



Healthy Soils Demonstration Program - 2023

General Instructions for Navigating the Application

- Click the “Save” or “Save & Continue” button on the top right corner or the bottom left corner once a while in the middle of your application and before you leave the webpage or your computer so that your work is saved. Navigating away from the application form without saving will result in lost work.
 - Please do NOT click “Mark as Complete” button at the bottom left corner if you believe you need to make changes before your submission. CDFA will not be able to make your application editable again after a section has been marked as complete.
 - After a final check, when you are ready to submit the application, you are now good to click the “Mark as Complete” button for each section.
 - An asterix, *, next to a field indicates this field is required. All required fields must be filled out prior to selecting, "Mark as Complete".
 - If there are duplicate options and/or the options appear to not be working, it is recommended to save the application and restart it. As long as you click "Save" before you restart, the options will reset to their default settings while retaining the information already input.
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Part 01: Applicant Information

Application ID

Your application ID is located in the URL of your application browser. The ID is the 5 digit number at the end of the URL. For example, if your application browser is <https://www.gotomygrants.com/Public/OpportunityApplications/ApplicationForm/12345>, then 12345 is your application ID.

Enter your application ID here:

Lead Applicant Organization Name

Please note that the legal business name of the organization 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.

Enter lead applicant organization name

Lead Organization Type

Lead Applicant Organization Federal Tax Identification Number

Lead Applicant Organization Authorized Payee Representative’s Name

Lead Applicant Organization Email

Lead Organization Mailing Address Line 1

Lead Organization Mailing Address Line 2

Lead Organization Mailing City



Lead Organization Mailing State - Please note all applicant organizations must be located in California with a physical California business address (page 5 in RGA)

Lead Organization Mailing Zip Code

Is the mailing address same as business address?

Lead Organization Business Address Line 1

Lead Organization Business Address Line 2

Lead Organization Business Address City

Lead Organization Business Address Zip Code

Lead Organization Business Address State – Please note all applicant organizations must be located in California with a physical California business address (page 5 in RGA)

Full Name of Primary Contact Person – This must be the person who sign the grant agreement if the project were awarded

Primary Contact Phone (000-000-0000)

Primary Contact Phone Extension

Primary Contact Email - This will be the primarily communication method.

Is the primary contact person the same as the Principal Investigator (PI)?

- Yes
- No

PI Name

PI Phone (000-000-0000)

PI Phone Extension

PI Email - This will be the primarily communication method.

Secondary Contact Name

Secondary Contact Phone (000-000-0000)

Secondary Contact Phone Extension

Secondary Contact Email

Fiscal Contact Name (add as First Name Last Name)

Fiscal Contact Phone (000-000-0000)

Fiscal Contact Phone Extension

Fiscal Contact Email



Applicant Gender: check appropriate box. (drop down to allow select one) *This question is for data collection only. Not answering this question will not negatively affect your application score.

Has the applicant served on active duty in the US Armed Forces, Reserves, or National Guard? This question is for data collection only. Not answering this question will not negatively affect your application score.

Part 02: Partner and/or Cooperating Organization Information

If awarded, the lead organization will be the responsible party for receiving funding from CDFA and distributing funding to any partner/cooperating organizations as applicable. Partner/cooperating organizations may be treated as a sub-contractor for the purpose of the budget. For each partner/cooperating organization listed, please submit a letter of intent from the partner/cooperating organization indicating commitment to participation in the grant activities indicated in the application.

Number of Partner and/or Cooperating Organizations in the Project

Partner/Cooperating Organization Name

Please identify the Partner Organization Type

Partner/Cooperating Organization Contact Name

Partner/Cooperating Organization Contact Phone (000-000-0000)

Partner/Cooperating Organization Contact Phone Extension

Partner Organization Contact Email

Letters of Support

Part 03: Project Overview

Project Type

Project Title

Project Description (no more than 150 words)

Number of agricultural operation(s) in the project

Agricultural Operation Name(s)

Agricultural Operation Size in Acres

County(ies) where project is located

Select an item... ▼

Does the applicant organization own the land(s) where project will be implemented?

Select an item... ▼

Agricultural Operation Name(s)

Agricultural Operation Size in Acres

County(ies) where project is located

Select an item... ▼

Does the applicant organization own the land(s) where project will be implemented?

Select an item... ▼

Agricultural Operation Name(s)

Agricultural Operation Size in Acres

County(ies) where project is located

Select an item... ▼

Does the applicant organization own the land(s) where project will be implemented?

Select an item... ▼

Did you receive any CDFA OEFI Climate Smart Agriculture Programs grant awards in the past?

Select an item... ▼

Did you receive another State or Federal grant for this project?

Select an item... ▼

Part 04: Project Narrative (25 points for Type A and 15 points for Type B)

(1) Project RePlan Report

The RePlan Tool allows you to provide a map showing where your project is located, which practice(s) to be implemented, the estimated total acreage of the project, and other information requested by the program.

Please go to the CDFA RePlan Tool at <https://replan-tool.org/cdfa/>

****Name file as "Application ID number_ Application Organization Name_RePlan Report", example of file name: 123456_UCD_RePlan Report.***

Upload RePlan Report pdf file

Upload RePlan Report Excel file

(2) Project Design Schematic

The design schematic should include, at a minimum, layout of treatment and control plots, as well as replicates that may not be sufficiently represented in the HSP RePlan report.

- **A Project Design Schematic must meet the following requirements.**
 - **A Project must include at least one of the HSP Eligible Agricultural Management Practices to be implemented as a treatment (T) where it has not been implemented previously.**
 - **A Project must also include control field (C) to serve as a comparison to T.**
 - **T and C should be located side-by-side and differ from each other with respect to the presence (or absence) of new management practice(s) implementation while keeping all other field activities the same as much as possible.**
 - **When selecting locations in the APN to layout T and C, ensure field conditions such as soil properties, drainage, landscape, and cropping and management histories and size are as similar as possible.**
 - **T and C must not be changed to a different location within the APN during the complete project term.**
 - **Materials associated with each treatment must be provided, e.g. name of species for practices that involve plantings, C:N ratio and application rate for compost application.**
- **Specific requirements for all Type A projects:**
 - **Each T must have a corresponding C.**
 - **Plot size of T and C must be equal and large enough to allow meaningful data collection and farming operation based on practice(s) selected.**
 - **A minimum of three replicates for each T and C is required.**

Upload Project Design Schematic

(3) Project Narrative: Download the Project Narrative Template. Follow the instructions in the template to provide all required information. Once completed, upload the file

2023_HSP_Demo_Narrative.docx

Upload your completed project narrative.

(4) Project Details

How many practices (treatments) will be implemented in your project?

Enter name(s) of all practice(s)/treatment(s) to be demonstrated – use comma between practices as applicable

Enter the total acreage to be implemented in your project. Count only once if several practices overlap on the same acreage

*Enter only acreage for the above practice(s). Do not include acreage for control plots. Acreage should be rounded to no more than two decimal points.

Will Prescribed Grazing be implemented as part of the project?

Provide a Grazing Management plan prepared by a professional certified Rangeland Manager

Will Whole Orchard Recycling be implemented as part of the project?

Enter the age of trees in years in orchard where whole orchard recycling will be implemented. Age of trees must be 10 years or older

Part 05: Project Outreach (15 points for Type A and 25 points for Type B)

(1) Outreach activities proposed including how you will meet the HSP outreach requirements listed below:

- **A grant recipient must conduct at least three field days in the grant term at the project site to showcase HSP Practices to farmers and/or ranchers.**
 - Recipients must notify CDFA of the events being conducted at least 30 days prior to event dates.
 - All outreach events will be posted on HSP Demonstration Projects website.
- **Farmer and rancher attendance and outreach for demonstration of HSP projects must include a minimum of 80 unique farmers/ranchers for the duration of the grant agreement term.**
 - Farmers and ranchers must attend the demonstration project site in-person or virtually.
 - Grant recipients may meet this requirement through outreach efforts conducted in addition to the mandatory field days.
 - Outreach events may include presentations at conferences or meetings where farmers and ranchers are present as participants.
 - List of farmers and ranchers present at outreach events must be included in reports to CDFA.

In no more than 2 paragraphs (600 words), describe your outreach activities proposed.

(2) Outreach topics you plan to cover

CDFA encourages recipients to include topics that help farmer/rancher attendees make informed decision on practice selection and implementation to maximize the benefits for their fields/crops. Based on practice(s) demonstrated in the projects, topics to cover during outreach events may include:

- Which agricultural system(s) can benefit from the practice demonstrated?
- When and how to implement the practice for a specific agricultural system(s) so that implementation is successful, and the expected benefits can be achieved?
- What information needs to be checked prior to or when purchasing materials for practice implementation and why is the information important?

In no more than 2 paragraphs (600 words), describe outreach topics you plan to cover

(3) Proposed approach, procedure, or methodology for the outreach activities

Include and clearly describe the methods for notification, recording and tracking California farmer/rancher attendance, and distributing and collecting surveys. Also describe how the proposed approaches are suitable and feasible for the project.

CDFA encourages creative approaches (e.g., holding outreach events multiple times in a year) to attract new individuals and support those already familiar with the demonstrated practices to the sites to share knowledge and benefits of implementation the practices. Approaches such as using SMART (Specific, Measurable, Achievable, Relevant and Time-bound) goals are encouraged.

