



California Fire Safe Council

Grant Application Planning Tool

2015 Grants Clearinghouse Competitive Grants Program

***This document is for planning purposes only.
Do not submit this as your application.***

Applications must be submitted online at : <http://www.cafiresafecouncil.org/zoomgrantslogin/>

This document is a grant application planning tool designed to assist prospective applicants to the 2015 Grants Clearinghouse. The planning tool is a Microsoft Word file with all of the grant application questions and instructions. This file allows you to work on your application offline, save your work and spell-check your responses. When you are ready to apply online, you may cut and paste your information from the planning tool to the Grants Clearinghouse application <http://www.cafiresafecouncil.org/zoomgrantslogin/>.

Additional information and resources for the 2015 Grants Clearinghouse are available on the California Fire Safe Council website at <http://www.cafiresafecouncil.org/2015-grant-program/> and in your ZoomGrants account.

The 2015 Grant Application is organized into five tabs in the online ZoomGrants account. Each tab contains required information that must be completed before the application can be submitted.

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1. Letters of Commitment



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2. Letters of Commitment Cover Letter
3. Fiscal Sponsor Agreement Letter (if applicable)



APPLICATION SNAPSHOT TAB 1

Project Name <i>Enter the name of the proposed project. Be descriptive and interesting.</i>	
Amount Requested <i>Enter the amount of grant funding requested for this project. Use whole dollars only.</i>	\$
Match Amount <i>Enter the dollar value of matching contributions from the applicant organization and partners. Applicants are required to contribute a 100% match (dollar-for-dollar). Use whole dollars only.</i>	\$
Additional Contacts for the Application <i>Enter authorized contacts for this project. Only email addresses separated by a comma will be accepted. No names, titles or phone numbers.</i>	

Applicant Information (Project Contact)

Enter the contact information for the person who will manage the project.

First Name	
Last Name	
Title	
Telephone	
Email	

(Applicant) Organization Information

Enter the name of the organization applying for funding.

Organization Name	
Address 1	
Address 2	
City	
State/Province	<i>California and Tahoe Region of Nevada Only</i>
Zip/Postal Code	
Country	<i>United States Only</i>
Telephone	
Fax	
Website	



Organization Official Contact

Provide the contact information for the person who is authorized to make official decisions for the organization (e.g. board president, executive director, fire chief, senior staff). This contact must be a different person from the applicant contact.

First Name	
Last Name	
Title	
Telephone	
Email	



(APPLICANT) ORGANIZATION INFORMATION TAB 2

1. Type of Organization:

Select the appropriate entity. Use the space after the "Other" checkbox to specify the IRS section and IRS number (e.g., 501 (c)(3), 501 (c)(4), etc), type of government agency (for government agencies) or describe an entity not listed.

The applicant organization must have legal standing to apply for a grant from the California Fire Safe Council. Nonprofit, For-Profit or other organizations must be incorporated to do business in the State of California and have a Federal Employer Identification Number/Federal Tax Identification Number (FEIN/FTIN). An applicant organization that does not meet these requirements must identify a fiscal sponsor with legal standing to receive the funds on its behalf.

Nonprofit Organization - Please specify which IRS section and provide the IRS number in the "Explain" box, below (*Refer to the organization's IRS nonprofit determination letter for this information.*)

Home/Property Owners Association

Native American Tribe

Non-Federal Government Agency - Please specify which agency in the "Explain" box, below

For Profit Company

Other - Please specify your unique type or use this box to provide details for the other options, above, Explain:

2. Enter your organization's Data Universal Numbering System (DUNS) Number:

Provide the applicant organization's DUNS number. The applicant and/or fiscal sponsor must have a DUNS number to apply for a Clearinghouse grant. For information on obtaining a DUNS number, go to <http://fedgov.dnb.com/webform>.

3. Enter your organization's Commercial and Government Entity (CAGE) Code and Expiration Date:

Provide the applicant organization's CAGE code and expiration date. The applicant and/or fiscal sponsor must be registered with the US Department of General Service's System for Award Management (SAM) program which issues CAGE codes for contractors and grantees. To register with SAM, go to: <http://www.sam.gov>.

ORGANIZATIONAL CAPACITY

CFSC has a legal responsibility to its federal grantors to make grants to organizations that demonstrate the ability to effectively manage grant funds and projects from start to finish. An organization's history and major accomplishments are some of the indicators of organizational capacity. Strong organizational capacity is especially important when the grant is from federal funds because of the call for greater accountability and transparency for grant dollars.

4. When was your organization formed or incorporated?

Enter the date and year of your organization's formation.

