

**2020 CDFA HSP Demonstration Projects
DRAFT WORK PLAN TEMPLATE – For Public Comment**

Applicant Organization Name and Federal Tax ID	Project Year 1	Project Year 2	Project Year 3
	TBD-Final template will have dates provided by CDFA pre- populated in this field	TBD-Final template will have dates provided by CDFA pre- populated in this field	TBD-Final template will have dates provided by CDFA pre- populated in this field

Table I. Management Practice Implementation Plan

Fill the table provided below for each eligible management practice (identified as T1- treatment 1, T2 – treatment 2, etc.) and Control (identified as C1, C2, etc.) to be implemented on all fields within an APN that are part of the project. Table must be filled for both Type A and Type B projects, and time (specifically when in each project year) to implement; activities and persons who implement the practice(s). Add additional sub-tables as needed.

Management Practice Name	APN	Field Number	Acres to be Implemented	Time to Implement (Months/Dates in each project year)	Activities (Describe each activity that supports implementation of the identified management practice(s))	Performed by
				Project Year 1		
				Project Year 3		
				Project Year 3		
				Project Year 3		
				Project Year 1		
				Project Year 2		
				Project Year 3		

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Table II. Data Collection Plan

For data collection activities: Fill the table provided below data to be collected and describing the activities that will take place to ensure data collection for the project. Type A projects must describe detailed plan to accomplish GHG and other data collection from the project site (both T and C fields as applicable) in chronological order for all three project years. 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.

Data to be Collected/Analyzed	Activities	Timeline (mm/yyyy – mm/yyyy)	Performed by

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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.

Activity Name	Location	Timeline (mm/yyyy-mm/yyyy)	Practice(s) to be showcased	Performed by