CALIFORNIA FIRE SAFE COUNCIL APPLICATION PLANNING TOOL

2026 GRANT APPLICATION PLANNING TOOL
STATE FIRE CAPACITY GRANT PROGRAM

This document is for planning purposes only.
The grant application must be submitted online at:
https://www.zoomgrants.com/zgf/26sfc

This document is a planning tool designed to assist prospective applicants to California Fire Safe Council's State Fire Capacity (formerly STATE FIRE ASSISTANCE) Grant Program. The planning tool is a Microsoft Word file containing the grant application questions and instructions. The application planning tool can be shared and edited with collaborators offline. Application question responses can be copied and pasted from the planning tool to the ZoomGrants application. Be sure to check for character limits when copying, as they may vary slightly between the planning tool and ZoomGrants fields.

The SFC grant application is organized into five tabs in ZoomGrants. Each tab contains required information that must be completed before the application can be submitted. Users must first create a new user account in ZoomGrants to view the application and apply.

The link to the 26 SFC grant program application and additional information, and resources are available on the California Fire Safe Council website.

2026 State Fire Capacity Grant Program - California Fire Safe Council

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APPLICATION CHECKLIST

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This checklist is not required to be completed or submitted and is for individual use & tracking. All items must be completed and uploaded through your SFC ZoomGrants Application to successfully submit your 26 SFC Application to CFSC.

TAB 1: APPLICATION SUMMARY

Project Name *Enter the name of the proposed project. Be descriptive and interesting.*	
Grant Funding Requested *Enter the amount of grant funding requested. Use whole dollars only. Maximum $200,000.00*	$
Match Amount Projected *Enter the dollar value of matching contributions from the applicant organization and partners. Applicants are required to contribute a 150% match (1:1.5 ratio). Use whole dollars only.*	$

Applicant Information (Project Manager)
Enter the contact information for the main person who will manage the project.

First Name	
Last Name	
Telephone	
Email	

Organization Information
Enter the name of the organization applying for funding.

Organization Name	
Address 1	
Address 2	
City	
State/Province	*California and Tahoe Region of Nevada Only*
Zip+4/Postal Code	
Country	*United States Only*
Telephone	
Fax (optional)	
Website (optional)	
Federal Tax ID (EIN: Employer Identification Number, XX-XXXXXXX)	
Unique Entity ID (SAM)	

Applicant Organization Executive Officer Contact Information *Provide contact information for the person who is authorized to make official decisions for the organization.*

First Name	
Last Name	
Title	
Email	
Additional Contacts for the Application *Enter authorized contacts for this project. Only email addresses separated by a comma. Any input other than email addresses will make the emails unusable by the system.*	

TAB 2: ORGANIZATION INFORMATION

Applicant Information

1. **Applicant Organization Type: Select the appropriate organization type. Use the space after the associated checkbox to specify the IRS section (for non-profits), type of government agency (for government agencies) or describe an entity not listed.**

   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). A fiscal sponsor must be identified if the organization does not meet this requirement.

   ☐ Home/ Property Owners Association

   ☐ Native American Tribe

   ☐ Resource Conservation District

   ☐ Nonprofit Organization- What is your organization's IRS Section for Non-Profits, please explain:

   ☐ Non-Federal Government Agency – Which agency, please explain:

   ☐ Other - Please specify your unique type, please explain:

2. **Is your organization a Fire Safe Council?**

   ☐ Yes
   ☐ No

3. **Enter Applicant Organization's universal entity identifier (UEI) code and expiration date,**
   If the Applicant organization does not have a UEI code they cannot be a direct grantee. They must then utilize the services of a Fiscal Sponsor.

