

California Fire Safe Council

Grant Application Planning Tool

2021 State Fire Assistance Grant Program

***This document is for planning purposes only. Applications must be submitted at:*** <https://cafiresafecouncil.org/grants-and-funding/apply-for-a-grant/>

This document is a planning tool designed to assist prospective applicants to California Fire Safe Council’s 2021 SFA Grant Program. The planning tool is a Microsoft Word file containing all of the grant application questions and instructions. The application can be shared and edited with collaborators offline. The final document can be pasted from the planning tool to the ZoomGrants application.

Additional information and resources for the 2021 Grants Clearinghouse are available on the California Fire Safe Council website at <https://cafiresafecouncil.org/grants-and-funding/21-sfa-grant-program/>

 and in the online grant application program ZoomGrants.

The 2021 Grant Application is organized into five tabs in ZoomGrants. Each tab contains required information that must be completed before the application can be submitted. Users must first create a new user account in ZoomGrants to view and submit an application.

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**APPLICATION SUMMARY**

|  |  |
| --- | --- |
| **Project Name***Enter the name of the proposed project. Be descriptive and interesting.* |  |
| **Grant Funding Requested***Enter the amount of grant funding requested for this project. Use whole dollars only.*  | **$** |
| **Match Amount Projected***Enter the dollar value of matching contributions from the applicant organization and partners. Applicants are required to contribute a 100% match (dollar-for-dollar). Use whole dollars only.* | **$** |

**Applicant Information (Project Manager)**

*Enter the contact information for the main person who will manage the project.*

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Telephone** |  |
| **Email** |  |

**Organization Information**

*Enter the name of the organization applying for funding.*

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address 1** |  |
| **City** |  |
| **State/Province** | *California and Tahoe Region of Nevada Only* |
| **Zip/Postal Code** |  |
| **Country** | *United States Only* |
| **Telephone** |  |
| **Fax (optional)** |  |
| **Website (optional)** |  |
| **Federal Tax ID (EIN) (XX-XXXXXXX)** |  |
| **DUNS Number** |  |
| **CAGE Code** |  |

**Applicant Organization Executive Officer Contact Information** *Provide the contact information for the person who is authorized to make official decisions for the fiscal sponsor organization*

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Title** |  |
| **Email** |  |
| **Additional Contacts for the Application***Enter authorized contacts for this project. Only email addresses separated by a comma. Any input other than email addresses will make the emails unusable by the system.* |  |

**ORGANIZATION INFORMATION**

1. **Type of Organization**

*Select the appropriate entity.*

*Select the appropriate organization type. Use the space after the 'Other' checkbox to specify the IRS section (for non-profits), type of government agency (for government agencies) or describe an entity not listed.*

*Organizations must be incorporated to do business in California and have a Federal Employer Identification Number/Federal Tax Identification Number (FEIN/FTIN). A fiscal sponsor must be identified if the organization does not meet this requirement.*

[ ]  Nonprofit Organization

[ ]  Home/Property Owners Association

[ ]  Native American Tribe

[ ]  Non-Federal Government Agency – Please specify which agency in the “Explain’ box, below

[ ]  For Profit Company

[ ]  Other – Please specify your unique type or use this box to provide details for the other options, above,

Explain:

**2. Enter Applicant Organization’s Commercial and Government Entity (CAGE) code and expiration date, and DUNS number. For information on obtaining a DUNS number, go to http://fedgov.dnb.com/webform.**

*For information on obtaining a DUNS number, go to http://fedgov.dnb.com/webform. If the Applicant organization does not have a DUNS number and CAGE code they cannot be a direct grantee. They must then utilize the services of a Fiscal Sponsor.*

|  |  |
| --- | --- |
|  | CAGE Code |
|  | Expiration Date (mm/dd/yyyy) |
|  | DUNS Number |

1. **Applicant Organization Contact Information: List the key individuals (including Board members) of the Applicant Organization that will be involved in this project. Identify a) Name and title, b) Role and responsibilities, c) Whether they are paid (indicate employee or consultant) or volunteer**
2. **Enter the name, title and affiliation of the person writing this grant.**

4. Enter the county or counties you serve

1. Are you a local or county-wide fire safe council?
2. Describe the demogaphics
3. Describe the programs you offer your consituents.
4. What languages are spoken in the communities you serve? What languages are your materials provided in?
5. What are some of the environmental hurdles you experirience in completing fuel reduction programs?
6. Do you have a website?
7. List of vulnerability factors?

