

Healthy Soils Incentives Application - Draft

Section 1: Applicant Information

Instructions

Please double-check that all applicant information is entered accurately and spelled correctly, as it can help determine eligibility for an award. To ensure applications and attachments are submitted successfully, CDFA strongly encourages all applicants to comply with the computer system recommendations provided by Amplifund:

Use Chrome, Firefox, Edge or Safari;

Avoid using an iPad, iPhone or similar mobile device;

Save work often, as the system will time out periodically, and any unsaved work will be lost. CDFA cannot guarantee that the Amplifund system will be compatible with particular browsers or operating systems.

Required questions are denoted by an asterisk *.

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.

The title of your application in the Amplifund portal **MUST BE** this 5-digit number **ONLY**. Please ensure this is the case for your application and the number is correct **BEFORE** submitting your application.

Enter your application ID here *

Applicant/Applicant Organization Name - Enter the legal name that will receive grant funds. If an organization name, the name should match the name on the payee's tax return as filed with the federal Internal Revenue Service. *

Tax ID - Applicant/Applicant Organization Federal Tax Identification Number (one application per unique tax ID). The tax ID should be associated with the applicant/applicant organization name provided in the question above. Select which type you will provide below. *

Enter the last 4 digits of your Social Security Number *

Enter your Federal Employer Identification Number *

Applicant/Applicant Organization Email - Email is the primary form of communication at CDFA, so please ensure that the email used for the application is accurate and up to date for getting in contact with the applicant. *

Applicant/Applicant Organization Mailing Street Address *

Applicant/Applicant Organization Mailing City *

Applicant/Applicant Organization Mailing State – Please note all applicants/applicant organizations must be located in California with a physical California address. *

CA

Applicant/Applicant Organization Mailing Address Zip Code *

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

Yes

No

If No, provide the full business address within California, including zip code (e.g., 1220 N Street, Sacramento, CA, 95814).

Full Name of Primary Contact Person – This must be the person who will sign the grant agreement if the project is awarded. This cannot be a technical assistance provider. *

Primary Contact Person Phone Number (e.g., ###-###-####). This cannot be a technical assistance provider. *

Primary Contact Person Phone Extension (if applicable)

Primary Contact Person Email - Emails sent to this address will be the main communication method with CDFA. This cannot be a technical assistance provider. *

Full Name of Secondary Contact Person. This cannot be a technical assistance provider. *

Secondary Contact Person Phone Number (e.g., ###-###-####). This cannot be a technical assistance provider. *

Secondary Contact Person Phone Extension (if applicable)

Secondary Contact Person Email - Emails sent to this address will be the main communication method with CDFA. This cannot be a technical assistance provider. *

Full Name of Fiscal Contact Person (if different from the primary and secondary contact)

Fiscal Contact Person Phone Number (e.g., ###-###-####) - if different from the primary and secondary contact

Fiscal Contact Person Phone Extension (if applicable)

Fiscal Contact Person Email (if different from primary and secondary contact) - Emails sent to this address will be the main communication method with CDFA.

Did a technical assistance provider assist with this application? *

Yes
No

Please indicate the type of technical assistance provider. *

HSP Technical Assistance Provider
UC Community Education Specialist
Other

Please provide the technical assistance provider's full name. If providing more than one name, add a semicolon between names (e.g., Jane Doe; John Doe). *

Please provide the technical assistance provider's email address. If providing more than one email, add a semicolon between emails. *

Applicant Eligibility - Select which eligibility criteria the applicant falls under. *

California farmer or rancher
California agricultural business entity
Native American
Nonprofit organization functioning as an agricultural operation

If a nonprofit organization functioning as an agricultural operation, please upload evidence of nonprofit status (not required).

The applicant is at least 18 years old. *

Yes, I confirm that I am at least 18 years old.

