

Note: This document is a preview of HSP application questions intended to provide potential applicants with an idea of what to expect; questions in the electronic HSP application may be slightly different. This document does not replace the electronic application for the HSP for the purposes of grant funding.

Complete the questionnaire by providing responses. Remember to save often. Refer to the following sources to help answer questions:

- 2020 HSP Incentives Program website (<https://www.cdfa.ca.gov/oefi/healthysoils/IncentivesProgram.html>)
- Request For Grant Application (https://www.cdfa.ca.gov/oefi/healthysoils/docs/2020_HSP_Incentives_RGA.pdf)
- Frequently Asked Questions (https://www.cdfa.ca.gov/oefi/healthysoils/docs/2020_HSP_Incentives_FAQ.pdf)

Instructions:

DO NOT open the application in two separate windows. You may lose your work. To complete and submit this form, provide a response for all required fields. You may save the application as a draft and return later to complete by clicking "Save Draft" at the bottom of the page. When ready to submit this application, click the blue "Save" button at the bottom of the page. Once saved, you will be redirected to the Submission Page. **You will need to submit your application once it is completed and saved.**

APPLICANT INFORMATION

Is the applicant one of the eligible entities below? (Select below)

- ☐ Farmer
- ☐ Rancher
- ☐ Native American Indian Tribe

By clicking yes below, I certify that the proposed HSP project is located on a California Agricultural Operation. (Select below)

For the purpose of this program, an agricultural operation is defined as row, vineyard, field and tree crops, commercial nurseries, nursery stock production, and livestock and livestock product operations.

- ☐ Yes

The applicant and primary contact person listed below must be those who would, if awarded, receive the grant and sign a grant agreement with CDFA

Applicant or Applicant's Agricultural Operation *

Please enter the legal business name of the organization or applicant that will serve as lead for the project and will receive grant funds. Organization should match the name on the payee's tax return as filed with the federal Internal Revenue Service.

Name of submitting organization or person if applicable

Enter the legal name of the organization or person submitting on behalf of the applicant.

Did a technical assistance provider help with your HSP application? *

- ☐ HSP technical assistance provider
- ☐ UC Climate Smart Agriculture specialist
- ☐ Other
- ☐ No

Payee Data Record

Providing this information upfront will help expedite the execution of the grant agreement should you be selected for an award. Please consult your income tax return to answer the following questions:

Business Name (as shown on your income tax return)

Are you are a Sole Proprietor, Single Member LLC, or Individual? (Select one below) *

- ☐ Yes
☐ No

Email Address *

Mailing Address *

Mailing City *

Mailing State *

Mailing Zipcode *

Is the mailing address the same as the business address? *

- ☐ Yes
☐ No

Payee Entity Type (Select One Below) *

- ☐ Partnership
☐ Estate or Trust
☐ Corporation
☐ Sole Proprietor, Individual, or Single Member LLC (Disregarded Entity)

Payee Residency Status *

- ☐ California Resident
☐ California Non Resident

Authorized Payee Representative's Name *

This is the person who will be signing for the reimbursement checks from CDFA.

County where the project site is located. *

Enter county here. Note: more than 1 county can be entered.

[Click here](#) to identify and list your State Assembly and Senate Members below. Address should be the location where the HSP practices will be implemented.

State Assembly District *

Enter the District number for your State Assembly Member.

State Assembly Member *

Enter the name of your state assembly member obtained from the link above.

State Senate District *

Enter the District number for your State Senate Member.

State Senate Member *

Enter the name of your state senate member obtained from the link above.

Total size of the agricultural operation *

Enter the total farm/agricultural operation size (in acres).

Full name of individual who would sign a grant agreement if the project was awarded. An individual must list his/her full name as shown on the Social Security Number. ***Phone number of the person who would sign a grant agreement if the project was awarded. ***

XXX-XXX-XXXX

Email address of the person who would sign a grant agreement if the project was awarded. ***Full name of alternate contact person *****Alternate phone number ***

XXX-XXX-XXXX

Alternate email address ***Full name of alternate contact person #2 (Optional)****Alternate contact person #2 phone number (Optional)**

XXX-XXX-XXXX

Alternate contact person #2 email address (Optional)

Gender. Please check the appropriate box.