**APPLICANT ORGANIZATIONAL CAPACITY**

**5. Enter the applicant organization’s formation date and date of incorporation.**

*Enter the date and year of your organization’s formation.*

**6. Describe 2 major accomplishments achieved through federal grants and 2 major accomplishments achieved through non-federally funded grants in the past 5 years.**

*Indicate sources of funding, amounts and years received, and if applicable, CFSC grant numbers.*

**7. List any current open grants, indicate dollar amounts and anticipated closing date(s).**

**FISCAL SPONSOR INFORMATION**

**8. Will the Applicant organization utilize the services of a Fiscal Sponsor?**

*The Applicant organization and the Fiscal Sponsor must memorialize the responsibilities of both parties in a formal written agreement. The agreement must be signed by both parties and submitted with this application.*

**YES,** *If yes, please complete #9-16 on behalf of the fiscal sponsor organization.*

**NO**  *If no, please skip to the “Project Information” Tab or click the “next” button.*

**9. Fiscal Sponsor Organization Type**

*Select the appropriate entity. The fiscal sponsor must have legal standing to apply for a grant from the California Fire Safe Council. Nonprofit, For-Profit or other organizations must be incorporated to do business in the State of California and have a Federal Employer Identification Number/Federal Tax Identification Number (FEIN/FTIN). The Applicant or Fiscal Sponsor must be registered with the US Department of General Service’s “System for Award Management” (SAM) program which issues CAGE codes for contractors and grantees. To register with SAM, go to: http://www.sam.gov*

[ ]  Nonprofit Organization – Please specify which IRS section and provide the IRS number in the “Explain” box below. (*Refer to the organization’s IRS nonprofit determination letter for this information.)*

[ ]  Home/Property Owners Association

[ ]  Native American Tribe

[ ]  Non-Federal Government Agency – Please specify which agency in the “Explain” box below.

[ ]  For Profit Company

[ ]  Other – Please specify your unique type or use this box to provide details for the other options above. Explain:

1. **Enter the fiscal sponsor’s Commercial and Government Entity (CAGE) Code and Expiration Date and DUNS Number.** *For information on obtaining a DUNS number, go to* [*http://fedgov.dnb.com/webform*](http://fedgov.dnb.com/webform)*.*

*Provide the fiscal sponsor’s CAGE code and expiration date. The applicant and/or fiscal sponsor must be registered with the US Department of General Service’s System for Award Management (SAM) program which issues CAGE codes for contractors and grantees. To register with SAM, go to:* [*http://www.sam.gov*](http://www.sam.gov)*.*

|  |  |
| --- | --- |
|  | CAGE Code |
|  | Expiration Date (mm/dd/yyyy) |
|  | DUNS number |

1. **Fiscal Sponsor Contact: Provide the Fiscal Sponsor organization name, and the name, title, email address, and phone number of the primary contact for the Fiscal Sponsor organization. Also provide administrative contact information if different from the primary contact**

**FISCAL SPONSOR CAPACITY**

1. **List the Fiscal Sponsor’s key individuals (including Board members) that will be involved in this project. For each person list a) name and title, b) role and responsibilities, c) whether they are a paid employee, paid consultant, or volunteer. CFSC has a legal responsibility to its federal grantors to make grants to organizations that demonstrate the ability to effectively manage grant funds and projects from start to finish.**
2. **What is the date that the Fiscal Sponsor organization formed or incorporated?**

*Enter the date and year of the fiscal sponsor’s formation.*

1. **Describe 2 major accomplishments achieved through federal grants and 2 major accomplishments achieved through non-federally funded grants within the past 5 years.**

*Indicate sources of funding, amounts and years received, and if applicable, CFSC grant numbers for the fiscal sponsor.*

**15. Enter the fiscal sponsor’s current open grants, indicate dollar amounts and anticipated closing dates.**

**[PROJECT INFORMATION](#_TAB_3_) TAB 3**

1. **Type of Project.** *Check the box to indicate the type(s) of project you are planning. Example: Fuel Treatment and Education.*

**[ ]  Education only**

**[ ]  Fuel Treatment only**

**[ ]  Planning only**

**[ ]  Education and Fuel Treatment**

**[ ]  Education and Planning**

**[ ]  Fuel Treatment and Planning**

**[ ]  Education, Fuel Treatment and Planning**

1. **If this is an ongoing or maintenance project, identify the name and the grant number of the project under which the earlier parts of the project were funded. *If this is not an ongoing or maintenance project, type "N/A".***

1. **Describe your project and how it will reduce the wildfire risk in the project area.** *Please provide a specific description of the project including the project size and location, collaborator’s roles and responsibilities, planning, education, or fuel treatment methods that are part of the project.*

1. **Describe how the planning, education or prescription for vegetation treatment was developed and indicate the name of individual(s) who planned the prescription.**

*Indicate the specific methods by which the wildfire problem will be addressed and include acres treated. Indicate the title of the individual(s) who developed the prescription, their affiliated organization/agency, and relevant credentials.*

1. **How will the project reduce wildfire hazards in the project area?**

*Describe the specific outcomes of the project and indicators of success.*

**SUSTAINABILITY**

1. **How will the project be maintained after the grant is complete?**

*Describe methods to continue fuels maintenance or education/planning projects after grant funds are spent. Indicate collaborators and sources of funds used to maintain the project.*

1. **Describe what outreach efforts will be undertaken to engage the broader public in your project.**

*Describe the types of activities or materials this project will utilize to engage community members, fire jurisdictions and elected officials in the planning process. Indicate website URL or social media handles used by your organization.*

**8. Describe how the project will motivate the community to invest (e.g., effort, funding, etc.) in making itself Fire Safe after the grant term ends.**