In no more than 2 paragraphs (600 words), describe the proposed approach, procedure, or methodology for the outreach activities

(4) Upload relevant attachment/supporting document as applicable

Part 06: Project Work Plan Merit and Feasibility (15 points)

(1) Project Work Plan

The applicant will provide a detailed Work Plan describing the plan for addressing project objectives, including listing activities associated with the project deliverables, start and end dates for the activities, and title(s) of the personnel responsible for activities. Please identify all specific activities clearly (e.g., cover crop implementation, soil organic matter content, field day, meeting presentation, etc.).

Please download the template below and use it to fill out information regarding the tasks associated with accomplishing each project objective. Follow instructions in the template to provide all required information.

When ready to upload, please save the file in a .xls or .xlsx file format and use the naming convention, "ApplicationID_Organization Name_WorkPlan.fileformat", and then upload the completed workplan below.

Download and complete the following template

2023_HSP_Demo_WorkPlanTemplate.xlsx

Please Upload the Completed Work Plan Template Here (.xls or .xlsx format)

(2) Evaluation of Project Success

With no more than 2 paragraphs (600 words), describe methods that will be used to assess the progress and success of practice implementation and data collection

With 2 paragraphs (600 words), describe the cost benefit for adoption of demonstrated agricultural management practice(s) in the project and anticipate any barriers to adoption, if applicable

With one paragraph (300 words), describe methods that will be used to assess the success of outreach activities. Methods must go beyond attendance counts from outreach events and include methods and indicators to quantify potential impacts in the short (1-2 years) and long term (3 or more years). Examples include but are not limited to estimated percent increase in farmers and/or ranchers outreach participation, percent increase in adoption of demonstrated management practices by farmers and/or ranchers, and associated benefits such as more GHG reductions and large acreage in soil health improvement in state

Part 07: Project Team Qualifications (10 points)

(1) Project Oversight

With no more than 2 paragraphs (600 words), describe roles of all personnel in the project, including specific time commitments for each and how they will contribute to the project

(2) Team Qualifications

With no more than 2 paragraphs (600 words), describe key personnel (principal investigator, project director, and/or project manager) education and experiences in scientific research, project management, and/or outreach, and what contributions they can bring to the success of the project. In the case of Type A projects, the principal investigator and/or project director must be experienced in scientific training and research.

(3) For each project director or principal investigators (PIs), attach a CV, a description of current outreach activities, and information on current/recent planned or pending research and/or outreach projects

*Combine all PIs' CVs into one PDF file and upload. Name the file as "Application ID_Organization Name_Resumes"

(4) For each collaborator, include a letter of support with detailed contact information, a description of the role in the project, estimated time commitment, and a statement of agreement to participate in the project.

*Name the file as "Application ID_Organization Name_Collaborators". (File type: PDF, doc or docx)

Part 08: Project Budget (20 points)

Download the **Budget Template**. Follow instructions in the template to provide all required information. The allocated funds in each expense category should be clearly identified and aligned with project objectives in the work plan. Use the Budget columns to identify project costs (A. Salary and Wages, B. Fringe Benefits, C. Travel, D. Special Purpose Equipment, E. Supplies, F. Contractual, G. Others) that will support the specific Objective listed. All budgeted items should demonstrate they are reasonable and adequate for the proposed project with justification provided for each item. Budget must be itemized/broken down by unit cost with detailed justification. You may add additional rows as needed. Do not change calculation formulae or edit/revise any links built in the template as this may lead to disqualification of your application. Please break down budget calculation for each project year.

For contractor with itemized budget, use the same template to provide required information in each tab, as applicable. Other types of forms or files will not be accepted.

The Total Requested Grant Funds cannot exceed \$300,000 per Type A Project and \$150,000 per Type B Project.

Matching funds are not required by the HSP Demonstration Project Grants but are encouraged. If providing, details must be included in the budget template "Cost Share" tab..

When ready to upload, please save the file in a .xls or .xlsx file format and use the naming convention, "ApplicationID_Organization Name_Budget.fileformat", and then upload the completed budget below.

Download Budget Template

2023_HSP_Demo_BudgetTemplate.xlsx

Please Upload the Completed Budget Template Here

How many contractors in your application?

Select an item... ▼

Upload the Contractor 1 - Completed Budget Template Here

Upload the Contractor 2 - Completed Budget Template Here

Total Grant Funding Requested: Please enter total funding requested

Cost Share: Please enter the total cost share.

Total project budget (Funding requested + Cost Share)

Within the following categories, identify the Primary Project Activity or Expense contributing to the total share of the project budget.

Select an item... ▼

Withing the following categories, identify the Secondary Project Activity or Expense contributing to the total share of the project budget.

