

California Department of Forestry and Fire Protection (CALFIRE)
California Climate Investments
Fire Prevention Program Grant Application
Fiscal Year 2019-20 Funding Opportunity



Please request a Project Tracking # for each separate application by following the instructions for the 2019-20 CCI Grant Guidelines on the [Fire Prevention Grants Web Page](#). Submit the application and all supporting materials to the [www.box.com](#) folder assigned to your tracking number **no later than 3:00pm PST on December 4, 2019**. Please note: Items marked in red are required.

1. Project Tracking #:

CalMapper ID:

Project Name/Title:

County:

CAL FIRE Unit/Contract County (Please use this 3-letter Unit Identifier for file naming. See Question 14):

2. Organization Type:

If Other, please specify:

If Non-Profit, are you a registered 501(c)(3)? Yes No

3. Sponsoring Organization:

Project Manager

Title:

First Name:

Last Name:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Phone Number:

Secondary Phone Number:

Email Address:

Fax Number:

Tracking #:

Project Name:

4. For which primary activity is funding being requested?

5. Grant Period: Please provide the estimated start date and completion date for your project. Projects **MUST** be completed by March 15, 2024. Note that final billing is due 30 days after project completion. Please use MM/DD/YYYY format.

Project Start Date:

Project Completion Date:

6. Limiting Factors: Are there any existing forest or land management plans; Conservation Easements; Covenant, Conditions & Restrictions (CC&R's); matters related to zoning; use restrictions, or other factors that can or will limit the fire prevention proposed activity?

If checked, describe existing plan(s) and the limitations, if any, in the attached Scope of Work.

7. Timber Harvest Plans: For fuel reduction projects, is there a timber harvesting document on any portion of the proposed project area for which a "Notice of Completion" has not been filed with CAL FIRE?

If checked, provide the THP identification number and describe the relationship to the project in the attached Scope of Work document.

THP ID Number:

8. Community at Risk: Is the project associated with a community that is listed as a Community at Risk? See the list of [Communities at Risk](#) on the Office of the State Fire Marshal web page.

Yes No

Number of Communities in the project area:

9. Disadvantaged/Low Income Community: Is the project associated with a low-income community that is listed as a Community at Risk? See the information on [Priority Population Investments](#) on the California Air Resources Board web page.

Yes No

If Yes, select all that applies:

Disadvantaged

Low Income

Both

Buffer Zone

Tracking #:

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Project Name:

10. Describe how your proposal would reduce the total amount of wildfire (and thereby reduce wildfire emissions) around communities, homes, infrastructure, and other highly valued resources. Please focus on GHG benefits. (Limited to 700 characters.)

11. Federal Responsibility Area: Does your project/activity include work on Federal Lands that might require NEPA, or use a framework similar to Good Neighbor Authority?

Non-Tribal Lands: Yes No If yes, how many acres?

Tribal Lands: Yes No If yes, how many acres?

12. Project Area Statistics: For all projects, provide an estimate of the Project Influence Zone (PIZ) acres and the Treatment Influence Zone (TIZ) acres.

PIZ - The Project influence Zone (PIZ) is the broad geographic area encompassing the neighborhoods or communities that the grant proposal is designed to protect with fuel reductions, public education, or planning activities. This can be the sum of all treatment areas or could include a buffer area around the planning/public education target. Please keep the PIZ from encompassing an overly large area, unless benefits are clearly defined in the Scope-of-Work.

TIZ - Treatments are areas within a PIZ, where on-the-ground activities are accomplished (e.g. hazard fuel reductions, shaded fuel breaks, masticating, etc.). There can be multiple discrete Treatment areas associated with a PIZ. Some projects (e.g. Planning & Public Education) may NOT have treatment areas.

	LRA	FRA	SRA
Project Influence Zone (PIZ)			
Treatment Influence Zone (TIZ)			

Tracking #:

Project Name:

13. **Project Budget:** What is the proposed budget? Please include a discussion of the project budget in the Scope of Work and enter the amount from the Project Budget workbook (.xls).

Budget Item	Amount
Grant Funding Requested (\$)	

14. **Local Wildland Fire Risk Reduction Plans:** Is the project in, consistent with, or build on a larger plan that deals with the risk and potential impact to habitable structures in the WUI covered by this project? If so, discuss in the Scope of Work. **Select all that apply.**

- CAL FIRE Unit Strategic Fire Plan
- Homeowners' Association Plan
- Fire Safe Council Action Plan
- County Fire Department Strategic Fire Plan
- Local Fire Department Plan
- FIREWISE Community Assessment
- Other Local Plan (Identify in Scope of Work)
- Local Hazard Mitigation Plan
- Community Wildfire Protection Plan

15. **CEQA Compliance:** Describe how compliance with the California Environmental Quality Act (CEQA) will be achieved in the Scope of Work. Is there an existing (CEQA) document that addresses this project or can be used to meet CEQA requirements?

Please indicate the CEQA document type (For planning, education and other projects that are exempt from CEQA, select "Not Applicable"):

Document Identification Number:

Tracking #:

Project Name:

16. Application Submission:

Note to Applicant: If you modify the language contained in any part of this document, other than to fill in the blanks or to provide requested information, your application **will be rejected**.

Use the table below as a tool to make sure you have all documents ready prior to submitting the application.

Replace "XXXX" in the file name with the project's ID Number. Replace "UUU" in the file name with the 3-letter identifier for the Unit where the project is located. Unit identifiers are listed in the instructions for this application form.

Attachments	File Name
Application Form (.pdf)	
Scope of Work (.doc)	
Project Budget (.xls)	
Project Map (.pdf)	
Articles of Incorporation (.pdf) - Applies to Non-Profits only	
NIFC/Mapping	Create a Geo Point & Polygon web link

I certify that the above and attached information is true and correct:

Original Signature Required: Grantee's Authorized Representative

Date Signed

Printed Name

Title

Executed on: _____ at _____
Date **City**

Please fill out this form completely. Be sure to save a copy of this form and all attachments for your records. Submit the application and all supporting materials to the www.box.com folder assigned to your tracking number **no later than 3:00pm PST on December 4, 2019**. Please submit the documents as early as possible to avoid unanticipated issues. **Applications submitted or modified on the www.box.com folder after this date will be considered late.** Access to www.box.com after the due date may be revoked.

Tracking #:

Project Name: