

Alternative Manure Management Program



2024 AMMP Informational Meeting on Grant Award Procedures
June 18, 2025



The Office of
**Agricultural Resilience
& SUSTAINABILITY**

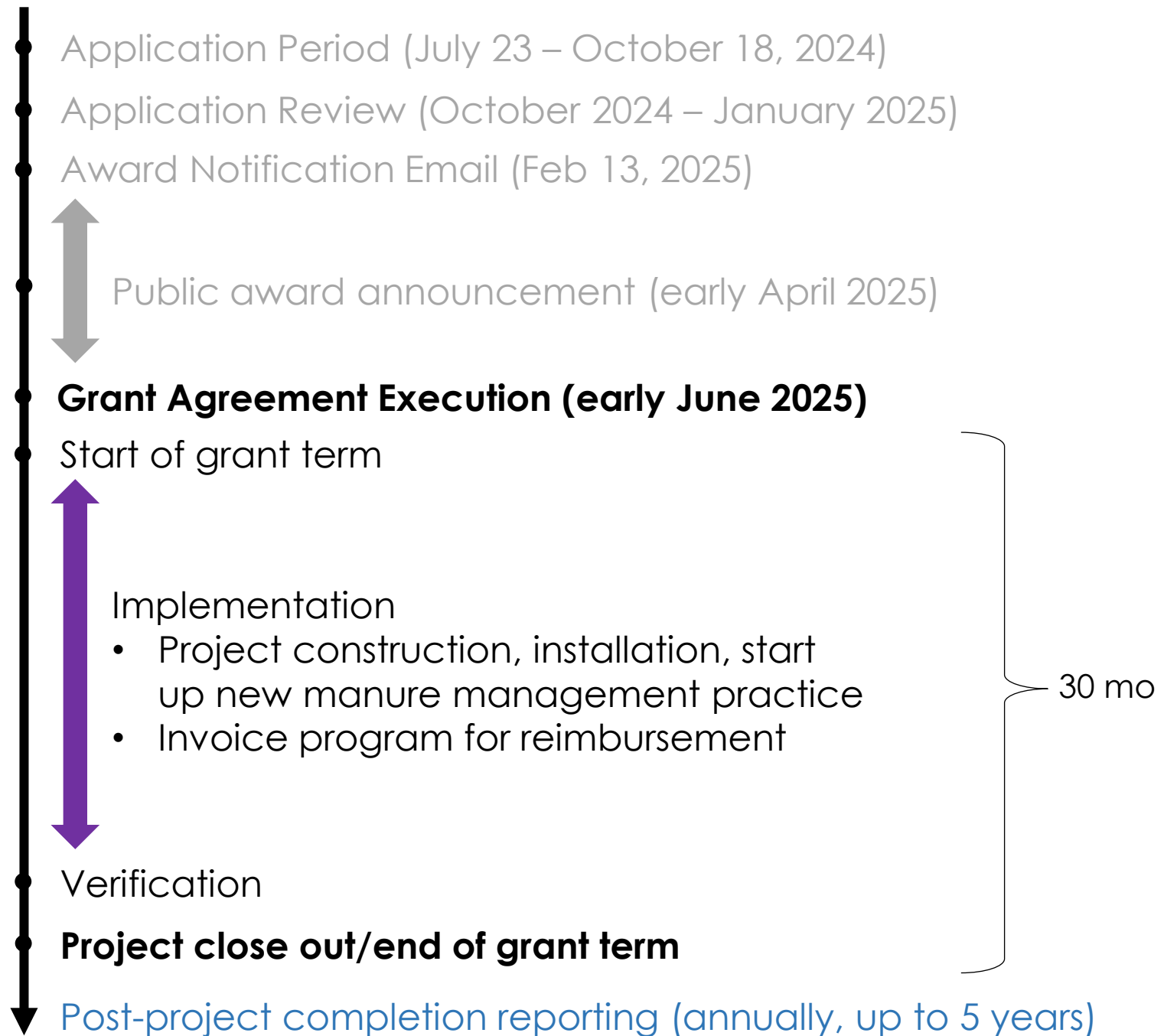
Agenda

1. Presentation

- Overview of where we are in the grant process
- Grant Award Procedures
 - ✓ General Processes and Basics
 - ✓ Grant Agreement Structure
 - ✓ Advance Payment Requests
 - ✓ Invoicing
 - ✓ Modification Requests
 - ✓ Verification
- Resources

2. Questions

Project Implementation Phase



General Processes

Getting Started

- Grantees can begin once grant fully executed and beyond grant term start date.
- Will receive Introduction Email from Program with copy of Budget Worksheet, initial project specific templates.