   UEI Code: _____

   Expiration Date: _____

4. **Applicant Organization Contact Information: List the key individuals (including Board members) of the Applicant Organization that will be involved in this project. Identify a) Name and title, b) Role and responsibilities, c) Time in Role d) Whether they are paid (indicate employee or consultant) or volunteer**   *(2,000 Character Limit)*

5. **Enter the name, title and affiliation of the person(s) writing this grant application**
   (250 Character Limit)

Applicant Organizational Capacity

6. **Enter the Applicant organization's formation date and date of incorporation.**
   * Enter the date and year of your organization's formation:
   (500 Character Limit)

7. **Describe the following: 2 federal and 2 non-federal grant accomplishments achieved in the past 5 years (if applicable), and any current open grants with anticipated closing date(s).**
   Indicate source(s) of funding, amount(s) and year(s) received. If there is no grant history, provide other accomplishment examples. Provide closeout dates for current grants.
   > *(3000 Character Limit)*

Fiscal Sponsor Information

8. **Will the Applicant organization utilize the services of a Fiscal Sponsor? (Branching question)**
   The Applicant organization and the Fiscal Sponsor must memorialize the responsibilities of both parties in a formal written agreement. The agreement must be signed by both parties and submitted with this application.

☐ Yes	The fiscal sponsor's information will be provided below.
☐ No	The applicant is not using a fiscal sponsor. (Skip to question 14)

9. **Fiscal Sponsor Organization Type: Select the appropriate organization type. Use the space after the associated checkbox to specify the IRS section (for non-profits), type of government agency (for government agencies) or describe an entity not listed.**
   Organizations must be incorporated to do business in California and have a Federal Employer Identification Number/Federal Tax Identification Number (FEIN/FTIN). A fiscal sponsor must be identified if the organization does not meet this requirement.
   The Applicant 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: https://www.sam.gov
   ☐ Home/ Property Owners Association
   ☐ Native American Tribe
   ☐ Resource Conservation District
   ☐ Nonprofit Organization- What is your organization's IRS Section for Non-Profits, please explain:
   ☐ Non-Federal Government Agency – Which agency, please explain:
   ☐ Other - Please specify your unique type, please explain:

10. **Enter Fiscal Sponsor organization's universal entity identifier (UEI) code and expiration date.** *The Applicant or Fiscal Sponsor must be registered with the US Department of General Service's System for Award Management (SAM) program which issues UEI codes for contractors and grantees. To register with SAM, go to:* http://www.sam.gov/content/home

    UEI Code: _____

    Expiration Date: _____

11. **Fiscal Sponsor Information: Provide the Fiscal Sponsor organization name, the date (date and year) the organization was formed or incorporated, and the name, title, email address, and phone number of the primary contact for the Fiscal Sponsor organization. Also provide administrative contact information if different from primary contact**
    (2,000 Character Limit)

12. **List the Fiscal Sponsor's key individuals (including Board members) that will be involved in this project. For each person list a) name and title, b) role and responsibilities, c) whether they are a paid employee, paid consultant, or a volunteer.**
    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.
        (*2,000 Character Limit*)

13. **Describe the following for Fiscal Sponsor: 2 federal and 2 non-federal grant accomplishments achieved in the past 5 years (if applicable), and any current open grants with anticipated closing date(s).**
    Indicate source(s) of funding, amount(s) and year(s) received. If there is no grant history, provide other accomplishment examples. Provide closeout dates for all current grants.
        (*3,000 Character Limit*)

14. **(Branching question for applicants not using a fiscal sponsor)**
    The applicant organization has legal standing and does not require a fiscal sponsor.
        ☐   Confirm

TAB 3: PROJECT INFORMATION

Project Description

1. **What type of project is this application proposing?**
   *Check the box(es) to indicate the type(s) of project(s) you are planning. Example: Fuel Treatment and Education. **Please select all that apply:***

       ☐ Education

       ☐ Fuel Treatment

       ☐ 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.**
   If this is not an ongoing or maintenance project, type "N/A".
       (*250 Character Limit*)

3. **Describe your project.**
   Please provide a specific description of the project including the project size and location, collaborator's roles and responsibilities, planning, education, or fuel treatment methods that are part of the project.
       (*5,000 Character Limit*)

4. **Describe how the planning, education or prescription for vegetation treatment was developed and indicate the name 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.
   (*5,000 Character Limit*)

5. **How will the project reduce wildfire hazards in the project area?**
   Describe the specific outcomes of the project and indicators of success.
   (*5,000 Character Limit*)

