



SFRA BOATING ACCESS: INVASIVE MUSSEL GRANT APPLICATION PREVIEW

The following is provided to allow prospective applicants to preview what information is required to apply via WebGrants.

1. PRIMARY CONTACT

Name:	
Title:	
Street Address:	
City, State, Zip:	
Contact Person's Telephone:	
Contact Person's E-mail:	

2. ORGANIZATION INFORMATION

Organization Name:	
Organization Type:	Select One: (Nonprofit, Public Agency, or Tribal Government)
Tax ID:	
Street Address:	
City, State, Zip:	
Telephone:	
E-mail:	

3. PROJECT INFORMATION

Project Title:	
County or Counties:	
Latitude/Longitude:	
Estimated Start Date:	
Estimated Project End Date:	
Project Type:	Select all that apply (Equipment Purchase, Facility Enhancement, Training Program)
Landowner Name:	



Landowner Type:	Select one (Fee Title Owner, Easement or license agreement holder, Special or other agreement between applicant and fee title or easement owner, multiple owners, Others)
Total Amount Requested:	
Will the proposed project combine pre-construction tasks (e.g., design plans, environmental compliance, permitting) with implementation works (e.g., construction)? If so, applicants must separate the budgets for each phase.	yes or no
Will the proposed project be requiring advanced payment as authorized under Assembly Bill 590?	yes or no
Does the proposed project include, or make available any GenAI technology including GenAI from third parties or subcontractors?	yes or no

4. ENVIRONMENTAL COMPLIANCE

Is CEQA or NEPA compliance necessary for this project? of CEQA document(s) to be prepared	yes or no
Does the proposed project require any State, federal, and/or local environmental permits?	yes or no
Please list required environmental permits and status. (500 character limit)	<i>Other Permits:</i>

4. ATTACHMENT CHECKLIST

Provide the following attachments as applicable:	
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. (All Proposals)	<input type="checkbox"/>
Complete and upload the Application Budget Spreadsheet in Excel format. (All Proposals) Download in WebGrants – Provided below as an example.	<input type="checkbox"/>



Complete and upload the Project Narrative Template. (All Proposals) Download in WebGrants – Provided below as an example.	<input type="checkbox"/>
Documentation from CEQA lead agency accepting the role (if applicable)	<input type="checkbox"/>
Documentation from NEPA lead agency accepting the role (if applicable)	<input type="checkbox"/>

Replace red text with content

[PROJECT TITLE]

NEED:

Briefly describe 1) who will implement this project, 2) the location of the project, 3) how the funds will be spent, and 4) how this project will prevent the introduction or further spread of invasive mussels in California.

BENEFIT TO BOATERS:

Explain how this project will benefit recreational boaters.

TASKS:

Task should be organized by the three eligible cost “categories” defined below. For each task describe **individual** Tasks that will contributing to fulfilling the “NEED” described above. Each Task should have a unique number. Delete Categories if no funding is requested for it.

Itemized Tasks by Category

1. Category: Equipment Purchase
Tasks:
 - 1.1. Item and description.
 - 1.2. Add additional Task numbers if needed

2. Category: Facility Enhancements
Tasks:
 - 2.1. Description of facility enhancements.
 - 2.2. Add additional Task numbers if needed

3. Category: Watercraft Inspection and Decontamination Training
Tasks:
 - 3.1. Description.
 - 3.2. Add additional Task numbers if needed

GEOGRAPHIC LOCATION:

Where will the work be done? Identify the county and specific boundaries of the project. If administrative/office activities are proposed, provide the address(s) where the work will occur.

BUDGET NARRATIVE:

Describe the connection between each Task and each Budget Table cost.

Personnel Services:

Describe staff time for training funded by the project, if any. Include salaries and benefits.

Subcontractors/Consultants:

Describe subcontracted Tasks, if any.

Equipment (\$):

Describe equipment, if any.

Operating Expenses:

Describe items that are necessary and reasonable for the associated personnel services and project activities, which may include miscellaneous office costs and supplies, freight and drayage, facility costs for meetings and conferences, maintenance and repairs of office equipment, tags and tagging supplies, nets, sensitive non-IT goods, and other minor expenses as incurred, if any.

Travel/Training (\$):

Describe training and travel necessary to receive or conduct the training, if any.

RELATIONSHIP WITH OTHER GRANTS:

Describe any relationship between this project and other state and federal grant-funded work that is planned, anticipated, or underway.

TIMELINE:

Define the anticipated timeline for the activities for the Tasks. Describe significant milestones in completing the project and any accomplishments expected.

ENVIRONMENTAL COMPLIANCE:

Provide information relevant to ensuring compliance with applicable federal laws, including the following: (50 CFR 80.82)(c)(14)(ii), including references for any applicable iPac, NMFS and/or permits related to field work.

a. NATIONAL ENVIRONMENTAL POLICY ACT (NEPA):

Is NEPA required to implement the proposed Tasks?

Answer "YES", "NO", or "UNKNOWN":

If "YES", provide any information that may be relevant to compliance by the Wildlife & Sport Fish Restoration (WSFR) Checklists for NEPA Categorical Exclusions &

Extraordinary Circumstances Compiled from current regulations as of May, 20, 2010. Attach copies of NEPA documents as appendices.

If “NO” or “UNKNOWN” no further information is needed for this section.

b. ENDANGERED SPECIES ACT (ESA):

Are Endangered Species anticipated to be affected by the proposed Tasks?

Answer “YES”, “NO”, or “UNKNOWN”:

If “YES”, provide the species impacted and how.

If “NO” or “UNKNOWN” no further information is needed for this section.

c. NATIONAL HISTORIC PRESERVATION ACT (NHPA):

Are any historic or cultural properties anticipated to be affected by the proposed Tasks?

Answer “YES”, “NO”, or “UNKNOWN”:

If “YES”, provide any information that may be relevant to compliance with the NHPA, such as locations of historic or cultural properties, surveys, or relevant consultations, concurrences or correspondence with the State Historic Preservation Office (SHPO). Attach copies of documents as appendices and maps as figures.

If “NO” or “UNKNOWN” no further information is needed in this section.

d. BALD AND GOLDEN EAGLE PROTECTION ACT (EAGLE ACT):

Are, or may, bald and/or golden eagles be present within a 10-mile radius of the project?

Answer “YES”, “NO”, or “UNKNOWN”:

If “YES”, are all of the Tasks administrative in nature?

Answer “YES”, “NO”, or “UNKNOWN”.

e. OTHER PERMITS:

List and provide the current status of any other required federal permits (e.g. Clean Water Act, Rivers & Harbors Act, etc.). Attached copies of completed permits as appendices.

REFERENCES:

List references used in developing this project statement.

KEY CONTACTS:

Name, affiliation, and phone number for primary contact for this project.

APPLICANT NAME:
PROPOSAL NUMBER:
Indirect Charge Rate:

SUBCONTRACTOR BUDGET

PERSONNEL SERVICES			
Staff Title	Hours	Hourly Pay (\$)	Amount
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Personnel Services Subtotal			\$ -
Staff Benefits		(%)	
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
		0.00%	\$ -
Staff Benefit Subtotal			\$ -
¹Total Personnel Services			\$ -
OPERATING EXPENSES			
Subcontractor(s)	Hours or Units	Unit Cost (\$)	Amount
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Subcontractor Subtotal			\$ -

APPLICANT NAME: [Redacted]

PROPOSAL NUMBER: [Redacted]

Indirect Charge Rate: [Redacted]

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