5. Describe the roles and responsibilities of key staff, board members, and volunteers.

Describe how the organization is staffed (contractors, employees, or volunteer). Describe the roles of board members. Even if the organization is mostly or all volunteer, provide a clear explanation of the positions within the organization. List the responsibilities of key positions to demonstrate how decisions are made and projects are implemented.



6. Describe 2 major accomplishments achieved through federal grants and 2 major accomplishments achieved through non-federally funded grants.
Indicate sources of funding, amounts and years received, and if applicable, CFSC grant numbers.

FISCAL SPONSOR INFORMATION

7. Does the applicant organization have a fiscal sponsor?
If the applicant organization does not meet the requirements under #1, it must identify a fiscal sponsor that has legal standing and can act as financial administrator. If funded the fiscal sponsor will be the legal recipient of the grant funds and a signer of the grant agreement. Prior to submitting the application, the applicant organization and the fiscal sponsor shall decide on the fiscal sponsor's role and formalize the arrangement in a formal agreement. The signed fiscal sponsorship agreement must be uploaded to ZoomGrants as part of the application.
- YES *If yes, please complete #8-15 on behalf of the fiscal sponsor organization.*
NO *If no, please skip to the "Project Information" Tab or click the "next" button.*

8. Fiscal Sponsor Contact
Provide the name, title, email address and phone number of the primary contact for the Fiscal Sponsor Organization and administrative contact information if different from the primary contact. Next, provide the organization name, mailing address, phone and website for the Fiscal Sponsor.

9. Fiscal Sponsor Organization Type
Select the appropriate entity. The fiscal sponsor must have legal standing to apply for a grant from the California Fire Safe Council. Nonprofit, For-Profit or other organizations must be incorporated to do business in the State of California and have a Federal Employer Identification Number/Federal Tax Identification Number (FEIN/FTIN).

Nonprofit Organization - Please specify which IRS section and provide the IRS number in the "Explain" box below. (Refer to the organization's IRS nonprofit determination letter for this information.)

Home/Property Owners Association

Native American Tribe

Non-Federal Government Agency - Please specify which agency in the "Explain" box below.

For Profit Company

Other - Please specify your unique type or use this box to provide details for the other options above. Explain:

10. Enter the fiscal sponsor's Data Universal Numbering System (DUNS) Number:
Provide the fiscal sponsor's DUNS number. The applicant and/or fiscal sponsor must have a DUNS number to apply for a Clearinghouse grant. For information on obtaining a DUNS number, go to <http://fedgov.dnb.com/webform>.

11. Enter the fiscal sponsor's Commercial and Government Entity (CAGE) Code and Expiration Date:
Provide the fiscal sponsor's CAGE code and expiration date. The applicant and/or fiscal sponsor must be registered with the US Department of General Service's System for Award Management (SAM) program which issues CAGE codes for contractors and grantees. To register with SAM, go to: <http://www.sam.gov>.



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FISCAL SPONSOR CAPACITY

CFSC has a legal responsibility to its federal grantors to make grants to organizations that demonstrate the ability to effectively manage grant funds and projects from start to finish. An organization's history and major accomplishments are some of the indicators of organizational capacity. Strong organizational capacity is especially important when the grant is from federal funds because of the call for greater accountability and transparency for grant dollars.

12. When was the Fiscal Sponsor Organization incorporated?

Enter the date and year of the fiscal sponsor's formation.

13. Describe the roles and responsibilities of key staff, board members, and volunteers.

Describe how the organization is staffed (contractors, employees, or volunteer). Describe the roles of board members. Even if the organization is mostly or all volunteer, provide a clear explanation of the positions within the organization. List the responsibilities of key positions to demonstrate how decisions are made and projects are implemented.

14. Describe 2 major accomplishments achieved through federal grants and 2 major accomplishments achieved through non-federally funded grants.

Indicate sources of funding, amounts and years received, and if applicable, CFSC grant numbers for the fiscal sponsor.

15. Services provided by the Fiscal Sponsor

Check all that apply. 'P' denotes that the fiscal sponsor will be paid for the service. 'D' denotes that the service will be donated by the fiscal sponsor.

P- Accounting Services

P- Prepare Match/Cost Share Reports

P- Prepare Progress Reports and Closeout Report

P -Project Management

P - Bid Solicitation and Contracting

D - Accounting Services

D- Prepare Match/Cost Share Reports

D- Prepare Progress Reports and Closeout Report

D- Project Management

D- Bid Solicitation and Contracting

Other - Please denote paid (P) or (D) donated and explain



PROJECT INFORMATION TAB 3

1. **Type of Project.** Check the box to indicate the type(s) of project you are planning. Example: *Fuel Treatment and Education.*

Education only
Fuel Treatment only
Planning only
Education and Fuel Treatment
Education and Planning
Fuel Treatment and Planning
Education, Fuel Treatment and Planning

2. If this is an ongoing or maintenance project, identify the name and the grant number of the project under which the earlier parts of the project were funded.

