## **FY2023-24 PROPOSAL APPLICATION FORM**

*For Planning and Implementation Projects*

*(Not for Land Acquisition projects)*

**Natural Community Conservation Planning**

**Local Assistance Grant Program**

**&**

**30x30 Grant Program**



**IMPORTANT**

1. To obtain application guidance and program guidelines, please refer to the Natural Community Conservation Planning 2023 Local Assistance Grant (NCCP LAG) and 30x30 Proposal Solicitation Package (PSP) available on-line at:
<https://www.wildlife.ca.gov/Conservation/Planning/NCCP/Grants>
2. **This application form is meant to be completed with the guidance from the PSP which contains comprehensive instructions for requirements for each section.** To give your proposal the best chances of success, be sure to include all details described in the PSP when completing this form.
3. Please limit your responses. The Proposal Application should not exceed 10 pages (using a minimum of 11-point font), excluding any necessary maps, the signature page, or support letters (if applicable). Bullet points are encouraged.
4. This Proposal Application Form and all accompanying documents must be submitted electronically in Microsoft Word format to CDFW no later than **5 pm PST on August 4, 2023.**  Submit applications to: *NCCP@wildlife.ca.gov.*  *Please note that we are currently unable to accept ZIP files.*

*If funds are available following this round of awards, a second solicitation will be released for proposals to be considered on a rolling basis until all funds are expended or December 1, 2023, whichever comes first.*

**Natural Community Conservation Planning**

**Local Assistance Grant Program**

**and 30x30 Grant Program**

**FY 2023-2024**

**Proposal Application Form for Planning and Implementation Projects**

**1. SUMMARY INFORMATION**

**Project Title**:

**Name of Primary NCCP and/or HCP**[[1]](#footnote-2):

**Year of Primary NCCP and/or HCP approval, if applicable**:

**Name of Secondary NCCP(s) or HCP(s), if applicable**:

If plan is not yet approved, will this specific project result in a final NCCP and/or HCP?

☐Yes

☐ No

**Name of Applicant Organization/Entity**:

**Type of Applicant Organization/Entity**:

**Grant Amount Requested**:

 **Project type:**

[ ] Management Activities

[ ] Restoration/Enhancement

[ ] Monitoring

[ ] Planning

[ ] Reserve Management Plans

[ ] Mapping

[ ] Targeted Studies for Adaptive Management

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Land Acquisition proposals have a separate pre-application, available [here](https://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=213117).

**Project Start Date**:

**Project Completion Date**:

*Work under a FY23-24 award must be completed by March 31, 2026.*

**A) APPLICANT/FISCAL AGENT**

**Applicant Contact Person/Project Manager**

Name:

Title:

Organization:

Phone:

Email: ­

**Mailing address**

Line 1:

Line 2:

City:

State:

Zip Code:

Is this organization the Implementing Entity for the primary NCCP and/or HCP listed above? [ ] Yes [ ] No

**B) KEY PARTNERS AND/OR SUBCONTRACTORS**

|  |  |  |  |
| --- | --- | --- | --- |
| Type (Partner or Subcontractor): |  |  |  |
| Name of Their Organization: |  |  |  |
| Type of Organization:  |  |  |  |
| Contact Name: |  |  |  |
| Telephone: |  |  |  |
| Email:  |  |  |  |
| Role (NCCP Partner, Permittee, Landowner etc.):  |  |  |  |

1. **AGENCY CONTACTS**

**CDFW Regional Office Contact**

Name:

Phone:

Email:

Contact indicated that the proposal addresses a high-priority NCCP and/or HCP implementation task or tasks: [ ] Yes or [ ] No

Level of collaboration contact provided for proposal/project (select one):

 [ ] 1-Not discussed with contact

 [ ] 2-Briefly discussed, information sharing

 [ ] 3-Discussed in multiple meetings specific to this project

 [ ] 4-Involved in proposal edits and project development through several iterations

Additional information required to warrant a collaboration rating of a 3 or 4.

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**USFWS Field Office Contact (and/or NMFS, as appropriate)**

Name:

Phone:

Email:

Contact indicated that the proposal addresses a high-priority NCCP and/or HCP implementation task or tasks: [ ] Yes or [ ] No

Level of collaboration contact provided for proposal/project (select one):

 [ ] 1-Not discussed with contact

 [ ] 2-Briefly discussed, information sharing

 [ ] 3-Discussed in multiple meetings, specific to this project

 [ ] 4-Involved in proposal edits and project development through several iterations

Additional information required to warrant a collaboration rating of a 3 or 4.

|  |
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**Primary NCCP and/or HCP Implementing Entity Contact**

Name of Organization/Entity:

Name:

Phone:

Email:

Contact indicated that the proposal addresses a high-priority NCCP and/or HCP implementation task or tasks: [ ] Yes or [ ] No

Level of collaboration contact provided for proposal/project (select one):

 [ ] 1-Not discussed with contact

 [ ] 2-Briefly discussed, information sharing

 [ ] 3-Discussed in multiple meetings, specific to this project

 [ ] 4-Involved in proposal edits and project development through several iterations

Additional information required to warrant a collaboration rating of a 3 or 4.

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**2. PROJECT BACKGROUND**

* + - 1. **STATEMENT OF NEED:**

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* + - 1. **OBJECTIVE:**

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| --- |
|  |

List of other approved CDFW plans that this project helps in meeting their goals or objectives. Please include which goals or objectives.

