**Applicant Organization:**

Click here to enter the legal name of the organization that will serve as lead for the project and will receive grant funds.

**Organization Type:** Select the organization type that best describes the applicant.

**Submitting Organization:**

If applicable, click here to enter the legal name of the organization submitting on behalf of the applicant.

**Cooperating Entities:**

Click here to list the cooperating entities and identify the role or contribution each will make to the project.

**Project Title:**

Click here to provide a concise description of the project in 15 words or less.

**Project Description (Abstract):**

Click here to Summarize the need for the project, describe the goals and outcomes, and present a plan for evaluating and measuring the success of the project.\*

*\*The Project Description should minimize the use of technical terms and be appropriate for dissemination to the public as it may be included with information shared publicly for projects funded through California Climate Investments.*

**Project Budget:**

**Funds Requested:** Click here to enter the total amount of grant funds requested.

**Cost Share:** Click here to enter the total amount of cost share committed to the project.\*

**Total Budget:** Click or here to enter the sum of funds requested and cost share.\*\*

*\** *Cost sharing is not a requirement in Project Years 1 and 2 (January 1, 2018 – December 31, 2019); however, cost sharing is encouraged and may serve as evidence to demonstrate commitment to, or support for, the project. Cost sharing is required for Project Year 3 (January 1, 2020 – December 31, 2020).*

*\*\*The total budget will not calculate automatically.*

**Agricultural Operation Data:**

**Total size of the applicant's farm/agricultural organization:** Click here to enter the total farm/agricultural organization size (in acres).

**Assessor's Parcel Number (APN) that will be impacted by the proposed**

**Healthy Soils project:** Click here to enter APN(s).

*Be sure to use the APN format that is used by your county Assessor's Office. Visit your county's Assessor's Office in person or the Assessor's Office webpage to look up or verify the APN(s).*

**Address or Nearest Cross Streets:** Click here to enter address.

**City, Zip Code:** Click here to enter city and zip code.

**County:** Click here to enter the county.

**Census Tract:** Click here to the census tract.

*The census tract for each APN can be found using the U.S Census Bureau* [*census tract finder*](https://geocoding.geo.census.gov/geocoder/geographies/address?form)*.*

**Does the Applicant own the land to be impacted by the Healthy Soils Project?:** Yes or No

*If leasing land, applicants must include a letter of agreement from the land owner stating their consent to the project implementation for the duration of the project term. Include the letter as an attachment and name it “Demo\_[ApplicantName]\_[taxIDlast4digits]\_LandownerAgreement”.*

**Are there multiple fields on which agricultural management practices will be implemented within a single APN?:** Yes or No

**Provide a list of APNs, the eligible agricultural management practices to be implemented, and acreage involved for each practice:**

Click here to enter APNs, eligible agricultural management practices, and acreage for each practice.

**Baseline Data:**

**Provide the cropping history for the past three years (January 2015 - January 2018) for all APNs included in the project.**

Click here to enter the cropping history.

**Provide the management practice history for the past three years (January 2015 - January 2018) for all APNs included in the project.**

Click here to enter the management practice history.

**Does the project include Compost Application Practices?:** Yes or No

If yes, applicant must upload one soil organic matter test result taken within the last five years for each APN included in the project.

Or:

Enter the major soil type (i.e., soil series name) and soil organic matter content data sourced from the UCD Web Soil Survey for the specific APNs where project implementation will occur. Instructions for using the Web Soil Survey are provided in [Appendix II, Document 2: Step-by-Step Instructions to Determine Soil Organic Matter Content Using Web Soil Survey](https://www.cdfa.ca.gov/oefi/HealthySoils/docs/HSP_SoilSurvey.pdf).

Attached documents should be named “Demo\_[ApplicantName]\_[taxIDlast4digits]\_SoilTest” .

**Project Justification:**

**Describe the mechanism of the proposed agricultural management practices in reducing GHG emissions, increasing carbon sequestration, improving soil health, and/or providing other environmental benefits.**

Click here to enter description of the mechanism.

**Describe the geographic location and/or provide a regional representation of the project.**

Click here to enter description of the geographic location.

**Provide a rationale for the crop(s) selected for the project.**

Click here to enter the crop selection rationale.

**Describe the agronomic, environmental, or other impacts the project anticipates having on a local, regional, and statewide basis.**

Click here to enter description of the anticipated impacts.

**Describe the possibility for and scale (state or local) at which the project anticipates influencing farmers and ranchers to adopt the demonstrated agricultural management practices.**

Click here to enter description of the possibility for scale.