3. Describe the wildfire problem and how it will reduce wildfire risk in the project area.

Provide information about the fire history, current risks and hazards, and number of homes/residents. When describing the project include the project size and location, collaborators roles and responsibilities, and fuel removal methods. Be specific and detailed.

4. Describe the prescription for treatment and indicate the title of individual(s) who planned the prescription.

Indicate the specific methods by which the wildfire problem will be addressed and include acres treated. Indicate the title of the individual(s) who developed the prescription, their affiliated organization/agency, and relevant credentials.

SUSTAINABILITY

5. How will the project reduce wildfire hazards in the project area?

Describe the specific outcomes of the project and indicators of success.

6. How will the project be maintained after the grant is complete?

Describe methods to continue fuels maintenance or education/planning projects after grant funds are spent. Indicate collaborators and sources of funds used to maintain the project.

7. Describe what outreach efforts will be undertaken to engage the broader public in your project.

Describe the types of activities or materials this project that will be utilized to engage community members, fire jurisdictions and elected officials in the planning process.



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8. Describe how the plan will motivate the community to investing (e.g., effort, funding, etc.) in making itself Fire Safe after the grant term ends.
Please be specific and realistic. What type of community capacity will be developed to sustain this project in the long-term? What change do you anticipate will result in the community?

9. Will your project generate program income and how will it be used/spent to further the project during the term of the grant? Enter the dollar value of program income that will be generated? *Program Income is funding that is earned as a result of the project such as making and selling bird houses from manzanita bushes or selling firewood from trimming trees or defensible space clearing. This income is required to be used to further the objectives of the grant during the grant term. General donations and membership dues are not considered program income.*

PLANNING DOCUMENT APPLICABILITY

10. Explain how the proposed project advances the three main goals of the **National Cohesive Wildland Fire Management Strategy** (“Cohesive Strategy”).
Refer to the three goals of the Cohesive Strategy: (A) Restore & Maintain Resilient Landscapes, (B) Fire Adapted Communities and (C) Wildfire Response. Review the latest report on the Cohesive Strategy: <http://1.usa.gov/R6cOoE>.

For Reference Only

- A. ***Restore & Maintain Resilient Landscapes: Landscapes across all jurisdictions are resilient to fire-related disturbances in accordance with management objectives.***

- B. ***Fire-adapted Communities: Human populations and infrastructure can withstand a wildfire without loss of life and property. More information on the next slide.***

- C. ***Wildfire response: All jurisdictions participate in making and implementing safe, effective, efficient risk-based wildfire management decisions.***

11. Is the area covered by the proposed project located within a priority landscape, as articulated in the State of California’s Forest Action Plan?
The California Forest Action Plan, also known the 2010 California Forest and Rangelands Assessment and Strategy Reports, identifies landscapes of medium and high priority for preventing wildfire threats in 46 of California’s 56 counties. Launch the Priority Mapper at <http://frap.fire.ca.gov/assessment/2010/mapper.php> to determine the priority level for the proposed planning area.

YES
NO



12. Indicate how the proposed project will link to the three themes of the California Forest Action Plan: Conserve, Protect, Enhance.

Review the strategies at <http://frap.fire.ca.gov/assessment/2010/assessment2010.php>. Select the appropriate strategy(ies) then explain in the next question how the project utilizes the strategy(ies) to implement project goals.

<i>For Reference Only</i>	
1. Conserve:	
	<i>Support comprehensive planning at the statewide and regional scales that is coordinated with wildlife habitat conservation efforts.</i>
	<i>Maintain and improve the capacity of wood products and range industries.</i>
	<i>Increase the capacity to provide incentives to forest and range landowners.</i>
2. Protect:	
<i>efficient</i>	<i>Reduce the occurrence of damaging wildfires and reduce life, property and natural resource losses through the implementation of effective and fire prevention programs and activities.</i>
	<i>Protect life and property from wildfire through efficient and effective fire protection planning and suppression, financial management, and firefighter/public safety strategies.</i>
	<i>Reduce the impacts of wildfire on ecosystem health, public safety and private property through appropriate scientific, research, education and training.</i>
3. Enhance:	
	<i>Promote formation of Local Fire Safe Councils for priority communities.</i>
	<i>Promote participation in the National Firewise/USA Program.</i>
	<i>Sustain healthy forest ecosystems to maintain California's unique biodiversity.</i>

13. Explain how the project utilizes the California Forest Action Plan strategy(ies) selected above to implement project goals.