*Please be specific and realistic. What type of community capacity will be developed to sustain this project in the long-term? What change do you anticipate will result in the community?*

1. **Will your project generate program income and how will it be used/spent to further the project during the term of the grant? Enter the dollar value of program income that will be generated?** *Program Income is funding that is earned as a result of the project such as making and selling bird houses from manzanita bushes or selling firewood from trimming trees or defensible space clearing. This income is required to be used to further the objectives of the grant during the grant term. General donations and membership dues are not considered program income.*

**PROJECT LOCATION**

1. **Enter which county(ies) in California or Nevada your project will take place?** If you are proposing to work in multiple counties, select the county in which the majority of work will be performed. If the work will be divided equally across county lines, then enter more than one county.

**11. Latitude:**       **Longitude:**

*Your response must be in decimal format to six places, for example: 39.375097 Latitude and -122.54454 Longitude.*

*If the project covers a large area, select a point that best represents the center of the planning area. We recommend using Google Maps or itouchmap.com*

1. **Is the area impacted by your project at risk from fire originating on federal land?** *Your answer to this question will determine your response to the subsequent question. Contact your local fire agency if you are not sure about your adjacency federal land. No portion of the project may be on federal land or land leased from the federal government.*

[ ]  **Yes**

[ ]  **No**

1. **If yes, indicate which agency(ies) own/manage the land, and identify which field office, park, forest, etc. (indicated in parentheses) is nearest to the project area. Contact local agency representatives or consult a map for info. If no, type N/A.**
[ ]  USDI: Bureau of Indian Affairs (land/field office)

[ ]  Bureau of Land Management (field office)

[ ]  Bureau of Reclamation (field office)

[ ]  National Park Service (park, monument, or recreational area),

[ ]  U.S. Fish & Wildlife Service (refuge)

[ ]  USDA Forest Service (forest);

[ ]  Military Installation

1. **How far is the planning area from federal lands?**

[ ]  **0-3 miles**

[ ]  **More than 3 miles**

1. **Enter the District number for the project location**

*Enter N/A in the boxes that do not apply.*

*For information on California and Nevada Congressional districts go to:* [*https://govtrack.us/*](https://govtrack.us/) *For Ca* [*http://www.legislature.ca.gov/legislators\_and\_districts.html*](http://www.legislature.ca.gov/legislators_and_districts.html) *For Nv go to* [*https://www.leg.state.nv.us*](https://www.leg.state.nv.us)

     California Congressional District number (s)

     Nevada Congressional District number (District 2 only)

     California State Senate District number(s)

     Nevada State Senate District number(s) (Districts 3 and 4 only)

     California State Assembly District number(s)

     Nevada State Assembly District number(s) (District numbers 26 and 39 only)

**PLANNING DOCUMENT APPLICABILITY**

1. **Relate your project to the three goals of “The National Strategy” : (A) Restore & Maintain Landscapes, (B) Fire Adapted Communities and (C) Respond to Wildfires (updated website shown below)** <https://www.forestsandrangelands.gov/documents/strategy/strategy/communications/NationalStrategySummary.pdf>
2. **Explain how the proposed project supports the goal of Chapter 11 “Reducing Community Wildfire Risk” of the “California’s Forest and Rangelands: 2017 Assessment” (**[**https://frap.fire.ca.gov/media/3180/assessment2017.pdf**](https://frap.fire.ca.gov/media/3180/assessment2017.pdf) **).” That chapter focuses on community wildfire protection planning, land use planning, public education programs, and homeowner responsibility**
3. **Identify the type of planning document that covers the project area. To find out if the area is covered in an existing Community Wildfire Protection Plan or equivalent plan, contact your local fire protection agency** *Links to some current CWPPs are available on the Wildland Fire Lessons Learned Center at: http://bit.ly/1uDfoQJ Use the box below to describe other plans or indicate why no planning document exists (e.g. lack of funding, unaware of need for plan, etc*

**[ ]  Community Wildfire Protection Plan (CWPP)**

**[ ]  Cal Fire Unit Plan**

**[ ]  DMA 2000**

**[ ]  Other - please explain**

1. **Please provide the exact title of the CWPP or equivalent plan and the contact information for the plan, including a web address if the plan is posted online.**

*Provide name, address and email for the main contact for the plan.*

**20.**  **Identify the status of the plan and when the plan was last updated. Indicate whether the project is approved, the date /year of approval and the agency/organization that provided the approval. If the plan is in process, indicate date it was started**

*Enter the date and/or year. If the plan has not been updated or revised in more than 4 years, explain the reason(s) for the delay.*

1. **What is the priority of the proposed project in the plan identified in the questions above, and on what page of the plan is it addressed?**
Please indicate the plan type (CWPP, DMA 2000, or other), priority in plan, and page number where the project is addressed.