Project Implementation

- CDFA Invoice submission requested quarterly at minimum (there is a “no expenditures” box on the invoice template if no expenses occurred) but can be more frequent if needed.

Communication

- *The Program primarily communicates by email.* Please make sure the email address in your grant agreement is active and checked regularly.

Project Completion

- Verification is conducted by AMMP staff after the project is fully implemented and operational. When your project is done, let us know and we'll help schedule.
- 10% of grant award amount withheld until successful project verification.

Grant Award Procedures (GAP) Manual

2024 ALTERNATIVE MANURE MANAGEMENT PROGRAM

*The 2024 Alternative Manure Management Program is funded by California
Climate Investments*



GRANT AWARD PROCEDURES MANUAL



California Department of Food and Agriculture
Office of Agricultural Resilience and Sustainability
1220 N Street
Sacramento, CA 95814
cdfa.oefi_ammpp_tech@cdfa.ca.gov

GAP Manual link:

https://www.cdfa.ca.gov/oars/ammpp/docs/2024_AMMP_gap.pdf

From AMMP webpage, can access GAP Manual via Recipient
Resources: <https://www.cdfa.ca.gov/oars/AMMP/resources.html>

Grant Agreement Structure: Signature Page

**GRANT AGREEMENT
SIGNATURE PAGE**

AGREEMENT NUMBER

24-XXXX-000-SO/SG

Grant Agreement Number (reference this in communication with Program staff)

1. This Agreement is entered into between the State Agency and the Recipient named below:

STATE AGENCY'S NAME

CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

RECIPIENT'S NAME

Recipient Name

Grant Term (when project implementation can occur)

2. The Agreement Term is: June 1, 2025 through November 30, 2027

3. The maximum amount of this Agreement is: **\$750,000.00**

Grant Budget (total AMMP grant funding)

4. The parties agree to comply with the terms and conditions of the following exhibits and attachments which are by this reference made a part of the Agreement:

Exhibit A: Recipient and Project Information

2 Page(s)

Exhibit B: General Terms and Conditions

5 Page(s)

Exhibit C: Payment and Budget Provisions

2 Page(s)

Attachments: Scope of Work and Budget

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

RECIPIENT

RECIPIENT'S NAME (Organization's Legal Name)

Recipient Name (based on STD 204)

BY (Authorized Signature)

Authorized signature

DATE SIGNED

5/30/2025

Grantee Information

PRINTED NAME AND TITLE OF PERSON SIGNING

Printed Name of Authorized Signer, Title

ADDRESS

Address

STATE OF CALIFORNIA

AGENCY NAME

CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)

BY (Authorized Signature)

Andrea Perkins

DATE SIGNED

Digitally signed by Andrea Perkins
Date: 2025.06.05 09:35:01 -07'00'

Office of Grants Administration (OGA) Information – Grant Execution Date and Signatures

PRINTED NAME AND TITLE OF PERSON SIGNING

ANDREA PERKINS, STAFF SERVICES MANAGER I, OFFICE OF GRANTS ADMINISTRATION

ADDRESS

1220 N STREET, ROOM 120
SACRAMENTO, CA 95814

LA

Grant Agreement Structure: Exhibit A

EXHIBIT A

RECIPIENT AND PROJECT INFORMATION

1. CDFA hereby awards an Agreement to the Recipient for the project described herein:
2024 Alternative Manure Management Program

Project Title:

2. The Managers for this Agreement are:

FOR CDFA:		FOR RECIPIENT:	
Name:	Roberta Franco	Name:	<input type="text" value="Grant Manager Name"/>
Division/ Branch:	Executive Office/Office of Agricultural Resilience and Sustainability	Organization:	<input type="text" value="Organization Name (if
applicable)"/>
Address:	1220 N Street	Address:	<input type="text" value="Grant Manager Address"/>
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:	<input type="text" value="City, State, Zip"/>
Phone:	NA	Phone:	<input type="text" value="Phone Number"/>
Email Address:	cdfa.oefi_ammp_tech@cdfa. ca.gov	Email Address:	<input type="text" value="Email"/>