14. Identify the type of plan that covers the project area

To find out if the area is covered in an existing CWPP or equivalent plan, contact the local fire department, local government or local forester. Links to some CWPPs are available on the Wildland Fire Lessons Learned Center at: <http://bit.ly/1uDfoQJ>. Please use the box to describe other plans or indicate why no planning document exists (e.g lack of funding, unaware of need for plan).

Community Wildfire Protection Plan (CWPP)
Cal Fire Unit Plan



DMA 2000

Other - please explain

15. Provide the exact title of the CWPP or equivalent plan and the contact information for the plan. *Provide name, address and email for the main contact for the plan.*



16. Identify the status of the plan and when the plan was last updated. Indicate whether the plan is approved, the date /year of approval and the agency/ organization that provided the approval. If the plan is in process, indicate the date the plan was started.

Enter the date and/or year. If the plan has not been updated or revised in more than 4 years, explain the reason(s) for the delay.

17. What is the priority of the proposed project in the plan identified in the questions above, and on what page of the plan is it addressed?

Please indicate the plan type (CWPP, DMA 2000, or other), priority in plan, and page number where the project is addressed.

18. Does the CWPP or equivalent plan define the boundaries of the Wildland Urban Interface (WUI)? If YES, indicate if the project is located in the WUI? If NO, indicate if the project is located in a Cal Fire Hazard Severity Zone in the next question.

19. Identify the Fire Hazard Severity Zone (FHSZ) of the project area.

Check the appropriate box(es). Find the fire hazard severity zone at: http://www.fire.ca.gov/fire_prevention/fire_prevention_wildland_zones.php

Very High Severity Zone
High Severity Zone
Moderate Severity Zone

20. List up to 3 of the closest Communities at Risk that are within the boundaries, or within 3 miles, of the project area.

For a list of designated Communities at Risk in California, go to: http://cdfdata.fire.ca.gov/fire_er/fpp_planning_car.

21. List communities, other than Communities at Risk, that are within the boundaries, or within 3 miles, of the project area.

Enter the names of communities that are in or within 3 miles of the project area.

22. List Firewise Communities that are within the boundaries, or within 3 miles, of the project area.

Enter the names of official Firewise Communities that in or within 3 miles of the project area. For a list of Firewise Communities in California, please visit: http://submissions.nfpa.org/firewise/fw_communities_list.php.

23. List communities that will be directly affected by the project's Prevention and Education Programs.

Enter the names of communities, including Communities at Risk and Firewise Communities.



Yes
 No

31. If yes, indicate which agency(ies) own/manage the land, and identify which field office, park, forest, etc. (indicated in parentheses) is nearest to the project area. Contact local agency representatives or consult a map for info. If no, type N/A.

USDI: Bureau of Indian Affairs (land/field office), Bureau of Land Management (field office), Bureau of Reclamation (field office), National Park Service (park, monument, or recreational area), U.S. Fish & Wildlife Service (refuge); USDA Forest Service (forest); Military Installation

32. How far is the planning area from federal lands?

0-3 miles
 More than 3 miles

33. Enter the District number for the project location

Enter the District number for the project location.

Find Congressional, State Senate and Assembly District numbers for California at <http://www.calvoter.org/voter/maps>.

- California Congressional District number (s)
- Nevada Congressional District number (District 2 only)
- California State Senate District number(s)
- Nevada State Senate District number(s) (Districts 3 and 4 only)
- California State Assembly District number(s)
- Nevada State Assembly District number(s) (District numbers 26 and 39 only)

For Reference Only

CALIFORNIA

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53							

NEVADA

2

State Senate District number(s)

CALIFORNIA

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40



NEVADA

3 4

State Assembly District number(s)

CALIFORNIA

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80

NEVADA

26 39

34. In which California or Nevada County(ies) will your project take place?

If you are proposing to work in multiple counties, select the county in which the majority of work will be performed. If the work will be divided equally across county lines, then select more than one county.

For reference only

CALIFORNIA

Alameda	Kings	Placer	Sierra
Alpine	Lake	Plumas	Siskiyou
Amador	Lassen	Riverside	Solano
Butte	Los Angeles	Sacramento	Sonoma
Calaveras	Madera	San Benito	Stanislaus
Colusa	Marin	San Bernardino	Sutter
Contra Costa	Mariposa	San Diego	Tehama
Del Norte	Mendocino	San Francisco	Trinity
El Dorado	Merced	San Joaquin	Tulare
Fresno	Modoc	San Luis Obispo	Tuolumne
Glenn	Mono	San Mateo	Ventura
Humboldt	Monterey	Santa Barbara	Yolo
Imperial	Napa	Santa Clara	Yuba
Inyo	Nevada	Santa Cruz	



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Kern

Orange

Shasta

NEVADA

Carson City

Douglas

Washoe



FUEL TREATMENT PROJECTS

If you identified this as a Fuels Treatment project in question #1 in this section, questions #35-46 must be completed.

