

Grant Application Request/Notice



- ☒ New Competitive Grant Application
☐ New Non-competitive Grant Application
☐ Annual Renewal Grant Application (per BOS Reso # _____)
☒ Electronic Submission (ie. Grants.gov etc.)

Application Due Date: March 16, 2018

Department Name: IGS

Office 2: OES

GRANT BACKGROUND INFORMATION:

Contact information for Grantor:

Name: John Gulserian
 Address: 10014 North Bloomfield
 Nevada City, CA 95959
 Phone: 530-265-1515

Grant Amount:

\$90,000

Funding Type:

- ☐ Federal:
 CFDA #
☒ State
☐ Other

Funding Period:

From: July 16, 2018
 To: July 19, 2019
 Is grant expected to renew?
☐ Yes ☒ No

Source(s) of matching funds:

Facilities Maintenance Funds

Amount(s) of match:

\$ 9,000

In-Kind?

☐ Yes ☒ No

GRANT PROGRAM DESCRIPTION:

Describe the program to be funded through this grant (include who will be served and what services will be provided):

CAL FIRE, California Climate Investment Fire Prevention Program to purchase:

QTY 1 Skid Steer specified at 95 horsepower: \$60,000

QTY 1 Brush Mulcher Attachment: \$30,000

\$81,000 Grant Funds + \$9,000 Matching Funds = \$90,000 Procurement Budget

The Nevada County Hazardous Vegetation Removal Equipment Project will focus on the procurement and implementation of a Skid Steer Brush Mulcher. Mulcher consists of Skid Steer and a Brush Mulcher attachment. Project equipment will support the reduction of hazardous vegetation, while promoting a healthy ecosystem.

GRANT FUNDING ANALYSIS:

Does funding include: ☐ Yes ☒ No If applicable, what percentage?

Administrative costs?

Describe limitations

on allowable

administrative costs:

Grant does not have a matching requirement; however is considered very competitive. It is proposed that the county provide a 10% match at \$9,000 to be competitive in this grant. The cost share will be funded through Facilities Maintenance Funds and equipment will be transferred to this department.

Describe funding

sustainability:

Funding in grant will not reoccur.

GRANT PROGRAM STAFFING:

What staff will be assigned to grant program?	Job Title	% FTE	Temporary?	New hire?
	John Gulserian	100	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby approve submittal of this grant application per the authority granted by BOS Resolution _____.

Department Director's Signature: _____

Date: 5-16-18

CEOs Signature: _____

Date: 5/18/18

Grant Application Log # (see CEO I Drive) A-18-414-456

Dept. provided complete copy of application to Auditor/Controller on _____ (date)

By: _____ (name)