This question is for data collection only. It will not negatively affect your HSP application score.

- ☐ Male
- ☐ Female
- ☐ Prefer not to disclose

Has the applicant served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

This question is for data collection only. It will not negatively affect your HSP application score.

- ☐ No
- ☐ Yes

I. Project Overview

Project Title *

Please provide a concise description of the project in 15 words or less.

Project Description *

At a minimum, summarize project justification, goals, outcomes, and plan for evaluating and measuring the success of the project. (200 words or less) Word Count: 0 / 200

Acres of the agricultural operation included in the proposed project: *

Enter the amount of acreage that HSP practices will be implemented on.

Has this agricultural operation previously received CDFA Healthy Soils Program funds? *

- ☐ Yes
- ☐ No

II. Project Logistics

Project Site Information

How many APNs will be included in the proposed project? *

Enter the number of APNs that will be included in the proposed project.

List all APNs and Fields included in the proposed project. *

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. Separate by comma if more than one APN entered.

Will part or entirety of project implementation take place on leased land? *

- ☐ Yes
- ☐ No

HSP Agricultural System(s) and Management Practices

Choose Agricultural System(s) that will have HSP management practices implemented on them (select all that apply): *

The HSP Management Practices will appear after selecting an Agricultural System. More than one Agricultural System can be selected.

- ☒ Cropland
- ☒ Orchard or Vineyard
- ☒ Grazing Lands (e.g. Rangelands, Pastures, and grazed grasslands)

Choose the Cropland practice that will be implemented on your proposed APNs/Fields: *

- ☐ Alley Cropping (CPS 311)
- ☒ Compost Application (CPS Pending)
- ☒ Conservation Cover (CPS 327)
- ☒ Conservation Crop Rotation (CPS 328)
- ☐ Contour Buffer Strips (CPS 332)
- ☐ Cover Crop (CPS 340)
- ☐ Field Border (CPS 386)
- ☐ Filter Strip (CPS 393)
- ☐ Forage and Biomass Planting (CPS 512)
- ☐ Grassed Waterway (CPS 412)
- ☐ Hedgerow Planting (CPS 422)
- ☐ Herbaceous Wind Barriers (CPS 603)
- ☐ Mulching (CPS 484)
- ☐ Multi-story Cropping (CPS 379)
- ☐ Nutrient Management (CPS 590)
- ☐ Residue and Tillage Management - No-Till (CPS 329)
- ☐ Residue and Tillage Management - Reduced Till (CPS 345)
- ☐ Riparian Forest Buffer (CPS 391)
- ☐ Riparian Herbaceous Cover (CPS 390)
- ☐ Stripcropping (CPS 585)
- ☐ Tree/Shrub Establishment (CPS 612)
- ☐ Vegetative Barriers (CPS 601)
- ☐ Windbreak/Shelterbelt Establishment (CPS 380)

Please select the Compost C:N ratio that will be used in the proposed project. *

C:N > 11



Please enter the compost application rate (tons/acre) *

Please provide a detailed plan for Conservation Crop Rotation (CPS 328), listing all cash crops and/or cover crops to be planted in the correct sequence for each year (2020-2023) of the grant agreement. *

Save your document as "Application ID number_Applicant Operation_Conservation_Crop_Rotation_plan", example of file name:
1234567_SmithFarms_Conservation_Crop_Rotation_plan

Select a file

Choose the Orchard or Vineyard practice that will be implemented in your proposed project: *

