apply to?*

*If you do not have additional information to provide, please “Mark as Complete.” No other actions are required.****How to Fill Out Form****To upload a supplementary attachment, select “Add.” Each attachment must be uploaded individually.**To edit an attachment, select the entry in the “Description” column.**To delete an attachment, select the recycling bin icon in the “Delete?” column.**When you have completed uploading your attachments, be sure to “Mark as Complete.”* |
| **Upload File** |  *Click the “Browse” button to upload a file* |
| ***Description:*** | *Provide a brief description of the file including** *What kind of file/document is it?*
* *Why is it being included in the application?*
* *What Application requirements does this apply to?*
 |

# Form 8. Acknowledgment and Signature

|  |
| --- |
| *Once submitted, proposals are subject to the Public Records Act and may be publicly available.* ***Do not*** *submit personal information such as home address; home telephone, fax, or cell phone numbers; home email address; date of birth; citizenship; drivers’ license numbers; marital status; personal hobbies; and the like. Such personal information is irrelevant to the merits of the proposal.* |
| **I have read and understand the above statement.** | *Check the box to answer “Yes”* |

|  |
| --- |
| *I certify that the information contained in my Application, including all required attachments, is true, accurate, and complete and that I am authorized to apply for this grant.* |
| **Signature** | *Enter your First and Last Name* |
| **Date** | *The signature date* |

**How to Submit Application**

1. After completing all forms, select “Go to Application Forms.”
2. Check all forms for completeness and ensure that each is marked “Complete.”
3. Select “Submit” to the right of the Application Forms header.

For assistance, contact the WebGrants Help Desk at *CDFWWebgrants@wildlife.ca.gov*