3. The Grant Administrative Contacts for this Agreement are:

FOR CDFA:		FOR RECIPIENT:	
Name:	Gregory Ferrero	Name:	<input type="text"/>
Division/ Branch:	Executive Office/Office of Agricultural Resilience and Sustainability	Organization:	<input type="text"/>
Address:	1220 N Street	Address:	<input type="text"/>
City/State/Zip:	Sacramento, CA 95814	City/State/Zip:	<input type="text"/>
Phone:	NA	Phone:	<input type="text"/>
Email Address:	cdfa.oefi_ammp_tech@cdfa. ca.gov	Email Address:	<input type="text"/>

FISCAL CONTACT FOR RECIPIENT (if different from above):

Name:	<input type="text"/>
Organization:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip:	<input type="text"/>
Phone:	<input type="text"/>
Email Address:	<input type="text"/>


Grant Administrative Contacts: If these are not filled out, but someone aside from the Grant Manager will need to be cc'd, communicate with us about the grant or will be preparing/submitting CDFA invoices, the grant recipient can email the Program, identify the individual(s), their role, and authorize CDFA is to communicate with them about the grant.

Grant Agreement Structure: Exhibit B and C

- Exhibit B – General Terms and Conditions
- Exhibit C – Payment and Budget Provisions

Grant Agreement Structure: Scope of Work (SOW)

Scope of Work: summarizes information about the project that we expect to be able to verify at the end. Content extracted from grant application form, Project Narrative (description of what is being implemented, anticipated outcomes/benefits, project team, long-term viability/maintenance), Work Plan, GHG Calculator Tool.



California Department of Food and Agriculture
2024 Alternative Manure Management Program
Scope of Work

Recipient Name

\$750,000.00

Project Title:

Project Title

Project Description:

Project Description

Project Site Location:

Address or nearest cross street:

City, Zip Code:

County:

Project herd size:

Project Site Information

Project Objectives:

Primary Manure Management Practice(s): Solid separation (stationary screen) with composting in passive windrows.

The following tasks will be completed within the grant term:

Task No.	Description/Activity	Performed By (Title, Organization)
1	Order Separator System	Project team members or contractors
2	Demolition/Debris Removal	
3	Grading and Compaction	
4	Concrete Work – Processing Pit, Concrete Slab, Separator Wall	
5	Pipe Installation	
6	Electrical Installation	
7	Mechanical Separator Installation	

Work Plan – tasks, but specific dates not included

Grant Agreement Structure: Attachments

Attachments in SOW:

1. Copy of approved Budget Worksheet*
2. Copy of AMMP Benefits Calculator Tool*
3. Site Plan (if applicable)

*These may differ from the original grant application submissions! Technical review of calculators; pre-project phase budget rounding, clean up, corrections as needed

Advance Payment Requests

- Frequency: one-time per AMMP grant
- Amount: up to 25% of total AMMP grant award
- When: to begin project implementation or when a large expense is anticipated during the project term
- Use: cannot be for costs that were already incurred prior to start date of grant term. Should be used within a 3-month period. All remaining funds allocated on a reimbursement basis.
- Request process:
 1. Complete form
 2. Provide supporting documentation such as an estimate or quote
- Accounting: after spending the advance, will still need to account for the expenditure using regular CDFA Invoice process

Advance Payment Requests

Request Form

Access online:

<https://www.cdfa.ca.gov/forms/docs/Form2.1.1.AdvancePaymentRequest.pdf>

Or receive a partially pre-filled out copy from the Program.

Amount Requested – cannot exceed 25% of AMMP grant amount

Justification – reasoning for Advance Payment

ADVANCE PAYMENT REQUEST

Form 2.1.1. (Rev. 01.2024)

State of California

California Department of Food and Agriculture

Office of Grants Administration

1220 N Street, Sacramento, CA 95814

Make Check Payable to:

Organization Name

Address

City, State Zip

Attn:

"Make Check Payable to:" should align with information on invoice template, which was validated through STD 204 process for State payment process

Advance payments must be used in accordance with applicable Grant Agreement Terms and Conditions, Grant Management Procedures Manual, and any Federal or State regulations. Note: The Advance Payment Request may take up to 45 calendar days to process.