**Project Design:**

**Provide a project design that includes a schematic representation of the agricultural management practice implementation and how it fits into the production system.**

Click here to enter the project design. Schematic representations should also be copied here.

**Describe the proposed approach, procedure, or methodology and how it is suitable and feasible for the project.**

Click here to describe the project approach, procedure, or methodology.

**Outreach Design:**

**Describe the proposed outreach activities. These must include farmer or rancher Field Day activities. Other activities such as workshops, farmer or rancher meetings, social media communication, and publications are encouraged.**

Click here to describe the outreach activities.

**Describe the proposed approach, procedure, or methodology for the outreach activities. Include and clearly describe the methods for notification, recording attendance, distributing and collecting surveys and how they are suitable and feasible for the project.**

Click here to describe the outreach approach, procedure, or methodology.

**Work Plan:**

**Table I. Management Practice Implementation Plan**

***Fill the table provided below for each eligible management practice to be implemented on all fields within an APN that are part of the project. Table should be filled for both Type A and Type B projects. Add additional rows as necessary, not to exceed a total of six pages for this attachment.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APN** | **Field Number** | **Practice Name** | **Activities\*** | **Performed by** | **Timeline**  **(start mm/yyyy – end mm/yyyy)** | **Acres of Practice Implementation (if applicable)** | **Identify if this Field is Treatment (T) or Control (C)** |
|  |  |  |  |  |  |  |  |
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**\*Describe each activity that will support *implementation* of the identified management practice(s) for listed APNs.**

**Table II. Data Collection Plan**

***Fill the table provided below describing the activities that will take place to ensure data collection for the project. Soil organic matter data collection activities should be listed. Other data such as crop yield and any other additional data collection activities are optional. Add additional rows as necessary.***

|  |  |  |
| --- | --- | --- |
| **Activities (Describe each activity that will support *data collection* from the project sites)** | **Performed by** | **Timeline (start mm/yyyy – end mm/yyyy)** |
|  |  |  |
|  |  |  |
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**Table III. Outreach Plan**

***Fill the table provided below describing the activities that will take place to complete outreach requirements. Add additional rows as necessary.***

|  |  |  |
| --- | --- | --- |
| **Activities (Describe each activity that will support *outreach requirements* of the project. Include location information for outreach activities, e.g., field days, if more than one)** | **Performed by** | **Timeline (start mm/yyyy – end mm/yyyy)** |
|  |  |  |
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**Describe the methods that will be used to assess the progress and success of the practice implementation. Provide a cost/benefit analysis for adoption of the agricultural management practices and anticipate any barriers to adoption, if applicable.**

Click here to describe the methods to assess progress and success.

**Describe the methods that will be used to assess the success of outreach activities. This must go beyond attendance counts from outreach events to include methods and indicators to quantify potential impacts in the short (1-2 years) and long-term (3 or more years) (e.g., percent increase in farmer/rancher outreach participation, percent increase in adoption of demonstrated management practices by farmers/ranchers, and associated benefits such as more GHG reductions and soil health improvement over large areas within the state, etc.).**

Click here to describe the methods to assess outreach activities success.

**Project Oversight:**

**Describe roles of all project management personnel in the project. Note specific time commitments and how they will impact the proposed project.**

Click here to describe the roles of project management personnel.

**Budget Narrative:**

**All expenses described in this budget narrative must be allowable costs covered by the Healthy Soils Program (HSP) for Project Year 1 and 2. Do not include any costs/activities covered by cost sharing.**

**For sections A through H, complete the tables provided below applicable to your proposed project by filling in the requested information; applicants may add or remove rows as needed. In addition, provide a written justification of the costs listed for sections A, C, D, E, F, and G, ensuring justifications address all of the specified criteria. Add additional pages as necessary, not to exceed a total of six pages.**

|  |
| --- |
| **A. SALARY AND WAGES** |

**In the table below, list the employees employed by the applicant organization whose time and effort can be specifically identified and easily and accurately traced to project activities. For each employee, provide:**

* **The individual's name, if known.**
* **Their title (e.g., professor, post-doctoral researcher) and role in the project, if applicable (e.g., principal investigator, project manager, etc.).**
* **Their level of effort on the project. For hourly employees, provide the number of hours to be worked. For salaried employees, provide the percent full time equivalent (% FTE).**
* **The total amount of funds requested for the individual.**

**IMPORTANT: All individuals listed under section A. Salary and Wages must be listed in the Work Plan attachment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Level of Effort**  **(# of hours or % FTE)** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Salary and Wages Subtotal** | | |  |