1. **Does the CWPP or equivalent plan define the boundaries of the Wildland Urban Interface (WUI)?** *If YES, indicate if the project is located in the WUI. If NO, indicate if the project is located in an official Cal Fire Hazard Severity Zone in the next question.*
2. **Identify the Fire Hazard Severity Zone (FHSZ) of the project area.**

*Check the appropriate box(es). Find the fire hazard severity zone at:* <https://osfm.fire.ca.gov/divisions/wildfire-prevention-planning-engineering/wildland-hazards-building-codes/fire-hazard-severity-zones-maps/>

 **[ ]  Very High Severity Zone**

 **[ ]  High Severity Zone**

 **[ ]  Moderate Severity Zone**

1. **List up to 3 of the closest Communities at Risk that are within the boundaries, or within 3 miles, of the project area.**

*For a list of designated Communities at Risk in California, go to:* <https://osfm.fire.ca.gov/divisions/wildfire-prevention-planning-engineering/fire-plan/communities-at-risk/>

**PROJECT EFFECTS**

1. **List communities, other than Communities at Risk, that are within the boundaries, or within 3 miles, of the project area.**

*Enter the names of communities that are in or within 3 miles of the project area.*

1. **List Firewise Communities that are within the boundaries, or within 3 miles, of the project area.**

*Enter the names of official Firewise Communities that in or within 3 miles of the project area. For a list of Firewise Communities in California, please visit:* <https://www.nfpa.org/Public-Education/Fire-causes-and-risks/Wildfire/Firewise-USA/Firewise-USA-Resources/Firewise-USA-sites/State-listing-of-participants>

1. **List communities that will be directly affected by the project’s Prevention and Education Programs.**

*Enter the names of communities, including Communities at Risk and Firewise Communities. If project does not include education,* ***answer N/A***

1. **List communities that will be directly affected by the project’s Hazardous Fuel Reduction Programs.**

*Enter the names of communities, including Communities at Risk and Firewise Communities. If project does not include Fuel Reduction,* ***answer N/A.***

1. **List communities that will be directly affected by the project’s Fire Management Plans, Risk Assessments or equivalents.**

*Enter the names of communities, including Communities at Risk and Firewise Communities. If project does not include planning, answer N/A*

1. **Enter the number of people who will be contacted by the project's deliverables.** Consider the number of people who will be contacted about the project through meetings, educational mailings, email lists, homeowner participation, etc. Research the population of the project area and the outreach planned for the project. Keep track of how you calculated this figure. If funded, applicant will report this number quarterly in the progress report. CFSC is required to report these data to the U.S. Forest Service.

**31. Estimate how many people will be employed by this project.**

*Include estimates for both applicant and fiscal sponsor, if applicable.*

**Compensated Employees:**

**Contractors:**

**32. Identify the Condition Class and Fire Regime for your project area.**

**Fire Regime Condition Class definitions:** [**https://www.landfire.gov/frcc/frcchome.php**](https://www.landfire.gov/frcc/frcchome.php)

**Check the appropriate box(es).**

[ ]

Condition Class 1

[ ]  Condition Class 2

[ ]  Condition Class 3

[ ]  Fire Regime I

[ ]  Fire Regime II

[ ]  Fire Regime III

[ ]  Fire Regime IV

[ ]  Fire Regime V

**FUEL TREATMENT PROJECTS**

If you identified this as a Fuels Treatment project in question #1 in this section, questions #35-46 must be completed.

**33. If the project is for fuels treatments, enter the total acreage of the project's footprint.** *The footprint of the project is the area where planned treatment(s) will occur on the ground. It does not include access and egress of the project.*

**34. How many fuels treatment projects will be completed with this grant?**

*Enter the number of fuels treatment projects and describe how this estimate was calculated. Projects should be counted by a reasonable method based on different types of projects included in this grant application. The method used should be described in detail in your answer.*

*For example: If the application proposes 2 fuel breaks in 2 different locations, then the number of projects would be 2 because these are two separate fuel breaks. If you are providing chipping in 1 community with 150 homes, then the number of projects would be 1. If the application is for countywide or regional chipping programs, then you may count the individual communities that will be served as unique projects; or you may decide to count it as only 1 project for chipping. Do not count the number of projects by the various treatment types that may be applied to the project area.*

***The following questions (37-46) are related to the environmental compliance process.***

1. **Indicate any biological, environmental or cultural reviews or assessments that have been completed for the project area?**

If yes, indicate which statute or other environmental regulation were the studies/assessments completed for:

[ ]  California Environmental Quality Act (CEQA)

[ ]  National Environmental Policy Act (NEPA)

[ ]  Endangered Species Act (ESA)

[ ]  California Endangered Species Act (CESA)

[ ]  Migratory Bird Treaty Act (MBTA)

[ ]  National Historic Preservation Act (NHPA)

[ ]  Other

[ ]  None or N/A

[ ]  For when and by whom, please explain:

1. **What is the percent of dominant vegetation type at treatment site?**

*Enter the percent of the dominant type of vegetation in the project area. If you select “other,” be specific about the type of vegetation.*

% Chaparral

**\_** % Open or closed canopy mixed conifer forest

     \_ % Ponderosa

     \_ % Douglas Fir

     \_ % Pine Plantation

     \_ % Oak Woodland

     % Other. Please specify:

1. **Which vegetation is to be treated/modified?**

*Select the type of vegetation to be treated.*

[ ] Chaparral

[ ] Open or closed canopy mixed conifer forest

[ ]  Ponderosa

[ ]  Douglas Fir

[ ]  Pine Plantation

[ ]  Oak Woodland

[ ]  Other. Please specify:

1. **Describe the treatment to be implemented***.*

1. **Describe****the equipment to be used.**

1. **Describe the personnel/vendor to be used and how they will be used.**

1. **Describe the pre and post treatment site.**

1. **Will the project generate biomass, small logs of a merchantable volume or another marketable product?** *(Biomass is any plant material removed from the site.)* ***If your project will not generate biomass at all, enter N/A in each box.*** Enter the estimated volume of biomass produced in the box next to the appropriate type of biomass. Enter "N/A" in each box that does not apply. For more detailed instructions, see the Calculating Biomass Volume resource in the Library tab.

      Saw logs (cubic board ft.)

      Chips (green ton)

      Post and poles (lineal feet)

      Fuel wood (fuel for cogeneration plant)

Firewood (cords)

     Other- Specify:

Estimate the volume of biomass by using the following formula:

**Cubic Volume:** Refers to the amount of wood in a tree or log expressed in cubic feet. See the table below for the cubic volume by DBH class. So if you have 10 trees that are 9 inches DBH the volume of each tree is 6 cubic feet, multiplied by 10 trees so, the total volume would be 60 cubic feet.

**Cord:** A standard cord of firewood is 128 cubic feet of wood, generally measured as a pile 8 feet long by 4 feet tall by 4 feet deep.

**Lineal feet:** is the accumulated length so if you have 10 poles each 8 feet long the total lineal feet would be 80.

**Green ton:** See the table below

Diameter Breast Height (DBH) is measured 4.5 feet above the ground level on the uphill side of the tree.

| Diameter Breast Height (DBH) | CubicVolume | Density Conversion Factor (Bole and Branch) | Weight per Cubic Foot | Tree Weight(lbs) |
| --- | --- | --- | --- | --- |
| 4 | 1.0 | 2.12 | 48 | 101 |
| 5 | 1.5 | 2.09 | 48 | 150 |
| 6 | 2.0 | 2.05 | 48 | 196 |
| 7 | 3.5 | 2.02 | 48 | 339 |
| 8 | 5.0 | 1.98 | 48 | 475 |
| 9 | 6.0 | 1.94 | 48 | 559 |
| 10 | 7.0 | 1.85 | 48 | 622 |
| 11 | 8.0 | 1.77 | 48 | 680 |
| 12 | 11.5 | 1.70 | 48 | 938 |
| 13 | 15.5 | 1.62 | 48 | 1205 |
| 14 | 20.0 | 1.58 | 48 | 1516 |

1. **Will the biomass product be sold/commercialized?**

[ ] Yes

[ ]  No

1. **If yes, please describe how the biomass product will be used.**

*If it will not be used, type N/A*

1. **Have you filled in the reporting columns in ALL 4 tables in the Tables tab?**

**[TABLES](#_TAB_4_) TAB 4**

1. **WORK PLAN**
* Fill in all columns for each major task or activity necessary to complete the proposed project.
* When completing the work plan, assume grant term will begin in Fall 2021 and last 24 months.
* There is a limit of 10 entries for the Work Plan. Combine related tasks or activities, if needed.

**Sequential Task/Activity:**

* Enter tasks and activities in the order they will be carried out.
* Use quantifiable data wherever possible.
* Include major tasks and activities necessary for completing the grant, including training, planning, accounting, contracting, reporting, monitoring, etc.

**Timeframe**:

* Indicate by the month(s) during which work will take place, such as *Months 3-6*.
* Some activities may be labeled “continuous” or on-going, such as *posting articles on grant progress on website* or *tracking volunteer hours and match contributions*

**Responsible Party:**

* Indicate who will be responsible for performing the work and supervising its completion
* Include title and organization of party responsible.

**Expected Outcome/Result:**

* Describe what will result from completing the task or activity
* Be specific in explaining the effect of the completed task or activity.

|  | **SEQUENTIAL TASK / ACTIVITY** | **TIMEFRAME****(in months)** | **RESPONSIBLE****PARTY** | **EXPECTED****OUTCOME / RESULT** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |

1. **Project Deliverables**

This table is for deliverables that will be completed using BOTH grant dollars and matching contributions (in-kind or cash). Remember that the way the deliverables are projected here is how they should be reported as the project is completed. Reported quantities may change with approved modifications to the project.