Total Agricultural Operation Acreage. This may be different than the project implementation acreage in the project design. *

Has the applicant been awarded a Healthy Soils project that was completely implemented or is in the process of implementation? *

Yes

No

If previously awarded, please provide the application ID(s) or grant agreement number(s) for the project. An example of a grant agreement number is 22-####, and an example of an application ID is 3#####. *

Please select from the options below regarding the applicant's "Socially Disadvantaged Farmer or Rancher" status. Applicants are allowed to select multiple options, if relevant. Select "N/A" if not applicable, or "Prefer not to say" if the applicant would not like to disclose. *

African American

Native American

Alaskan Native

Hispanic

Asian American

Native Hawaiian and Pacific Islander

Not applicable

Decline to state (response will be treated as "Not applicable" in the review process)

Applicant Gender: Check the appropriate box. This question is for data collection only. Not answering this question will not affect your application eligibility.

Male

Female

Non-Binary

Decline to state

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 affect your application eligibility.

Yes

No

Decline to state

Section 2: Project Design

Instructions

To complete the project design, all applicants must go to the RePlan Tool website here: <https://replan-tool.org/cdfa/>. Please be aware that the total Estimated GHG reductions (Metric Tons CO₂ equivalent per year) should be greater than zero to be eligible for funding. Download both the PDF and Excel RePlan files onto your local computer when the project design is complete, and upload the files into this application using the "Choose File" boxes below. Review your project design PDF report – Project Design Overview table to answer the questions below.

Upload the PDF RePlan project design. Name files as "Application ID number_ Applicant Name_RePlan Report", example of file name: 12345_JohnSFarm_ RePlan Report. *

Upload the Excel RePlan project design. Name files as "Application ID number_ Applicant Name_RePlan Report", example of file name: 12345_JohnSFarm_ RePlan Report. *

Instructions

Please provide the information requested below from the "Project Design Overview" table in the beginning of the RePlan PDF.

Enter "project total" cost (\$). *

Enter the project total implementation acres. *

Enter the total estimated GHG reduction (metric tons of CO₂ equivalent – MT CO₂eq/yr). *

Select all counties the project area is in – refer to the "Project Implementation Work Plan" in the beginning of the RePlan PDF report. *

Alameda
Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado
Fresno
Glenn
Humboldt

Imperial
Inyo
Kern
Kings
Lake
Lassen
Los Angeles
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa
Nevada
Orange
Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Francisco
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba

Enter the number of practice(s) to be implemented in the project (e.g., 1, 2, 3). Soil sampling does not count as a conservation management practice. *

Enter the practice(s) to be implemented in the project (e.g., cover crop, compost, etc.). Soil sampling does not count as a conservation management practice (refer to the "Project Design Overview" table in the beginning of the RePlan PDF). *

If more than 1 practice is being implemented, enter the highest dollar amount requested for a single practice (dollar value for the entire grant term for the single practice). Soil sampling does not count as a conservation management practice (refer to the "Project Design Overview" table in the beginning of the RePlan PDF for dollar values). *

Within the RePlan project design, does the map imagery match your project area? *

Yes

No

If no, please provide a brief 1-3 sentence explanation on the differences and estimated acreage to be excluded (e.g., there is a barn on the project area not visible in RePlan, so 5 acres should be removed from the project design). *

Will Prescribed Grazing be implemented as part of the project? *

Yes

No

If Yes, upload the Grazing Management Plan prepared by a professional certified Rangeland Manager. *

Section 3: Applicant Eligibility and Details

Does the proposed project benefit priority populations? If unsure, refer to the Project Design documents created in RePlan. You can look this information up within the RePlan PDF under "Benefits to Priority Populations"? *

Yes

No

Which priority populations does this proposed project benefit? *

Disadvantaged Communities (DAC)

Low-Income Community (LIC)

Disadvantaged Communities (DAC) and Low-Income Community (LIC)

Is the project area located in any of these California Counties: Del Norte, Inyo, Lassen, Mariposa, Mono, Orange, Plumas, Sierra, and Trinity? *

Yes

No

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

Yes

No

If the applicant does not own the land(s) where the project will be implemented, please upload the completed letter of agreement from the landowner for implementing the project during the grant term. The template can be found on the HS Incentives Program website:

<https://www.cdfa.ca.gov/oefi/healthsoils/IncentivesProgram.html> *

Will cost share be provided (optional to provide)? *

Yes

No

How much cost share will be provided (in \$)? *

If selected for funding, applicants may be eligible for advance payments of up to 25 Percent (25%) of the grant award. Please indicate below if advance payment is needed for your project.

Yes

No