- ☒ Compost Application (CPS Pending)
- ☐ Conservation Cover (CPS 327)
- ☐ Cover Crop (CPS 340)
- ☐ Filter Strip (CPS 393)
- ☐ Hedgerow Planting (CPS 422)
- ☐ Mulching (CPS 484)
- ☐ Residue and Tillage Management - No-Till (CPS 329)
- ☐ Whole Orchard Recycling (CPS Pending)
- ☐ Windbreak/Shelterbelt Establishment (CPS 380)

Please select the Compost C:N ratio that will be used in the proposed project. *

C:N > 11



Please enter the compost application rate (tons/acre) *

Choose the Grazing Lands practices that will be implemented in your proposed project: *

- ☒ Compost Application (CPS Pending)
- ☐ Hedgerow Planting (CPS 422)
- ☒ Prescribed Grazing (CPS 528)
- ☐ Range Planting (CPS 550)
- ☐ Riparian Forest Buffer (CPS 391)
- ☐ Silvopasture (CPS 381)
- ☐ Tree/Shrub Establishment (CPS 612)
- ☐ Windbreak/Shelterbelt Establishment (CPS 380)

Please select the Compost C:N ratio that will be used in the proposed project. *

C:N > 11



Please enter the compost application rate (tons/acre) *

Please provide a Grazing Management Plan prepared by a professional Certified Rangeland Manager. *

Save your document as "Application ID number_Applicant Operation_Grazing_Management_Plan", example of file name:
1234567_SmithFarms_Grazing_Management_Plan

Select a file

List the total number of Cropland, Orchard and Vineyard, and Grazing Lands practices that will be implemented in your proposed HSP project (Enter a number). *

Add all HSP practices from the 3 different Agricultural Systems (Cropland, Orchard and Vineyard, Grazing Land).

Baseline Data

1. Provide the cropping history for the past three years (January 2017 – December 2019) for all APNs/Fields included in the project. *

2. Provide the management practice history for the past three years (January 2017 – December 2019) for all APNs/Fields included in the project. *

A practice that was implemented previously (January 2019 – present) is not eligible for grant funds.

3. Provide the proposed plan of crops for all APNs/Fields included in the project during the next three years (2020 through 2023): *

List the crops (annual, perennial, or grazing lands) that will be planted or already planted on the APNs/Fields in the proposed HSP project.

If Compost Application is included in the project, please indicate source of compost to be used. *

- ☐ Produced on-farm – Must meet the requirements on Page 10 of the HSP Incentives RGA.
- ☐ Purchased from a certified facility
- ☐ Not applicable

If Mulching is included in the project, please indicate source of mulch materials to be used. *

- ☐ Produced on farm
- ☐ Purchased
- ☐ Not applicable

III. Project Design

Please use **Chrome or Firefox** browsers to go to <http://replan-tool.org/cdfa/> to create your HSP Project Design Map using the CDFA HSP Replan Tool. Save your completed report as "Application ID number_Applicant Operation_CDFA_HSP_Replan_Report", example of file name: 1234567_SmithFarms_CDFA_HSP_Replan_Report.

Upload the report generated through the CDFA HSP Replan Tool *

All APNs, Fields, and Practices in the CDFA HSP Replan report should match data in Section II. Project Logistics

Select a file

Did the APN format in the CDFA HSP RePlan Report match the APN format used by your County Assessor's Office? *

IV. Work Plan

Download the [Project Work Plan Template](#). Follow the instructions and complete the template. Save your completed work plan template as "Application ID number_Applicant Operation_WorkPlan", example of file name: 1234567_SmithFarms_WorkPlan.

Click to upload the completed Work Plan Template. *

V. Project Budget and GHG Reduction Estimation

Proposed HSP Incentives Budget Section

Note: CDFA collaborated with the USDA-NRCS and CARB to integrate Standard Payment Rates for the HSP Incentives Program into the COMET-Planner tool for the HSP. This tool will estimate your budget and GHG emission reduction estimates for your proposed HSP project.

Number of soil samples taken per year: *

Number of soils samples must be reasonable based on guidance provided on page 20 of the 2020 HSP Incentives RGA. Typically, 1 soil sample should be taken for each proposed Field in the application.