**Salary and Wages Justification: For each individual listed in the table above, provide a brief summary of their duties and identify the project objectives from the Work Plan attachment that they will be responsible for completing.**

**Employee 1:**

**Employee 2:**

|  |
| --- |
| **B. FRINGE BENEFITS** |

**In the table below, provide the fringe benefit rate for each employee list above. Fringe benefits expenses are calculated as a percentage of an individual’s salary or wages and should be determined according to the organization's established fringe benefits policy. For each employee provide:**

* **The individual's name, if known.**
* **Their title (e.g. professor, post-doctoral researcher) and role in the project, if applicable (e.g. principal investigator, project manager, etc.).**
* **The fringe benefit rate.**
* **The total amount of funds requested for the individual.**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Fringe Benefit Rate**  **(% of salary or wages)** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Fringe Benefits Subtotal** | | |  |

|  |
| --- |
| ***FRINGE BENEFITS POLICY: The applicant confirms that the organization’s established fringe benefits policy was used in determining the fringe benefits costs listed above.*** |

|  |
| --- |
| **C. TRAVEL** |

**In the table below, provide a description of all travel in support of project activities. Project participants must use the lowest reasonable commercial airfares. Allowable travel costs may not exceed those established by the applicant organization’s established policies or** [**California State Human Resources (CalHR)**](http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx)**. For each project related trip, provide:**

* **The trip destination (city).**
* **The type of travel expense incurred (e.g. hotel, airfare, mileage, etc.). Add additional rows as needed.**
* **The unit of measure for each expense (e.g. nights, roundtrip flights, miles, etc.).**
* **The number of units for each expense (e.g. 1 night, 1 roundtrip flight, 250 miles, etc.).**
* **The cost per unit for each expense (e.g. $95 per night, $500 per roundtrip flight, $0.535 per mile, etc.).**
* **The number of individuals claiming each expense.**
* **The total funds requested.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Trip Destination** | **Type of Expense** | **Unit of  Measure** | **Number  of Units** | **Cost per Unit** | **Number  Claiming  Expense** | **Funds  Requested** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **Travel Subtotal** | | | | | | |  |

**Travel Justification: For each trip listed in the table above, provide the approximate dates of travel and an explanation of how the trip will achieve the objectives and outcomes of the project. Multiple trips for the same purpose may be grouped together rather than providing a separate, duplicative justification for each. All trips must tie back to the activities outlined on the Work Plan attachment.**

**Trip 1:**

**Trip 2:**

**Trip 3:**

|  |
| --- |
| ***HSP TRAVEL POLICY: The applicant confirms that the organization will adhere to the travel costs established by the applicant organization’s established policies or*** [***CalHR***](http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx)***. when completing the above-mentioned trips, including the maximum per diem and subsistence rates prescribed in those regulations.*** |

|  |
| --- |
| **D. SPECIAL PURPOSE EQUIPMENT** |

**In the table below, describe any special purpose equipment to be purchased with HSP funds. Special purpose equipment refers to tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $5,000 per unit and is used only for research, scientific, or other technical activities. For each unit of project related special purpose equipment, provide:**

* **The name of the item and manufacturer.**
* **When the special purpose equipment will be purchased (project year).**
* **The total amount of funds requested per item (must exceed $5,000).**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Special Purpose Equipment Subtotal** | | |  |

**Special Purpose Equipment Justification: For each piece of special purpose equipment listed in the table above, provide a description of how it will be used to achieve the objectives and outcomes of the project.**

**Item 1:**

**Item 2:**

|  |
| --- |
| **E. SUPPLIES** |

**In the table below, list the materials, supplies, and fabricated parts costing less than $5,000 per unit to be purchased and describe how they will support the purpose and goal of the proposal. For each project related supply, provide:**

* **The type of supply (do not include general use office supplies).**
* **The cost per unit.**
* **The number of units to be purchased.**
* **When the supply will be purchased (project year).**
* **The total amount of funds requested for the supply.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **Number**  **of Units** | **Acquire When?** | **Funds Requested** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **Supplies Subtotal** | | | | |  |

**Supplies Justification: For each supply listed in the table above, provide a description of how it is necessary for the completion of the project’s objectives and outcomes. All supplies must be tied to specific project activities; do not include general use office supplies.**

**Supply 1:**

**Supply 2:**

**Supply 3:**

|  |
| --- |
| **F. CONTRACTUAL** |

**In the table below, provide an overview of all project related contractual costs. Contractual costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. Compensation for individual contractor/consultant fees must be reasonable and consistent with fees in the marketplace for the same or similar services.**