35. If the project is for fuels treatments, enter the total acreage of the project's footprint. *The footprint of the project is the area where planned treatment(s) will occur on the ground. It does not include access and egress of the project.*

36. How many fuels treatment projects will be completed with this grant?
Enter the number of fuels treatment projects and describe how this estimate was calculated. Projects should be counted by a reasonable method based on different types of projects included in this grant application. The method used should be described in detail in your answer.

For example: If the application proposes 2 fuel breaks in 2 different locations, then the number of projects would be 2 because these are two separate fuel breaks. If you are providing chipping in 1 community with 150 homes, then the number of projects would be 1. If the application is for countywide or regional chipping programs, then you may count the individual communities that will be served as unique projects; or you may decide to count it as only 1 project for chipping. Do not count the number of projects by the various treatment types that may be applied to the project area.

The following questions (37-46) are related to the environmental compliance process.

37. Indicate any biological, environmental or cultural reviews or assessments that have been completed for the project area?

If yes, indicate which statute or other environmental regulation were the studies/assessments completed for:

- California Environmental Quality Act (CEQA)
 - National Environmental Policy Act (NEPA)
 - Endangered Species Act (ESA)
 - California Endangered Species Act (CESA)
 - Migratory Bird Treaty Act (MBTA)
 - National Historic Preservation Act (NHPA)
 - Other
 - None or N/A
- For when and by whom, please explain:



38. What is the percent of dominant vegetation type at treatment site?

Enter the percent of the dominant type of vegetation in the project area. If you select "other," be specific about the type of vegetation.

- _____ % Chaparral
- _____ % Open or closed canopy mixed conifer forest
- _ % Ponderosa
- _ % Douglas Fir
- _ % Pine Plantation
- _ % Oak Woodland
- _ % Other. Please specify:

Which vegetation is to be treated/modified?

Select the type of vegetation to be treated.

- Chaparral
- Open or closed canopy mixed conifer forest
- Ponderosa
- Douglas Fir
- Pine Plantation
- Oak Woodland
- Other. Please specify:

39. Describe the treatment to be implemented.

40. Describe the equipment to be used.

41. Describe the personnel/vendor to be used and how they will be used.

42. Describe the pre and post treatment site.



43. Will the project generate biomass, small logs of a merchantable volume or another marketable product? (Biomass is any plant material removed from the site.) If your project will not generate biomass at all, enter N/A in each box. Enter the estimated volume of biomass produced in the box next to the appropriate type of biomass. Enter "N/A" in each box that does not apply. For more detailed instructions, see the Calculating Biomass Volume resource in the Library tab.

- Saw logs (cubic board ft.)
- Chips (green ton)
- Post and poles (lineal feet)
- Fuel wood (fuel for cogeneration plant)
- Firewood (cords)
- Other- Specify:

Estimate the volume of biomass by using the following formula:

Cubic Volume: Refers to the amount of wood in a tree or log expressed in cubic feet. See the table below for the cubic volume by DBH class. So if you have 10 trees that are 9 inches DBH the volume of each tree is 6 cubic feet, multiplied by 10 trees so, the total volume would be 60 cubic feet.

Cord: A standard cord of firewood is 128 cubic feet of wood, generally measured as a pile 8 feet long by 4 feet tall by 4 feet deep.

Lineal feet: is the accumulated length so if you have 10 poles each 8 feet long the total lineal feet would be 80.

Green ton: See the table below

Diameter Breast Height (DBH) is measured 4.5 feet above the ground level on the uphill side of the tree.

Diameter Breast Height (DBH)	Cubic Volume	Density Conversion Factor (Bole and Branch)	Weight per Cubic Foot	Tree Weight (lbs)
4	1.0	2.12	48	101
5	1.5	2.09	48	150
6	2.0	2.05	48	196
7	3.5	2.02	48	339
8	5.0	1.98	48	475
9	6.0	1.94	48	559
10	7.0	1.85	48	622
11	8.0	1.77	48	680
12	11.5	1.70	48	938
13	15.5	1.62	48	1205
14	20.0	1.58	48	1516

44. Will the biomass product be utilized?



Yes
No

45. If yes, please describe how the biomass product will be used.
If it will not be used, type N/A



TABLES TAB 4

- Fill in all columns for each major task or activity necessary to complete the proposed project.
- When completing the work plan, assume grant term will begin in Fall 2015 and last 24 months.
- There is a limit of 10 entries for the Work Plan. Combine related tasks or activities, if needed.
- See Sample Application for an example of a complete Work Plan and contact a CFSC grant manager for assistance.