* Enter the projected quantity of each deliverable.
* Use only whole numbers (no fractions, decimals, words or units other than those already included).
* **Treatment types can overlap.** This means the total acres treated may appear greater than the total project footprint.
* Enter the projected dollar amount from Grant funds and Match funds (whole dollars only) for each deliverable. Grant funds for deliverables must equal the grant funds total in the budget and match values for deliverables must equal the match total in the budget. This means things like insurance costs, and indirect must be factored into the supporting costs for each deliverable. Use your best projection as to how those costs should be allocated among the deliverables’ costs.
* **Funding types for the same treatment cannot overlap**. This means if a project is 10 acres and a single treatment such as mastication is split between match and federal share, one would report 5 acres for match share and 5 acres for federal share. With separate treatments, such as when the federal share pays for thinning, and the match share pays for burning, one would report 10 acres for federal and 10 for match.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Deliverables-**  | **Grant/Federal Quantity Projected** | **Grant/Federal Cost****Projected** | **Match Quantity Projected** | **Match Costs Projected** |
| **Community Risk Assessment Wildfire Planning** |  |  |  |  |
| Community Risk Assessment |       | $      |       | $      |
| Community Wildfire Protection Plan |       | $      |       | $      |
| Fire Management Plan |       | $      |       | $      |
| **PLANNING SUBTOTAL** |       | $      |       | $      |
|  |  |  |  |  |
| **Information/Education** |  |  |  |  |
| Outreach/Education Programs |       | $      |       | $      |
| Education/Information Products |       | $      |       | $      |
| **INFORMATION/EDUCATION SUBTOTAL** |       | **$** |       | **$** |
|  |  |  |  |  |
| **Fuels Treatment Acres** |  |  |  |  |
| Preparation for Treatment |  acres | **$** |      acres | **$** |
| *Include total prep acres for all fuels projects* |  |  |  |  |
| Mechanical Treatment  |  |  |  |  |
|  Biomass removal |      acres | $      |      acres | $      |
|  Chipping |      acres | $      |      acres | $      |
|  Crushing |      acres | $      |      acres | $      |
|  Hand pile |       acres | $      |      acres | $      |
|  Seeding |       acres | $      |      acres | $      |
|  Lop and scatter |       acres | $      |      acres | $      |
|  Machine pile |       acres | $      |      acres | $      |
|  Mastication/Mowing |       acres | $      |      acres | $      |
|  Thinning |      acres | $      |      acres | $      |
|  Thinning – Tree felling & removal |      acres | $      |      acres | $      |
| **MECHANICAL TREATMENT SUBTOTAL** | **acres** | **$** |      acres | **$** |
|  |  |  |  |  |
| **Prescribed Fire Acres** |  |  |  |  |
|  Broadcast burn |      acres | $      |      acres | $      |
|  Fire use |      acres | $      |      acres | $      |
|  Hand pile burn |      acres | $      |      acres | $      |
|  Jackpot burn |      acres | $      |      acres | $      |
|  Machine pile burn |      acres | $      |      acres | $      |
|  **PRESCRIBED FIRE SUBTOTAL** | **acres** | **$** |      acres | **$** |
|  |  |  |  |  |
| **Project Deliverables- FEDERAL GRANT FUNDS** | **Quantity Projected** | **Federal Cost****Projected** |  | **Match Costs Projected** |
|  |  |  |  |  |
| **Other Treatment Acres** |  |  |  |  |
|  Chemical |      acres | $      |      acres | $      |
|  Biological |      acres | $      |      acres | $      |
|  Browsing |      acres | $      |      acres | $      |
|  **OTHER TREATMENT SUBTOTAL** |      **acres** | $      |      acres | $      |
|  |  |  |  |  |
| **TOTAL FUELS TREATMENT ACRES & COST***Prep for Treatment + Total Mechanical + Total Fire + Total Other* | acres | **$** |      acres | **$** |
|  |  |  |  |  |
| **Mechanical Treatment with By-Products Utilized** |      acres | $      |      acres | $      |
|  |  |  |  |  |
| **GRAND TOTAL***Total Community Assessment + Total Information/Education + Total Fuels Treatment* |       | **$** |       | **$** |
|  |  |  |  |  |

**BUDGET DETAIL**

* Enter all project costs and match values in the budget table. The Cost Category column is for a description of the cost or match item.
	+ Itemize all project costs under the appropriate cost categories and combine relevant entries when possible. Each Cost Category is limited to the amount of rows listed as shown. Combine related line-item entries, if needed.
	+ Clearly identify costs such as insurance, rent, utilities, employees, contractors and supplies.
	+ In the first column, enter a brief description of the cost. For example, a description might read “ABC Fire Safe Council Project Coordinator: 100 hours x 18 months x $40/hour.”
* Place each cost or match dollar amount in the appropriate column to identify whether the cost is covered by grant funds and/or matching contributions. Use whole dollars only (no cents) for each field.
	+ The “Federal Grant Funds” column is for costs paid with federal funds.
	+ The “Applicant” column refers to matching funds or values contributed by the organization applying for the grant.
	+ The “Other Partners” column is for costs or values contributed by third parties. Fiscal sponsor match should be included under “Other Partners”. Would fiscal sponsor personnel costs be under personnel or **contractual**? Contractual.
* Consult “Budget Detail Guidelines” below for detailed instruction.