CDFA pays \$50 per soil sample for Year 1, Year 2, and Year 3 of the project.

Total cost of soil samples (\$)

Visit <http://comet-planner-cdfahsp.com/> to calculate the estimated cost of practice(s) implementation, estimate GHG emission reductions, and compute the CDFA HSP COMET-Planner Report.

Estimated cost of practice(s) implementation *

| | |
|----|----------------------|
| \$ | <input type="text"/> |
|----|----------------------|

Enter the Total cost taken from the "Estimated HSP payment dollars for the Project Term" column in the CDFA HSP COMET-Planner Report. The maximum dollar amount that can be entered here is \$100,000 minus "Total cost of Soil Samples".

Total Funding Requested for proposed HSP Project (\$)

Please note, "Total Funding Requested for proposed HSP Project" will be automatically calculated by adding the "Total Cost of Soil Samples" with "Estimated cost of practice(s) implementation". The Total budget may not exceed \$100,000. If it does, lower the practice acres or linear feet in the CDFA HSP COMET-Planner until "Estimated cost of practice(s) implementation" + "Total cost of soil samples" = \$100,000 or less.

If selected for funding, applicants may be eligible for advance payments of up to 25 percent of the grant award. Please indicate below if advance payment is required. *

- ☐ Yes
☐ No

Will applicant provide cost share for proposed project? (Optional)

Cost share includes in-kind contributions and matching funds.

- ☐ Yes
☐ No

Proposed GHG Emission Reduction Estimate Section

Enter the total CO2 equivalent obtained from the CDFA HSP COMET-Planner Report *

Input the Total CO2 equivalents shown in the CDFA HSP COMET-Planner Report in the Total CO2-equivalent column.

Required Attachments: CDFA HSP COMET-Planner Report. *

Please upload the CDFA HSP COMET-Planner Report in PDF format. Save your completed report as "Application ID number_Applicant Operation_CDFA_HSP_COMET-Planner_Report", example of file name: 1234567_SmithFarms_CDFA_HSP_COMET-Planner_Report

Select a file

VI. Conservation Plan (Optional)

Although optional, applications that include a qualified conservation plan will receive 10 points towards their total score. For more information on what to provide in the Conservation Plan, reference page 16 of the Request for Grant Applications. The Conservation Plan must be detailed below and include all of the following:

- An aerial photo or diagram of project fields.
- A list of current management decisions.
- The location of and schedule for applying new conservation practices.
- A Resource Assessment. This includes an inventory of resources and resource concerns, soils information, topographic maps, plan maps showing location of property, existing practices, structures, planned practices, soils, water features and other environmentally sensitive areas, and environmental assessment.
- Information explaining how specific management decisions will be implemented.
- A plan for operation and maintenance of selected management practices.

Upload the conservation plan here

Save your conservation plan as "Application ID number_Applicant Operation_Conversation Plan", example of file name: 1234567_SmithFarms_Conversation_Plan.

Select a file

VII. Benefits to Socially Disadvantaged Farmers and Ranchers and/or Priority Populations(Optional)####Although optional, applications that are determined to provide benefits based on their responses to the application questions may be prioritized for funding.

Socially Disadvantaged Farmers and Ranchers

Does the applicant belong to a socially disadvantaged farmer or rancher as defined below? Select all that apply.

- ☐ African Americans
- ☐ Native Indians
- ☐ Alaskan Natives
- ☐ Hispanics
- ☐ Asian Americans
- ☐ Native Hawaiians and Pacific Islanders
- ☐ No
- ☐ Prefer not to disclose

Priority Populations

Continue with this section only if the CDFA HSP Replan Report identified your proposed project as being located in a community included under AB 1550/SB535 Priority Populations. Priority populations include residents of: (1) census tracts identified as disadvantaged by California Environmental Protection Agency per SB 535; (2) census tracts identified as

low-income per AB 1550; or (3) a low-income household per AB 1550. See Section VII.B of [CCI Funding Guidelines](#) for more information on the definitions of priority populations. An online mapping tool of Priority Populations is available at: <https://www.arb.ca.gov/cc/capandtrade/auctionproceeds/lowincomemapfull.htm>.

Did the CDFA HSP Replan Report identify your proposed project as being located in a community included under AB 1550 or SB 535 priority populations? *

This information will be under the "Benefits to Priority Populations" section within the CDFA HSP RePlan Report

- ☐ No
☒ Yes

Note: there are two sections to the Priority Population Assessment that should be completed:

- (1) - Jobs Training & Workforce Development
(2) - Addition Benefits

(1) Jobs Training & Workforce Development

Please review this [document](#) to help you complete questions in Step 1 to 3 below.

Step 1 – Identify the Priority Population(s)

Evaluate the project against each of the following criteria. Check all boxes that apply.

a. Is the project located in, and does the project target jobs or job training to residents of, a disadvantaged community census tract?

- ☒ Yes
☐ No

b. Is the project located in, and does the project target jobs or job training to residents of, a low-income community census tract?

- ☐ Yes
☐ No

c. Is the project located in, and does the project target jobs or job training to residents of, a low-income community census tract that is outside of a disadvantaged community, but within ½-mile of a disadvantaged community?

- ☐ Yes
☐ No

d. Does the project target jobs or job training to residents of low-income households?

- ☐ Yes
☐ No

Identify Targeted Hiring Strategy:

Word Count: 0 / 500

If a project does not meet at least one of the qualifying criteria in Step 1, the project does not count toward statutory investment minimums and no further evaluation is needed for the "Jobs Training & Workforce Development" section, please continue with the additional benefits section. If the project meets at least one Step 1 criterion, continue the evaluation in Step 2.

Step 2 – Address a Need.

Identify an important community or household need and evaluate whether the project provides a benefit that meaningfully addresses that need.

a. Recommended approach: Host community meetings, workshops, outreach efforts, or public meetings as part of the planning process to engage local residents and community groups for input on community or household needs, and document how the received input was considered in the design and/or selection of projects to address those needs;

- ☒ Yes
☐ No

b. Recommended approach: Receive documentation of support from local community-based organizations and/or residents (e.g., letters, emails) identifying a need that the project addresses and demonstrating that the project has broad community support;

- ☐ Yes
☐ No

c. Alternative approach: Where direct engagement is infeasible, look at the individual factors in the latest version of CalEnviroScreen that are most impacting an identified disadvantaged or low-income community (i.e., factors that score above the 75th percentile), and confirm that the project will reduce the impacts of at least one of those factors; or

- ☐ Yes
☐ No

d. Alternative approach: Where direct engagement is infeasible, refer to the list of common needs for priority populations in CARB's Funding Guidelines Table 5 and confirm that the project addresses at least one listed need.

- ☐ Yes
☐ No

Describe identified Community or Household Need(s):

Word Count: 0 / 500

If the project addresses a community or household need as described in Step 2, proceed to Step 3. If the project does not address a community or household need, it will not count toward statutory investment minimums and no further evaluation is needed.

Step 3 – Provide a Benefit

Evaluate the project against each of the following criteria to determine if it provides direct, meaningful, and assured benefits to priority populations. The benefit provided must directly address a community or household need identified in Step 2.

Project must meet at least one of the following benefit criteria:

a. Project provides high-quality (e.g., local living wages, health insurance, paid leave) jobs to priority populations.

- ☒ Yes
☐ No

b. Project provides job training to priority populations that is part of a program with an established placement record.

- ☐ Yes
☐ No

c. Project provides job training to priority populations that includes capacity building that leads to industry-recognized credentials (e.g., certifications, certificates, degrees, licenses, other documentation of competency and qualifications.

- ☐ Yes
- ☐ No

If the project meets the criteria in Steps 1, 2, and 3, it will be considered as providing direct, meaningful, and assured benefits to priority populations and will be counted toward statutory investment minimums.