Sustainability

6. **How will the project be maintained after the grant period 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.
   (*2,000 Character Limit*)

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 will utilize to engage community members, fire jurisdictions and elected officials in the planning process. Indicate relevant website URL or social media handles used by your organization.
   (*1,200 Character Limit*)

8. **Describe how the project will motivate the community to invest (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?
   (*5,000 Character Limit*)

9. **Will your project generate program income and how will it be used/spent to further the project during the term of the grant? What is the estimated dollar value of program income that will be generated? (Note: General donations are not considered Program Income).**
   Program Income is funding that is earned because of the project such as 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.
   (*5,000 Character Limit*)

Project Location

10. **Enter which county or counties in California or Nevada within which your project will take place?**
    If you are proposing to work in multiple counties, select the county in which most of the work will be performed. If the work is divided equally across county lines, then enter more than one county.
    (*250 Character Limit*)

11. **Enter the latitude of the approximate geographic center of the project area. Your response must be in decimal format to six places (for example: 39.375097). All California Latitudes should always be between 32 and 42.**
    If the project covers a large area, select a point that best represents the center of the planning area. Please utilize https://arcg.is/1eKaCm2 to find your Latitude and Longitude. Completing this survey will satisfy question 48.
    Latitude: _____

12. **Enter the longitude of the approximate geographic center of the project area. Your response must be in decimal format to six places (for example: -122.54454). All California Longitudes should always be between -114 and -124.**
    If the project covers a large area, select a point that best represents the center of the planning area. Please utilize https://arcg.is/1eKaCm2 to find your Latitude and Longitude. Completing this survey will satisfy question 48.

    Longitude: _____

13. **Is the proposed project area impacted by your project at risk from fire originating on federal land? Or does your project take place on federal land? Your answer to this question will determine your response to the subsequent question.**
    Contact your local fire agency if you are not sure about your adjacency to federal land. No portion of the project may be on federal land or land leased from the federal government.

    ☐ Yes

    ☐ No

14. **If you answered yes to question 13, indicate which agency (or agencies) 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 utilize the** CFSC Application Support Tool **(CA Land Ownership tab).**
    Please select Not Applicable if you answered "No" on question #13.

☐ 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 and Wildlife Service (refuge)
☐ USDA Forest Service
☐ Military Installation
☐ Not Applicable (n/a)

15. **How far is the planning area from federal lands?**
    Work is not permitted on federal lands or lands maintained by a federal agency

☐ 0-3 miles
☐ More than 3 miles

☐ Work occurs on federal land

16. **Enter the District numbers that apply for the project location.**
Enter N/A in the boxes that do not apply. For information on California and Nevada Congressional districts go to: [California Fire Safe Council Application Support](#) (CA, NV and US District tabs)

Federal California Congressional District Number(s)	
Federal Nevada Congressional District Number (s), District 2 only	
California State Senate District Number(s)	
Nevada State Senate District Number(s), Districts 3 and 4 only	
California State Assembly/House District Number(s)	
Nevada State Assembly/House District Number(s), Districts 26 and 39 only	

Planning Document Applicability

17. **Relate your project to the "Cohesive Strategy" goals : (A) Resilient Landscapes, (B) Fire Adapted Communities and (C) Safe, Effective, Risk-Based Wildfire Response**
National Strategy summary:
https://www.forestsandrangelands.gov/documents/strategy/strategy/communications/NationalStrategy Summary.pdf

   (2*,000 Character Limit)*

18. **Identify the type of planning document that covers the project area. To find out if the area is covered in an existing Community Wildfire Protection Plan or equivalent plan, contact your local fire protection agency**
In the box below, describe other plans or indicate why no planning document exists (e.g. lack of funding, unaware of need for plan, etc.)