**For each contractor that will conduct project activities and receive grant funds, provide:**

* **The contractor name/organization.**
* **The project objectives the contractual services will support.**
* **The fee structure of the contractor (e.g. Salary and Wages, Fees for Professional Services, Flat-Rate).**
* **The total amount of funds requested for the contractor.**

**IMPORTANT: All organizations listed under section F. Contractual must be listed in the Work Plan attachment.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Contractor Name/Organization** | **Work Plan Activities** | **Fee Structure** | **Funds Requested** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **Contractual Subtotal** | | | |  |

**Contractual Justification: For each contractor listed in the table above:**

* **Provide a description of the project activities the contractor will accomplish to meet the objectives and outcomes of the project.** 
  + **If the contractor will utilize a flat-rate structure, provide a justification for the flat-rate fee and describe the steps taken to determine the rate is reasonable and consistent with fees in the marketplace for similar services.**
* **Complete the appropriate budget subsections for each contractor, including a justification for each cost. Copy additional rows if needed. This section should not be completed for flat-rate contracts.**

**Contractor 1:**

***Contractor 1: A. Salary and Wages / Fees for Professional Services***

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Level of Effort**  **(# of hours or % FTE)** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Salary and Wages / Fees for Professional Services Subtotal** | | |  |

***Salary and Wages/Fees for Professional Services Justification:***

***Employee 1:***

***Employee 2:***

***Contractor 1: B. Fringe Benefits***

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Fringe Benefit Rate**  **(% of salary or wages)** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Fringe Benefits Subtotal** | | |  |

***Contractor 1: C. Travel***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Trip Destination** | **Type of Expense** | **Unit of  Measure** | **Number  of Units** | **Cost per Unit** | **Number  Claiming  Expense** | **Funds  Requested** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **Travel Subtotal** | | | | | | |  |

***Travel Justification:***

***Trip 1:***

***Trip 2:***

***Contractor 1: D. Special Purpose Equipment***

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| **1** |  |  |  |
| **2** |  |  |  |
| **Special Purpose Equipment Subtotal** | | |  |

***Special Purpose Equipment Justification:***

***Item 1:***

***Item 2:***

***Contractor 1: E. Supplies***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **Number**  **of Units** | **Acquire When?** | **Funds Requested** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **Supplies Subtotal** | | | | |  |

***Supplies Justification:***

***Supply 1:***

***Supply 2:***

***Contractor 1: F. Contractual***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Contractor Name/Organization** | **Work Plan Activities** | **Fee Structure** | **Funds Requested** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **Contractual Subtotal** | | | |  |

***Contractual Justification:***

***Contractor 1:***

***Contractor 2:***

***Contractor 1: G. Other***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **Number**  **of Units** | **Acquire When?** | **Funds Requested** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **Other Subtotal** | | | | |  |

***Other Justification:***

***Expense 1:***

***Expense 2:***

***Contractor 1: H. Indirect Costs***

**Indirect costs are any costs that are incurred for common or joint objectives that therefore cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses. It is generally unallowable to charge an indirect cost as a direct cost. Indirect costs must be treated in accordance with your organizations policies and procedures. In the absence of a policy, applicant’s indirect costs must not exceed ten percent.**

**In the table below, provide the indirect cost rate, the basis for the indirect cost (i.e., modified direct cost), and total funds requested.**

|  |  |
| --- | --- |
| **Indirect Cost Rate** | **Funds Requested** |
|  |  |

**Contractor 2:**

**(Copy tables above for Contractor 2 sections A-H as needed)**

**Contractor 3:**

**(Copy tables above for Contractor 3 sections A-H as needed)**

**Contractor 4:**

**(Copy tables above for Contractor 4 sections A-H as needed)**

|  |
| --- |
| ***PROCUREMENT STANDARDS: The applicant confirms that the organization followed the same policies and procedures used for procurements from the applicant organization’s established policies and reflect applicable state and local laws. If the contractors are not already selected, the organization will follow the same requirements.*** |

|  |
| --- |
| **G. OTHER** |

**In the table below, list any expenses not covered in the previous budget categories. Expenses in this section may include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection. For each project related expense listed under other, provide:**

* **A description of the type of expense.**
* **The cost per unit.**
* **The number of units to be purchased.**
* **When the expense will be incurred (project year).**
* **The total amount of funds requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost**  **per Unit** | **Number**  **of Units** | **Acquire When?** | **Funds Requested** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **Other Subtotal** | | | | |  |