(2) Additional Benefits

Projects must satisfy the applicable criteria listed in Steps 1 through 3 to be considered to provide direct, meaningful, and assured benefits to priority populations. If applicable, at least one of the boxes in each of the steps below must be checked and all relevant supporting documentation provided.

Step 1 – Identify the Priority Population(s) Evaluate the project against each of the following criteria. Select all that apply. Note: The majority of the project must be located within a disadvantaged or low-income community census tract.

a. Is the project located within the boundaries of a disadvantaged community census tract?

- ☒ Yes
- ☐ No

b. Is the project located within the boundaries of a low-income community census tract?

- ☐ Yes
- ☐ No

c. Is the project located outside of a disadvantaged community, but within ½-mile of a disadvantaged community and within a low-income community census tract?

- ☐ Yes
- ☐ No

d. Is the project located within the boundaries of a low-income household?

- ☐ Yes
- ☐ No

Continue with Step 2 only if at least one "Yes" was selected from Step 1 a-d above.

Step 2 – Address an important need for community or household.

Applicants must identify an important community or household need that the project will address and evaluate the project to confirm that it will address that need. To identify a need that the project will address, applicants can use a variety of approaches below. Please complete and upload the CARB Community Engagement Questionnaire at https://www.arb.ca.gov/cc/capandtrade/auctionproceeds/final_communityengagement_fillable.pdf?_ga=2.261992333.160684799.1545079685-802572095.1532978244 (pages 1-3) and select a "yes" or "no" response for each approach employed by the project team.

Upload: CARB Community Engagement Questionnaire (if applicable) *

Select a file

a. Did you host community meetings, workshops, outreach efforts, or public meetings as part of the planning process to engage local residents and community groups for input on community or household needs, and document how the received input was considered in the design and/or selection of projects to address those needs? Documents providing evidence of meetings must be provided as attachments.

- ☒ Yes
- ☐ No

If Yes, upload the attachments. *

Select a file

b. Did you receive documentation of support from local community-based organizations and/or residents (e.g., letters, emails) identifying a need that the project addresses and demonstrating that the project has broad community support? If yes, letters of support must be provided as attachments.

☐ Yes

☐ No

c. If direct engagement is infeasible, did you look at the individual factors in CalEnviroScreen3.0 that are most impacting an identified disadvantaged or low-income community (i.e., factors that score above the 75th percentile), and confirm that the project will reduce the impacts of at least one of those factors?

☐ Yes

☐ No

d. If direct engagement is infeasible, did you refer to the list of common needs for priority populations in CARB's Funding Guidelines Table 5 of 2018 Funding Guidelines for Agencies that Administer California Climate Investments (<https://ww2.arb.ca.gov/resources/documents/cci-funding-guidelines-administering-agencies>) and confirm that the project addresses at least one listed need?

☐ Yes

☐ No

Proceed to Step 3 only if "Yes" was selected under Step 2 and relevant supporting documentation was provided.

Step 3 – Provide a Benefit.

Evaluate the project against each of the following criteria to determine if it provides direct, meaningful, and assured benefits to priority populations. The benefit provided must directly address the identified need. Check applicable box(es) and provide justification and/or documentation to support the claims below.

a. Project significantly reduces exposure to dust and airborne particles to residents, relative to pre-project levels;

☒ Yes

☐ No

b. Project increases food access to priority populations through regular farmers markets, donations to food banks or distribution centers serving residents of disadvantaged or low-income communities, or low-income households;

☐ Yes

☐ No

c. Project provides regular and ongoing educational opportunities through partnerships with schools or non-profit organizations located in disadvantaged or low-income communities and site access to residents of these communities.

☐ Yes

☐ No

Additional documents:

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

Upload 1

Select a file

Upload 2

Select a file

Upload 3

Select a file

VIII. Additional Attachments (Optional)

Additional Upload 1

Select a file

Additional Upload 2

Select a file