**Budget Detail Guidelines**

* 1. **Personnel**
* Use this cost category ONLY for employees of the applicant organization. If the organization does not have employees and uses independent contractors or volunteers, then you will not use this cost category. Refer to the IRS website for definitions of “employee” versus “contractor”.
* Enter the job title and the number of individuals that will work on the project. Provide a breakdown for the total cost.
* Examples of personnel costs could be for employees of the recipient organization or crews made up of employees.
* Personnel expenses and match require specific record keeping for all employee activities, not just those charged to the grant. Refer to the requirements for documenting salary/wage expenses and match in the application manual.
* Volunteers should be counted under Other or Contractual as applicable, NOT Personnel.
* Note under Personnel if the fringe benefits are included in the entry.
	1. **Fringe Benefits**
* Enter the fringe benefits associated with each employee listed in the Personnel category.
* If the applicant organization does not track benefits separately from salaries/wages, these costs may be included in the cost under Personnel (i.e. salary/wage + benefits). Benefits are listed for employees of the organization, not contractors.
	1. **Travel**
* Enter costs associated with travel necessary to complete the grant, including lodging, transportation, and mileage.
* Consult the general services administration website at www.gsa.gov for the appropriate mileage rate and other travel related values.
* Note the mileage rate used in the calculation. Rates are different for fleet versus personal vehicles.
* Include 1-2 nights of hotel lodging if long-distance travel is needed to attend trainings or other workshops during the grant term. Include estimated costs for attending the mandatory online CFSC Grant Award Workshop.
	1. **Equipment**
* ***Contact a grant specialist immediately if you plan to include the purchase of equipment in your grant application. Equipment whether purchased with federal or matching funds must be pre-approved for inclusion in all grant applications.***
* Equipment is defined as a tangible item with a unit cost of $5,000 or more and a lifespan of more than one year.
* Other items that one would think of as equipment, like chain saws, parts, or computers that have a unit cost under $5,000 should be itemized in the Supplies category.
* Prior to submitting the grant application, the applicant must submit a cost-benefit analysis via email to a CFSC grant specialist. The cost-benefit analysis must include a comparison of purchasing the equipment versus borrowing from another federal program or renting it.
* Vehicle purchases are not allowable.
* When you charge for the use of equipment (not purchase), you can charge the rental cost, a use allowance (similar to rent), or you can charge for the depreciation that occurs during the time the equipment is used for the grant project. This value or cost would go under the Contractual category and does not require prior approval.
	1. **Supplies**
* Supplies are defined as items that have unit costs of less than $5,000.
* Enter supplies and materials needed to complete the project (e.g., project computer, scanner, project software, paper, toner, educational materials, signs, brochures, etc.)
* Provide a breakdown of the unit costs and quantities to be purchased.
	1. **Contractual**
* Use the Contractual category for any services from companies, professionals or individuals that are hired as independent contractors for the project (e.g., consultants, project specialists, CPA, attorney, etc.). Be sure to follow organizational procurement policies and adhere to federal grant regulations when hiring contractors.
* Enter the job title and the number of individuals that will work on the project. Provide a breakdown for the total cost.
* Include a line item for the Fiscal Sponsor Administrative Fee, if applicable.
	1. **Other**
* Enter costs that do not fall within the scope of the above categories. For example: insurance, volunteer match, professional printing, etc.
	1. **Total Direct Costs**
* This field will calculate automatically.
	1. **Indirect Costs (May not apply to all applicants)**
* Complete this category if one of these two scenarios applies:
	+ The applicant organization or fiscal sponsor has been given a Negotiated Federal Indirect Cost Rate Agreement (NICRA) with a federal agency. A copy of your NICRA will be required if your application is selected for funding. (Note: very few applicants have such an agreement. Lack of this agreement should not be a concern.)
	+ The applicant organization is a non-federal entity that does not have a federally approved indirect cost rate and has never received a negotiated indirect cost rate. These organizations have the option to charge a de minimis rate of 10% of modified total direct costs (MTDC), which may be used indefinitely, as their indirect rate.
		- If your organization meets these criteria and you elect to claim the de minimis 10% indirect rate, please use the De Minimis indirect worksheet, located in the Library Tab in ZoomGrants, to assist you with the MTDC and indirect calculation.
* If your organization does not have a Federal Indirect Cost Rate Agreement and chooses not to use the 10% de minimis rate, your administrative and overhead expenses must be distributed throughout your budget, and you can leave the indirect line item in the budget blank.