Select an item... ▼

Note to applicants



You will need to enter the requested grant funding amount by category for project year 1, 2 and 3 into the Budget Summary section.

Part 09: Greenhouse Gas (GHG) Reduction Estimations and Co-benefits (15 points)

Demonstration Type A Projects

In no more than 2 paragraph (600 words), describe how the practice(s) proposed in your project will achieve GHG reductions. This should be based on most recent peer-reviewed scientific publications and literature. Provide related references here if they are not included in your project narrative

Enter the estimated annual GHG reduction benefits expected from your project implementation in the unit of Metric Tons CO2 equivalent per year.

With no more than 2 paragraphs (600 words), provide a summary on methodology (including but not limited to sampling methods and equipment to be used), sampling frequency and calculation method that will be used for calculation of annual GHG reductions achieved in the project

Demonstration Type B Projects

Following guidance provided in the CARB Quantification Methodology for the CDFA Healthy Soils Program and CDFA HSP COMET-Planner Tool, estimate GHG reductions achieved by your project. Acreage entered in the COMET-Planner Tool must be consistent with the acreage in your project design schematic. Do not use acreage from the HSP RePlan report because it includes acreage of control fields, which should not be used when estimating GHG reductions due to absence of practice implementation.

Enter total GHG reduction benefits (MT CO2 equivalent/year) from the CDFA HSP COMET- Planner Report *

*Name file as "Application ID number Organization Name COMET-Planner", example of file name: 1234567_UCD_COMET-Planner. File type: PDF.

Upload COMET-Planner Carbon Sequestration and GHG Reduction Estimation Report *



Budget

Proposed Budget Summary

Expense Budget

	Grant Funded	Total Budgeted
A. Personnel Salary and Wages		
Subtotal	\$0.00	\$0.00
A1. Year 1 Personnel Salary and Wages		
Subtotal	\$0.00	\$0.00
A2. Year 2 Personnel Salary and Wages		
Subtotal	\$0.00	\$0.00
A3. Year 3 Personnel Salary and Wages		
Subtotal	\$0.00	\$0.00
B. Personnel Fringe Benefits		
Subtotal	\$0.00	\$0.00
B1. Year 1 Personnel Fringe Benefits		
Subtotal	\$0.00	\$0.00
B2. Year 2 Personnel Fringe Benefits		
Subtotal	\$0.00	\$0.00
B3. Year 3 Personnel Fringe Benefits		
Subtotal	\$0.00	\$0.00
C. Travel		
Subtotal	\$0.00	\$0.00
C1. Year 1 Travel		
Subtotal	\$0.00	\$0.00
C2. Year 2 Travel		
Subtotal	\$0.00	\$0.00
C3. Year 3 Travel		
Subtotal	\$0.00	\$0.00
D. Special Purpose Equipment (Type A Projects Only)		
Subtotal	\$0.00	\$0.00
D1. Year 1 Special Purpose Equipment (Type A Projects Only)		
Subtotal	\$0.00	\$0.00



	Grant Funded	Total Budgeted
D2. Year 2 Special Purpose Equipment (Type A Projects Only)		
Subtotal	\$0.00	\$0.00
D3. Year 3 Special Purpose Equipment (Type A Projects Only)		
Subtotal	\$0.00	\$0.00
E. Supplies		
Subtotal	\$0.00	\$0.00
E1. Year 1 Supplies		
Subtotal	\$0.00	\$0.00
E2. Year 2 Supplies		
Subtotal	\$0.00	\$0.00
E3. Year 3 Supplies		
Subtotal	\$0.00	\$0.00
F. Contractual		
Subtotal	\$0.00	\$0.00
F1. Year 1 Contractual		
Subtotal	\$0.00	\$0.00
F2. Year 2 Contractual		
Subtotal	\$0.00	\$0.00
F3. Year 3 Contractual		
Subtotal	\$0.00	\$0.00
G. Other Direct Costs		
Subtotal	\$0.00	\$0.00
G1. Year 1 Other Direct Costs		
Subtotal	\$0.00	\$0.00
G2. Year 2 Other Direct Costs		
Subtotal	\$0.00	\$0.00
G3. Year 3 Other Direct Costs		
Subtotal	\$0.00	\$0.00
H. Indirect Costs		
Subtotal	\$0.00	\$0.00
H1. Year 1 Indirect Costs		
Subtotal	\$0.00	\$0.00



	Grant Funded	Total Budgeted
H2. Year 2 Indirect Costs		
Subtotal	\$0.00	\$0.00
H3. Year 3 Indirect Costs		
Subtotal	\$0.00	\$0.00
Total Proposed Cost	\$0.00	\$0.00

Revenue Budget

	Grant Funded	Total Budgeted
Grant Funding		
Award Requested	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Total Proposed Revenue	\$0.00	\$0.00