Sequential Task/Activity:

- Enter tasks and activities in the order they will be carried out.
- Use quantifiable data wherever possible.
- Include major tasks and activities necessary for completing the grant, including training, planning, accounting, contracting, reporting, monitoring, etc.

Timeframe:

- Indicate by the month(s) during which work will take place, such as *Months 3-6*.
- Some activities may be labeled “continuous” or on-going, such as *posting articles on grant progress on website or tracking volunteer hours and match contributions*

Responsible Party:

- Indicate who will be responsible for performing the work and supervising its completion
- Include title and organization of party responsible. For example,

Expected Outcome/Result:

- Describe what will result from completing the task or activity
- Be specific in explaining the effect of the completed task or activity.



46. WORK PLAN

	SEQUENTIAL TASK / ACTIVITY	TIMEFRAME (in months)	RESPONSIBLE PARTY	EXPECTED OUTCOME / RESULT
1				
2				
3				
4				
5				
6				
7				
8				
9				



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	SEQUENTIAL TASK / ACTIVITY	TIMEFRAME (in months)	RESPONSIBLE PARTY	EXPECTED OUTCOME / RESULT
1				
2				
3				
4				
10				



47. Project Deliverables - FEDERAL GRANT FUNDS

- This table is only for deliverables that will be completed using grant dollars.
- Enter the projected quantity of each deliverable.
- Use only whole numbers (no fractions or decimals). Enter the projected dollar amount (whole dollars only) for each.
- See the 2015 Grant Application Training handbook for additional instruction on the Deliverables Tables.

Project Deliverables- FEDERAL GRANT FUNDS	Federal Quantity Projected	Federal Cost Projected
Community Risk Assessment Wildfire Planning		
Community Risk Assessment		\$
Community Wildfire Protection Plan		\$
Fire Management Plan		\$
PLANNING SUBTOTAL		\$
Information/Education		
Workshops/Training Sessions		\$
Outreach/Education Programs		\$
Education/Information Products		\$
INFORMATION/EDUCATION SUBTOTAL		\$
Fuels Treatment		
Preparation for Treatment	acres	\$
<i>Include total prep acres for all fuels projects</i>		
Mechanical Treatment		
Biomass removal	acres	\$
Chipping	acres	\$
Crushing	acres	\$
Hand pile	acres	\$



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Seeding	acres	\$
Lop and scatter	acres	\$
Machine pile	acres	\$
Mastication/Mowing	acres	\$
Thinning	acres	\$
Thinning - Tree felling & removal	acres	\$
MECHANICAL TREATMENT SUBTOTAL	acres	\$
Prescribed Fire		
Broadcast burn	acres	\$
Fire use	acres	\$
Hand pile burn	acres	\$
Jackpot burn	acres	\$
Machine pile burn	acres	\$
PRESCRIBED FIRE SUBTOTAL	acres	\$
Project Deliverables- FEDERAL GRANT FUNDS	Federal Quantity Projected	Federal Cost Projected
Other Treatment		
Chemical	acres	\$
Biological	acres	\$
Browsing	acres	\$
OTHER TREATMENT SUBTOTAL	acres	\$
TOTAL FUELS TREATMENT ACRES & COST <i>Prep for Treatment + Total Mechanical + Total Fire + Total Other</i>	acres	\$
Mechanical Treatment with By-Products Utilized	acres	\$



GRAND TOTAL <i>Total Community Assessment + Total Information/Education + Total Fuels Treatment</i>		\$
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48. Project Deliverables - MATCH

- This table is only for deliverables that will be completed using matching contributions (in-kind or cash).
- Enter the projected quantity of each deliverable.
- Use only whole numbers (no fractions or decimals). Enter the projected dollar amount (whole dollars only) for each.
- See the 2015 Grant Application Training handbook for additional instruction on the Deliverables Tables.

Project Deliverables- MATCH	Match Quantity Projected	Match Cost Projected
Community Risk Assessment Wildfire Planning		
Community Risk Assessment		\$
Community Wildfire Protection Plan		\$
Fire Management Plan		\$
PLANNING SUBTOTAL		\$
Information/Education		
Workshops/Training Sessions		\$
Outreach/Education Programs		\$
Education/Information Products		\$
INFORMATION/EDUCATION SUBTOTAL		\$
Project Deliverables- MATCH	Match Quantity Projected	Match Cost Projected
Fuels Treatment		
Preparation for Treatment	■ acres	\$
<i>Include total prep acres for all fuels projects</i>		
Mechanical Treatment		
Biomass removal	acres	\$
Chipping	acres	\$



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Crushing	acres	\$
Hand pile	acres	\$
Seeding	acres	\$
Lop and scatter	acres	\$
Machine pile	acres	\$
Mastication/Mowing	acres	\$
Thinning	acres	\$
Thinning - Tree felling & removal	acres	\$
MECHANICAL TREATMENT SUBTOTAL	acres	\$
Prescribed Fire		
Broadcast burn	acres	\$
Fire use	acres	\$
Hand pile burn	acres	\$
Jackpot burn	acres	\$
Machine pile burn	acres	\$
PRESCRIBED FIRE SUBTOTAL	acres	\$
Other Treatment		
Chemical	acres	\$
Biological	acres	\$
Browsing	acres	\$
OTHER TREATMENT SUBTOTAL	acres	\$
TOTAL FUELS TREATMENT ACRES & COST <i>Prep for Treatment + Total Mechanical + Total Fire + Total Other</i>	acres	\$
Mechanical Treatment with By-Products Utilized	acres	\$



GRAND TOTAL <i>Total Community Assessment + Total Information/Education + Total Fuels Treatment</i>		\$
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BUDGET DETAIL

- Fill in the blanks for every cost of the project. Enter each cost in the appropriate column to identify whether the cost is covered by grant funds and/or matching contributions.
- Applicant Match refers to the organization applying for the grant. Fiscal sponsor match should be included under “Other Match”.
- Itemize all project costs under the appropriate cost categories and combine relevant entries when possible.
- Clearly identify costs such as insurance, rent, utilities, employees, contractors and supplies.
- Consult “Budget Detail Guidelines” below for detailed instruction.
- Enter a brief description of the cost. Provide breakdown of the cost (e.g. ABC Fire Safe Council Project Coordinator: 100 hours x 18 months x \$40/hour).
- Enter the dollar amount under the appropriate column.
- Use whole dollars only (no cents)
- Each Cost Category is limited to the amount of rows listed as shown Combine related line item entries, if needed.
- See Sample Application for an example of a complete Budget Detail and contact a CFSC grant manager for assistance..

Budget Detail Guidelines

a. Personnel

- Use this cost category ONLY for employees of the applicant organization. If the organization does not have employees and uses independent contractors or volunteers, then you will not use this cost category. Refer to the IRS website for definitions of “employee” versus “contractor”.
- Enter the job title and the number of individuals that will work on the project. Provide a breakdown for the total cost.
- Examples of personnel costs could be for employees of the recipient organization or crews made up of employees.
- Personnel expenses and match require specific record keeping for all employee activities, not just those charged to the grant. Refer to the requirements for documenting salary/wage expenses and match in the appendices.
- Volunteers should be counted under Other or Contractual as applicable, NOT Personnel.
- Note under Personnel if the fringe benefits are included in the entry.

b. Fringe Benefits

- Enter the fringe benefits associated with each employee listed in the Personnel category.
- If applicant organization does not track benefits separately from salaries/wages, these costs may be included in the cost under Personnel (i.e. salary/wage + benefits). Benefits are listed for employees of the organization, not contractors.



c. Travel

- Enter costs associated with travel necessary to complete the grant, including lodging, transportation, and mileage.
- Consult the general services administration website at www.gsa.gov for the appropriate mileage rate and other travel related values.
- Note mileage rate used in the calculation.
- Include 1-2 nights of hotel lodging if long-distance travel is needed to attend training or other workshops during the grant term. Include estimated costs for attending the mandatory CFSC Grant Award Workshop.

d. Equipment

- ***Contact a grant manager immediately if you plan to include the purchase of equipment in your grant application.***
- Equipment is defined as a tangible item with a unit cost of \$5,000 or more and a lifespan of more than one year.
- Anything else that you would think of as equipment, like chain saws, parts or computers that has a unit cost under \$5,000 should be itemized in the Supplies category.
- Prior to submitting the grant application, the applicant must submit a cost-benefit analysis via email to the CFSC grant manager assigned to its county. The cost-benefit analysis must include a comparison of purchasing the equipment versus borrowing from another federal program or renting it.
- Vehicle purchases are not allowable.
- When you use equipment as match, you can charge a use allowance, which is similar to rent, or you can count the depreciation that occurs during the time the equipment is used for the grant project. This value or cost would go under the Contractual category.

e. Supplies

- Supplies are defined as items that have unit costs of less than \$5,000.
- Enter supplies and materials needed to complete the project (e.g., project computer, scanner, project software, paper, toner, educational materials, signs, brochures, etc.)
- Provide breakdown of unit cost and quantities to be purchased.

f. Contractual

- Use the Contractual category for any companies, professionals or individuals that are hired as independent contractors for the project (e.g., consultants, project managers, CPA, attorney, etc.). Be sure to follow organizational procurement policies and adhere to federal grant regulations when hiring contractors.
- Enter the job title and the number of individuals that will work on the project. Provide a breakdown for the total cost.
- Include a line item for the Fiscal Sponsor Administrative Fee, if applicable.

g. Other

- Enter costs that do not fall within the scope of the above categories. For example: insurance, volunteer match, professional printing, etc.