**Other Justification: For each expense listed above, provide a description of the purpose and why it is necessary for the completion of the project’s objectives and outcomes. Please note that non-travel related meal costs must include an adequate justification to support that these expenses are not entertainment costs.**

**Expense 1:**

**Expense 2:**

|  |
| --- |
| **H. INDIRECT COSTS** |

**Indirect costs are any costs that are incurred for common or joint objectives that therefore cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses. It is generally unallowable to charge an indirect cost as a direct cost. Indirect costs must be treated in accordance with your organizations policies and procedures. In the absence of a policy, applicant’s indirect costs must not exceed ten percent.**

**In the table below, provide the indirect cost rate, the basis for the indirect cost (i.e., modified direct cost), and total funds requested.**

|  |  |
| --- | --- |
| **Indirect Cost Rate** | **Funds Requested** |
|  |  |

**Cost Share:**

CERTIFY:

☐ By checking the box to the left, the applicant certifies that the total amount of cost share committed to the project has been secured and includes cost share for year 3 implementation of eligible management practices as applicable.

*Add additional rows as necessary, not to exceed a total of two pages.*

| **Amount** | **Type of Cost Share\*** *(Matching Funds or*  *In-Kind Contribution)* | **Source**  *(Include Contact Information)* | **Summary of Activities or Costs Covered with Matching Funds**  **or In-kind Contributions** |
| --- | --- | --- | --- |
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\* *Matching funds refers to a dollar amount committed to your project from a source other than the Healthy Soils Program. An in-kind contribution is the estimated dollar value of any time, property, or supplies donated to your project.*

**GHG Reduction Estimation:**

*Indicate the estimated greenhouse gas emission reductions from the project (Tonnes of CO2 equivalent/acre) located in the CARB Calculator Tool(s).*

**Enter the total CO2 equivalent obtained from the Compost-Planner Carbon Sequestration and GHG Estimation Report.:** Click here to enter the total CO2 equivalent.

**And/or:**

**Enter the total CO2 equivalent obtained from the COMET-Planner Carbon Sequestration and GHG Estimation Report.:** Click here to enter the total CO2 equivalent.

**Enter the total CO2 equivalent obtained from both the Compost-Planner and COMET-Planner Carbon Sequestration and GHG Estimation Report (i.e., provide the total sum of CO2 from both reports).** Click here to enter the total sum.

**Additional Considerations:**

*Wildfire Affected Counties:*

**Are APNs impacted by the project located in one of the following counties affected by wildfires in 2017 or 2018: Butte, Lake, Los Angeles, Mendocino, Napa, Nevada, Orange, Santa Barbara, Sonoma, Ventura, Yuba:** Yes or No

*Disadvantaged Communities:*

*Although optional, applications that include a consideration for Disadvantaged Communities will receive additional points during review. For more information about Disadvantaged Communities, reference page 14 of the Request for Grant Applications.*

*To qualify as a benefit to disadvantaged communities, projects must provide direct, meaningful, and assured benefits to one or more disadvantaged communities AND meaningfully address an important community need regardless of location. To determine if projects provide benefits to disadvantaged communities consistent with the California*

*Climate Investments program, provide an answer to all of the following questions. Answer 'Yes' only if the claim can be supported by documentation. All supporting documentation must be included as an attachment. For each question, examples of supporting documentation are provided.*

**Has the applicant done any of the following?:**

**Reviewed the factors on the** [CalEnviroScreen3.0](https://www.arb.ca.gov/cc/capandtrade/auctionproceeds/lowincomemapfull.htm) **website that cause an area to be defined as a disadvantaged community?** Yes or No

**Hosted a community meeting to get local input on project design?** Yes or No

**Referred to the list of common needs in Table 2.2 of the Funding Guidelines for Agencies that Administer California Climate Investments?** Yes or No

**Received documentation of community support (e.g., letters or emails)?** Yes or No

**Is the majority (50%) of the project located within one or more disadvantaged communities according to** [CalEnviroScreen 3.0](file:///C:\Users\guihua.chen\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GI1NBNT5\CalEnviroScreen%203.0) **AND will project implementation significantly reduce exposure to dust and airborne particles for disadvantaged community residents relative to pre-project levels?** Yes or No

**Will project implementation include recruitment, agreements, policies, or other approaches that are consistent with federal and state law and result in at least 10% of project work hour performed by residents of a disadvantage community participating in job training programs which lead to industry recognized credentials or certifications? (Documentation may include labor contracts or agreements with job training or certification programs and documentation of disadvantaged communities.** Yes or No

**Additional documents:**

Click here to copy maps or other documentation to support any “Yes” answers in response to Additional Considerations questions.