1. **BUDGET DETAIL**

|  |  |  |
| --- | --- | --- |
|  | **Funding Sources** |  |
|  | **FEDERAL** | **MATCH** |  |
| **Cost Categories** | **(1) Federal****Grant Funds** | **(2)** **Applicant**  | **(3)** **Other Partners** | **Total** |
| 1. **Personnel (5 rows maximum)**
 |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| **Total Personnel** |  |  |  |  |
|  |  |  |  |  |
| 1. **Fringe Benefits (5 rows maximum)**
 |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| **Total Fringe Benefits** |  |  |  |  |
|  |  |  |  |  |
| 1. **Travel (4 rows maximum)**
 |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| **Total Travel** |  |  |  |  |
|  |  |  |  |  |
| 1. **Equipment (Items > $5,000/unit. See guidelines.) (3 rows maximum)**
 |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| **Total Equipment** |  |  |  |  |
|  |
| 1. **Supplies (5 rows maximum)**
 |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| **Total Supplies** |  |  |  |  |
| 1. **Contractual (8 rows maximum)**
 |  |  |  |  |
| **Fiscal Sponsor Administrative fee (if applicable)** |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| **Total Contractual** |  |  |  |  |
|  |  |  |  |  |
| 1. **Other (4 rows maximum)**
 |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
| **Total Other** |  |  |  |  |
|  |  |  |  |  |
| 1. **h. Total Direct Costs**
 |  |  |  |  |
| 1. **i. Indirect Costs**
 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **PROJECT TOTAL**
 |  |  |  |  |

**If using the de minimis rate please enter the Modified Total Direct Cost that you calculated from your budget (your indirect will be 10% of this number).**

**MATCH AMOUNT DETAIL**

* Applicants are required to contribute dollar for dollar match.
* Match amounts must align with the Budget Detail.
* Use whole dollars only (no cents).
* Refer to the grant application handbook for details on eligible match and contact a CFSC grant specialist for assistance.

**Match Information Guidelines**

**Organization Name:**

* Enter the official name of the organization, agency or person contributing match to the project.

**Cost Category:**

* Select the cost category(ies) for the match contribution. May be more than one cost category if the contributor is providing multiple types of support.

**Type of Match**

* Select in-kind or cash. In-kind refers to donated time, goods, or services whose value is calculated as match. Cash refers to actually money (dollars) given to complete the project.

**Amount**

* Enter the amount of match provided. Use whole dollars only (no cents).
1. **MATCH AMOUNT DETAIL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Match Contributor****(Organization, agency, or person)** | **Cost Category(ies)** | **Type of Match** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **MATCH TOTAL** |  |  |  |

**DOCUMENT UPLOAD**

**Letters of Commitment**

* Upload letters of commitment (LOC) from all organizations providing matching contribution to the project, including the applicant and fiscal sponsor.
* There is a 4 MB limit on uploaded documents. Please scan at low resolution (if necessary) and/or submit documents separately.
* Upload LOCs directly to your ZoomGrants application under the Documents tab. Clearly identify the source of the LOC in the title of the document and include a cover page. For example, “Cal FIRE LOC”
* LOCs must be submitted online with the application by the deadline.
* All matching contribution amounts reflected in the LOCs must match the amounts in the application.
* For homeowner match for a chipping program, please submit ONE LOC as the applicant organization on behalf of the homeowners with an explanation of the match. Retain the original copies of the homeowner match for your records and submit to CFSC when requested. Refer to sample in the handbook to ensure accuracy.
* Each LOC must be printed on letterhead of the organization. If the LOC is an email, it must include the name and address of the organization, name and title of person making the commitment and logo of the organization.
* Each LOC must include:
* A description of the match provided and how it relates to the project. Identify whether the match is cash or in-kind. For cash match, indicate how the money will be used on the project.
* Value of the matching contribution with a breakdown of the total (e.g., 5 hours x $35/hour for producing maps = $175)
* Timing of match provided or specific item(s) donated. (Must be during the grant term.)
* Signature and contact information (including title/position) of match contributor
* Sample LOCs are provided in the grant application handbook. Refer to the samples to ensure that the letters meet the criteria.

**Letters of Commitment Cover Letter**

* A cover letter from the applicant organization must be included that lists all contributing organizations and the value of the contribution from each.

**Fiscal Sponsor Agreement**

* If your organization is utilizing the services of a Fiscal Sponsor, then a Fiscal Sponsor Agreement letter is required. There is a 4 MB limit on uploaded documents. Please scan at low resolution (if necessary) and/or submit documents separately.
* The Fiscal Sponsor Agreement is a written and signed document on the Fiscal Sponsor’s letterhead indicating the Fiscal Sponsor will act on behalf of the applicant to receive, spend and otherwise manage the grant funds and property assets associated with the applicant’s grant project in accordance with applicable federal, state and local laws and regulations.
* Fiscal sponsors must upload a signed letter on organizational letterhead certifying it agrees to serve as the fiscal sponsor for the applicant.
* Sample provided in the grant application handbook.

**Indirect Cost Rate**

* If your organization has a negotiated Federal Indirect Cost Rate Agreement (NICRA) with a federal agency, a copy of your NICRA must be uploaded.
* If your organization is claiming the 10% de minimis indirect rate, you must upload a completed De Minimis indirect worksheet (found in the Library Tab in ZoomGrants).

**Project Vicinity Map**

* A project location map is required for all fuel treatment projects.
* When uploading the map please provide the organization name, project title and identifying markers to show the county or regional area of the project.
* For projects with disbursed locations such as homeowner chipping~~,~~ a map that identifies the region of the activities is adequate.
* For vegetation treatment projects with specific locations such as fuel breaks, the map can either show a pinpoint or a boundary of the treatment area and must contain enough specific information that a grant reviewer can locate the project.