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h. Total Direct Costs

- This field will calculate automatically.

i. Indirect Costs (not commonly applicable to applicants)

- Complete this category ONLY if the applicant organization has been given a negotiated Federal Indirect Cost Rate Agreement (NICRA) with a federal agency. A copy of your NICRA will be required if your application is selected for funding. (Note: very few applicants have such an agreement. Lack of this agreement should not be a concern.)
- If your organization does not have such a Federal Indirect Cost Rate Agreement, your administrative and overhead expenses must be distributed throughout your budget and you can leave that line item in the budget blank.



49. BUDGET DETAIL

	Funding Sources			Total
	FEDERAL	MATCH		
Cost Categories	(1) Federal Grant Funds	(2) Applicant	(3) Other Partners	
a. Personnel (5 rows maximum)				
Total Personnel				
b. Fringe Benefits (5 rows maximum)				
Total Fringe Benefits				
c. Travel (4 rows maximum)				
Total Travel				



d. Equipment (Items > \$5,000/unit. See guidelines.) (3 rows maximum)				
Total Equipment				

e. Supplies (5 rows maximum)				
Total Supplies				

f. Contractual (8 rows maximum)				
Fiscal Sponsor Administrative fee (if applicable)				
Total Contractual				

g. Other (4 rows maximum)				



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MATCH AMOUNTS BY ALL ORGANIZATIONS

- Applicants are required to contribute 50% match or dollar for dollar
- Match amounts must align with the Budget Detail.
- Use whole dollars only (no cents).
- Refer to the grant application handbook for details on eligible match and contact a CFSC grant manager for assistance.

Match Information Guidelines

Organization Name:

- Enter the official name of the organization, agency or person contributing match to the project.

Cost Category:

- Select the cost category(ies) for the match contribution. May be more than one cost category if the contributor is providing multiple types of support.

Type of Match

- Select in-kind or cash. In-kind refers to donated time, goods, or services whose value is calculated as match. Cash refers to actually money (dollars) given to complete the project.

Amount

- Enter the amount of match provided. Use whole dollars only (no cents).

50. MATCH AMOUNT BY ALL ORGANIZATIONS

Name of Match Contributor (Organization, agency, or person)	Cost Category(ies)	Type of Match	Amount
MATCH TOTAL			



DOCUMENTS TAB 5

Letters of Commitment

- Upload letters of commitment (LOC) from all organizations providing matching contribution to the project, including the applicant and fiscal sponsor.
- There is a 4 MB limit on uploaded documents. Please scan at low resolution (if necessary) and/or submit documents separately.
- Upload LOCs directly to your ZoomGrants application under the Documents tab. Clearly identify the source of the LOC in the title of the document and include a cover page. For example, "Cal FIRE LOC"
- LOCs must be submitted online with the application by the deadline of 5:00 PM **February 19, 2015**
- All matching contribution amounts reflected in the LOCs must match the amounts in the application.
- For homeowner match for a chipping program, please submit ONE LOC as the applicant organization on behalf of the homeowners with an explanation of the match. Retain the original copies of the homeowner match for your records and submit to CFSC when requested. Refer to sample in the handbook to ensure accuracy.
- Each LOC must be printed on letterhead of the organization. If the LOC is an email, it must include the name and address of the organization, name and title of person making the commitment and logo of the organization.
- Each LOC must include:
 - o A description of the match provided and how it relates to the project. Identify whether the match is cash or in-kind. For cash match, indicate how the money will be used on the project.
 - o Value of the matching contribution with a breakdown of the total (e.g. 5 hours x \$35/hour for producing maps = \$175)
 - o Timing of match provided or specific item(s) donated. (Must be during the grant term.)
 - o Signature and contact information (including title/position) of match contributor
- Sample LOCs are provided in the grant application handbook. Refer to the samples to ensure that the letters meet the criteria.

Fiscal Sponsor Agreement

- If your organization is utilizing the services of a Fiscal Sponsor, then a Fiscal Sponsor Agreement letter is required. There is a 4 MB limit on uploaded documents. Please scan at low resolution (if necessary) and/or submit documents separately.
- The Fiscal Sponsor Agreement is a written and signed document on the Fiscal Sponsor's letterhead indicating the Fiscal Sponsor will act on behalf of the applicant to receive, spend and otherwise manage the grant funds and property assets associated with the applicant's grant project in accordance with applicable federal, state and local laws and regulations.
- Fiscal sponsors must upload a signed letter on organizational letterhead certifying it agrees to serve as the fiscal sponsor for the applicant.
- Sample provided in the grant application handbook.

--END--