## **FY 2024-2025 PROPOSAL APPLICATION FORM**

**Natural Community Conservation Planning**

**Local Assistance Grant Program**



**IMPORTANT**

1. To obtain application guidance and program guidelines, please refer to the Natural Community Conservation Planning 2024-2025 Local Assistance Grant (NCCP LAG) 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). We recommend that all application materials be sent in a single document.
4. This Proposal Application Form and all accompanying documents must be submitted electronically in a searchable format to CDFW no later than **5 pm PST on July 23, 2024.**  Submit applications to: [*NCCP@wildlife.ca.gov.*](mailto:NCCP@wildlife.ca.gov)  *Please note that we are currently unable to accept ZIP files.*

**Natural Community Conservation Planning**

**Local Assistance Grant Program**

**FY 2024-2025**

**Proposal Application Form**

**1. SUMMARY INFORMATION**

**Project Title**:

**Grant Amount Requested**:

**Name of Primary NCCP**[[1]](#footnote-2):

**Year of Primary NCCP approval, if applicable**:

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

**Project type:**

Management Activities

Restoration/Enhancement

Monitoring

Reserve Management Plans

Mapping

Targeted Studies for Adaptive Management

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Start Date**:

**Project Completion Date**:

*Work under a FY24-25 award must be completed by March 31, 2027.*

**A) APPLICANT**

**Name of Applicant Organization/Entity**:

**Type of Applicant Organization/Entity**:

**Applicant Project Manager**

Name:

Title:

Phone:

Email: ­

**Applicant Project Coordinator (if different):**

Name:

Title:

Phone:

Email: ­

**Mailing address**

Line 1:

Line 2:

City:

State:

Zip Code:

Is this organization the Implementing Entity for the primary NCCP listed above? Yes No

If the applicant is not an Implementing Entity for the NCCP, but is responsible for the implementation of the plan, please explain here:

|  |
| --- |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Type (Partner or Subcontractor): |  |  |  |
| Name of Their Organization: |  |  |  |
| Type of Organization: |  |  |  |
| Contact Name: |  |  |  |
| Telephone: |  |  |  |
| Email: |  |  |  |
| Role in this project:  (e.g., 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 implementation task or tasks: Yes or No

*If both boxes are left blank, the proposal will receive the same scoring consideration as a “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:

|  |
| --- |
|  |

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

Name:

Phone:

Email:

Contact indicated that the proposal addresses a high-priority NCCP implementation task or tasks: Yes or No

*If both boxes are left blank, the proposal will receive the same scoring consideration as a “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:

|  |
| --- |
|  |

**Primary NCCP Implementing Entity Contact**

Name of Organization/Entity:

Name:

Phone:

Email:

Contact indicated that the proposal addresses a high-priority NCCP implementation task or tasks: Yes or No

*If both boxes are left blank, the proposal will receive the same scoring consideration as a “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:

|  |
| --- |
|  |

**2. PROJECT BACKGROUND**

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

|  |
| --- |
|  |

* + - 1. **OBJECTIVE:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**3. PROJECT DESCRIPTION**

1. **LOCATION INFORMATION:**

|  |
| --- |
|  |

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 Personnel Services** | **$** | **$** | **$** | **$** |
| Staff Benefits XX% (If Applicable) | $ | $ | $ | $ |
| Example: Post Grad Researcher II (@ 25%) | $ | $ | $ | $ |
| **Total Personnel Services** | **$** | **$** | **$** | **$** |
| **B. OPERATING EXPENSES: GENERAL** |  |  |  |  |
| Postage | $ | $ | $ | $ |
| Office/Field Supplies | $ | $ | $ | $ |
| Telephone/Fax | $ | $ | $ | $ |
| Travel and Per Diem (Specify miles and mileage rate) May not exceed State Reimbursement Rates | $ | $ | $ | $ |
| 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**  *Tangible goods $5000 or more. This section (Section D) is exempt from Indirect Cost calculations (Section E).* |  |  |  |  |
| 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%\*\*  Apples to Sections A + B Only | $ | $ | $ | $ |
| **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.

**A) BUDGET NARRATIVE**

|  |
| --- |
|  |

**B) OTHER FUND SOURCES**

*Other fund sources, grants, or applications, both public and private, that are considered matching funds for this proposal*

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

1. **OTHER PROJECT WORK:**

Non-NCCP LAG 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 July 23, 2024 in order for the application to be considered eligible. Send applications to:** [**NCCP@wildlife.ca.gov**](mailto:NCCP@wildlife.ca.gov)**.**

1. The primary NCCP 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)