Grant Recipient Information

Grant Agreement Number: _____

Organization Name: _____

Grant Award Amount: _____

Project Term End Date: _____

Project End Date – use end of grant term (e.g., 11/30/27)

Advance Information

Advance Payment Request Number: _____

Advance Period: _____

Amount Requested: _____

Advance Period – anticipated 3-month period for expenditure (Ex. 8/1/2025-10/31/2025)

Justification for Advance Request (Non-profit organizations receiving non-federal grant funds must complete Form 2.1.1.A. Advance Payment Request Supplement in addition to this form):

Recipient Authorization

Authorized Representative Email: _____

Authorized Representative Approval: _____

Authorized Date: _____

For State Use Only

CDFA Program: _____

Invoice Number: _____

Amount Approved for Payment: _____

Program Code: _____

Supplier ID: _____

Account Code: _____

Fiscal Year: _____

CDFA Approval

Date Advance Received: _____

Grant Analyst Initials & Date: _____

CDFA Authorized Approver & Date: _____

Invoicing CDFA

Recipients submit invoices to the Grant Analyst for reimbursement of actual expenditures incurred to implement their project.

Key items to review:

1. Templates - the forms needed to request reimbursement
2. How to fill them out once you have project expenditures to submit
3. How to submit them to the Program

New Invoicing Guidance Videos

Part 1: Templates

Part 2: Completing the templates with a simple example

Part 3: Submitting an invoice packet



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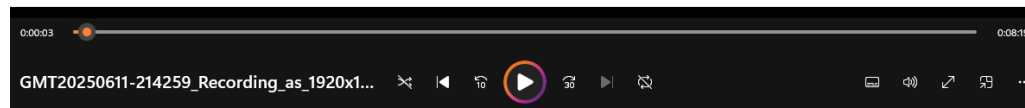


**Alternative Manure
Management Program**

CDFA's Alternative Manure Management Program (AMMP)

How to request reimbursement

Part 1 of 3 – Templates



Project Modification Requests

- **Prior approval** is required from CDFA for material revisions
 - Changes to scope of work including work plan
 - Budget revisions (line item shifts or change to approved use of funds - total grant award cannot be increased)
 - Changes in key project members or contractors
- Contact the Program when a change requiring prior approval necessary or if you are uncertain whether a change, project activity or cost requires prior approval.
- The program may have you complete a Project Modification Request Form as part of review and documentation.
- Revision requests may not be approved. Do not proceed with changes before approval, or expenditures may not be reimbursed.

References: 2024 AMMP GAP Manual, pgs 3, 8-9 and Appendix C



State of California
California Department of Food and Agriculture
Office of Environmental Farming and Innovation

Project Modification Request Form

Date:	Grant Agreement #:	Grant Award Amount:	Revision Request #:
		\$0.00	

Grant Recipient Information:

Grant Program _____
Organization Name: _____
Contact Name: _____
Telephone: _____
Email: _____

Grantee information

Type of Modification (Check All Applicable)

- ☐ Work Plan (e.g. addition or deletion of activities/deliverables; change to start/end dates of tasks)
☐ Scope of Work (e.g. project narrative, design, project partners/team members)
☐ Budget
☐ Others (explain below)

Modification Type – select all that apply.

Work plan – ex. change to tasks, start/end dates, extensions
Scope of work – ex. project team or contractor changes, equipment or project design components
Budget – ex. if change in contractor/vendor or equipment type affects budget worksheet amounts or descriptions

Description of the Modification

1. Provide a detailed description of proposed modification in this section.

2. For all modifications except Budget Revisions: Attach a revised document as applicable. Please review the project's mark any proposed modifications by ~~striking through~~ any old text (do not delete), and adding new text in

3. For Budget Revisions: Please fill out the section "Line Item Shift Budget Adjustment Table" below. If the budget revision includes changes in cost of equipment, supplies or services, please provide an updated quote.

Description of

Modification – blue text provides guidance; remove and replace with your own information

Justification:

Justification should cover reasons for request and detailed explanation of how the change will impact the project. Justification is not limited to: 1) Project Timeline 2) Budget 3) Estimated GHG Emission Reduction 4) Permits

Justification for change –

blue text provides guidance; remove and replace with your own information

Line Item Shift Budget Adjustment Table (only fill out if applicable)

Project Budget Categories	Current Project Budget Amounts (A)	Line Item Shift Revisions enter negative amount with (-) enter positive amount with (+) (B)	Revised Project Budget
1. PERSONNEL			
a) Salaries & Wages	\$0.00		
b) Fringe Benefits	\$0.00		
2. OPERATING EXPENSES			
a) Supplies and Materials	\$0.00		
b) Equipment	\$0.00		
c) Travel	\$0.00		
3. CONTRACTORS/LABOR	\$0.00	\$0.00	\$0.00
4. OTHER DIRECT COSTS	\$0.00	\$0.00	\$0.00
5. INDIRECT COSTS	\$0.00	\$0.00	\$0.00
Totals:			\$0.00

This section only needed for Budget Revisions or Line Item Shift Requests (LISR), to shift amount of funding between Budget Worksheet categories – award total does not change.