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| --- |
|  |

**3. PROJECT DESCRIPTION**

1. **LOCATION INFORMATION:**

|  |
| --- |
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1. **PROJECT SET-UP AND MANAGEMENT:**

**Check the box that best indicates the degree to which each project component below is ready to begin:**

Administrative structure [ ] Complete/imminent [ ] Pending [ ] Not started [ ] N/A

Partners/Subcontractors [ ] Complete/imminent [ ] Pending [ ] Not started [ ] N/A

Additional information, including how the above partners or subcontractors will be involved:

|  |
| --- |
|  |

**C) PROJECT IMPLEMENTATION / SCOPE OF WORK:**

|  |
| --- |
|  |

**D) TIMELINES:**

|  |
| --- |
|  |

**E) EXPECTED PRODUCTS OR DELIVERABLES:**

|  |
| --- |
|  |

**F) COMPLIANCE:**

|  |
| --- |
|  |

**4. PROJECT BUDGET INFORMATION**

**Part 1. Task Budget**

**TASK BUDGET TABLE**

**(Rounded to Nearest Dollar)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task** | **Description** | **CDFW Grant Funding** | **Grantee****In-Kind Services** | **Project Total** |
| Task 1: Project Management and Administration |  | $ | $ | $ |
| Task 2: Name |  | $ | $ | $ |
| Task 3: Name |  | $ | $ | $ |
| Task 4: Name |  | $ | $ | $ |
| **Total Budget**(Should match total for Line-Item Budget Table) |  | **$** | **$** | **$** |

\*Identify the entity and add columns as necessary for additional sources of funds or in-kind services.

**Part 2. Line-Item Budget**

**LINE-ITEM BUDGET TABLE**

**(Rounded to Nearest Dollar)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CDFW Grant Funding** | **Matching Funds/ Cash** | **In-Kind Services\*** | **Project Total** |
| **A. PERSONNEL SERVICES** |  |  |  |  |
| Project Role 1 (Hours and Rate) | $ | $ | $ | $ |
| Example: Post Grad Researcher II (20 hours @ $81.66/hr) | $ | $ | $ | $ |
| **Subtotal Personal Services** | **$** | **$** | **$** | **$** |
| Staff Benefits XX% (If Applicable) | $ | $ | $ | $ |
| Example: Post Grad Researcher II (@ 25%) | $ | $ | $ | $ |
| **Total Personal Services** | **$** | **$** | **$** | **$** |
| **B. OPERATING EXPENSES: GENERAL** |  |  |  |  |
| Postage | $ | $ | $ | $ |
| Office/Field Supplies | $ | $ | $ | $ |
| Telephone/Fax | $ | $ | $ | $ |
| Travel and Per Diem (Specify miles and mileage rate) | $ | $ | $ | $ |
| Equipment items (Each item less than $5,000) | $ | $ | $ | $ |
| **Subtotal Operating Expenses: General** | **$** | **$** | **$** | **$** |
| **C. OPERATING EXPENSES: SUBCONTRACTORS** |  |  |  |  |
| Subcontractor 1 | $ | $ | $ | $ |
| Subcontractor 2 | $ | $ | $ | $ |
| **Acquisition Costs (if applicable):** | $ | $ | $ | $ |
| **Subtotal Operating Expenses: Subcontractors** | **$** | **$** | **$** | **$** |
| **D. OPERATING EXPENSES: EQUIPMENT** |  |  |  |  |
| Equipment Item ($5,000 or more per item) | $ | $ | $ | $ |
| Example: 2 ea. Widget (@ $5,000 ea.) | $ | $ | $ | $ |
| Materials/Supplies | $ | $ | $ | $ |
| **Subtotal Operating Expenses: Equipment** | **$** | **$** | **$** | **$** |
| **E. INDIRECT COSTS:** |  |  |  |  |
| Indirect Cost Rate @ XX%\*\* | $ | $ | $ | $ |
| **F. TOTAL GRANT AMOUNT** | **$** | **$** | **$** | **$** |

\*Identify the entity and add columns as necessary for additional sources of funds or in-kind services.

\*\*Indirect Cost must be 25% or less, unless written justification is provided. Equipment cannot be used when calculating the Indirect Cost. Indirect Cost can only be calculated for the first $25,000 of a subcontract.

**A) BUDGET NARRATIVE**

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| --- |
|  |

**B) OTHER FUND SOURCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fund source** | **Type** | **Dollar amount** | **Received funds or requested** |
|  |  |  |  |
|  |  |  |  |

1. **OTHER PROJECT WORK:**

Non-NCCP LAG/30x30-funded Projects/activities

|  |  |  |  |
| --- | --- | --- | --- |
| **Project name** | **Short description** | **Location** | **Status** |
|  |  |  |  |
|  |  |  |  |

NCCP LAG-funded Projects

|  |  |  |
| --- | --- | --- |
| **Project name** | **Ongoing or completed** | **Status of progress/ goals met** |
|  |  |  |
|  |  |  |
|  |  |  |

If this project is a continuation or builds upon an ongoing NCCP LAG project, please add an asterisk (\*) to the project listed in the table above.

**SIGNATURE PAGE**

Original, authorized signatures are required from the Applicant organization/entity that will act as the fiscal agent.

Insert text below the line, then sign and date above the line.

**Approval 1**

[Name, Title] Date

[Organization/Entity]

**Approval 2** (if necessary)

[Name, Title] Date

[Organization/Entity]

**This application, including a signed copy of the signature page (electronic signatures will also be accepted) must be received via email no later than 5:00 pm PST on August 4, 2023, in order for the application to be considered eligible. Send applications to:** **NCCP@wildlife.ca.gov****.**

1. The primary NCCP and/or HCP is the plan that is most closely related to the proposed activities or that will benefit the most from the proposed activities. [↑](#footnote-ref-2)