Requestor Information:

☐ By checking this box, I certify that I am an authorized individual.

Name _____

Title/Role on Project _____

Requestor

Information: grantee or authorized individual should complete. Check box to certify authorized, and in lieu of signature; return document as an excel spreadsheet

Program Comments and Recommendations

Reviewed by Program staff

Approval does not require SO-36 Form

Approval requires SO-36S Form

NOT APPROVED

AUTHORIZED SIGNATURE: _____

DATE: _____

Verification

When your project is implemented and complete:

- Reach out to schedule a verification
- May be conducted remote or in-person
- Program staff visualize complete and operational project and whether it is in accordance with SOW

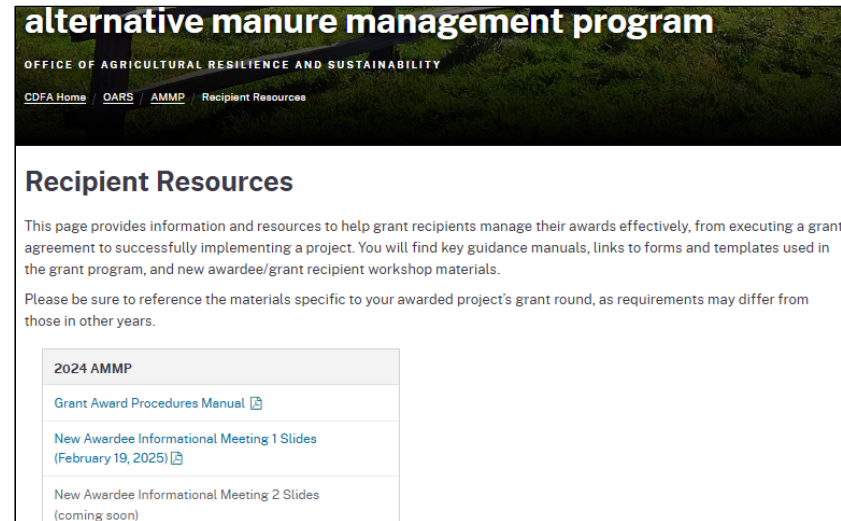
Follow up requests:

- Pictures of completed project
- Copies of issued/approved permits required to implement the AMMP project (e.g., ATC, building permit, electrical permit)



Grantee Resources

- Grant Agreement
- GAP Manual
 - https://www.cdfa.ca.gov/oars/ammp/docs/2024_AMMP_gap.pdf
 - Appendices include Advance Payment Request, CDFA Invoice Template definitions, instructions
- AMMP Recipient Resources page:
<https://www.cdfa.ca.gov/oars/AMMP/resources.html>



- General OARS Reimbursement FAQs
- Technical Assistance available

Contacts and References



<https://www.cdfa.ca.gov/oefi/AMMP/>



cdfa.oefi_ampp_tech@cdfa.ca.gov

Your CDFA AMMP Team

- AMMP Inbox: cdfa.oefi_ampp_tech@cdfa.ca.gov
- Current Program staff:
 - AMMP Lead – Alyssa Louie
 - AMMP Grant Analyst – Greg Ferrero
 - Methane Reduction Programs Supervisor – Roberta Franco
 - Program Analysts Supervisor – Silvia Covarrubias

Technical Assistance Providers

- https://www.cdfa.ca.gov/oefi/technical/docs/2023_ampp_taps.pdf
- <https://ciwr.ucanr.edu/Programs/ClimateSmartAg/TechnicalAssistanceProviders/>

Terminology/Acronyms

- ✓ AMMP = Alternative Manure Management Program (may be referred to as the “Program”)
- ✓ CDFA = California Department of Food and Agriculture
- ✓ GAP = Grant Award Procedures
- ✓ OGA = CDFA’s Office of Grants Administration
- ✓ PMRF = Project Modification Request Form
- ✓ POE = Proof of Expenditures
- ✓ Recipient = grant recipient (may also see referred to as awardee, grantee)
- ✓ SOW = Scope of Work



Thank you for attending!

Questions?



**Alternative Manure
Management Program**

CDFA OFFICE OF ENVIRONMENTAL FARMING & INNOVATION