☐ Community Wildfire Protection Plan (CWPP)
☐ Cal Fire Unit Plan
☐ DMA 2000 Plan
☐ Other plan, please explain

19. **Please provide the exact title of the CWPP or equivalent plan and the contact information for the plan, including a web address if the plan is posted online.**
Provide name, address, and email for the main contact for the plan.
   (*500 Character Limit)*

20. **Identify the status of the plan and when the plan was last updated. Indicate whether the project is approved, the date/year of approval and the agency/organization that provided the approval. If the plan is in process, indicate date it was started.**
Enter the date and/or year. If the plan has not been updated or revised in more than 5 years, explain the reason(s) for the delay.
   (*1,500 Character Limit)*

21. **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.
    (*1,500 Character Limit*)

22. **Does the CWPP or equivalent plan define the boundaries of the Wildland Urban Interface (WUI)?**
If YES, indicate if the project is in the WUI. If NO, indicate if the project is in an official Cal Fire Hazard Severity Zone in the next question.
    (*1,500 Character Limit*)

23. **Identify the Fire Hazard Severity Zone (FHSZ) of the project area. At least 50% of the project area must be in the selected zone.**
Check the appropriate box(es). Please utilize the CFSC Application Support to find FHSZ: California Fire Safe Council Application Support

☐ Very high severity zone
☐ High severity zone
☐ Moderate severity zone

24. **Is the Project associated with a community that is listed as a Community at Risk?**
Please identify the 'Communities at Risk' using the Application Support Tool (CPP and CAR tab): California Fire Safe Council Application Support
☐ Yes
☐ No

25. **If yes, please list up to 3 of the closest Communities at Risk that are within the boundaries, or within 3 miles, of the project area.**
    (*250 Character Limit*)

26. **Question Removed**
☐ Yes
☐ No

27. **Question Removed**
☐   N/A

28. **List communities, other than Communities at Risk, which are within the boundaries, or within 3 miles, of the project area.**
Enter the names of communities that are within 3 miles of the project area.
    (*250 Character Limit*)

29. **List Firewise Communities that are within the boundaries, or within 3 miles, of the project area.**
Enter the names of official Firewise Communities in, or within 3 miles of, the project area. : California Fire Safe Council Application Support (Firewise Communities Tab)
    (*250 Character Limit*)

Project Effects

30. **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. If the project does not include education, answer N/A.
        (*250 Character Limit*)

31. **List communities that will be directly affected by the project's Hazardous Fuel Reduction Programs**
    Enter the names of communities, including Communities at Risk and Firewise Communities. If project does not include fuel reduction, answer N/A.
        (*250 Character Limit*)

32. **List communities that will be directly affected by the project's Fire Management Plans, Risk Assessments, or equivalents.**
    Enter the names of communities, including Communities at Risk and Firewise Communities. If the project does not include planning, answer N/A.
        (*250 Character Limit*)

33. **Enter the number of people who will be contacted by the project's deliverables. Consider the number of people who will be contacted about the project through meetings, educational mailings, email lists, homeowner participation, etc.**
    Research the population of the project area and the outreach planned for the project. Keep track of how you calculated this figure. If funded, applicant will report this number quarterly in the progress report. CFSC is required to report this data.
        (*250 Character Limit*)

34. **Estimate how many people will be employed with this project. Please include number of compensated employees and contractors.**
    Include estimates for both applicant and fiscal sponsor, if applicable

Compensated Employees	
Contractors	

35. **Identify the Fire Regime for your project area.**

    Check the appropriate box(es). Identify the Fire Regime: [California Fire Safe Council Application Support](#) (Landfire Tab)

    ☐ **Fire Regime I**

    ☐ **Fire Regime II**

    ☐ **Fire Regime III**

    ☐ **Fire Regime IV**

    ☐ **Fire Regime V**

Fuels Treatment

36. **Will the proposed project include Fuels Treatment? (Branching Question)**
Will the project contain any of the following: soil disturbance, vegetation treatments or modifications such as chipping, thinning, grazing, and/or mastication? REMINDER: Burning activities are not allowed in this program.

☐ **Yes**

☐ **No (Skip to question 49)**

37. **Enter the total acreage of the project's footprint and who owns or maintains the land where fuels activities are occurring.**
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.

(*250 Character Limit*)

38. **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 diverse types of projects included in this grant application. The method used should be described in detail in detail in your answer.

(*250 Character Limit*)

39. **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)**
☐ **None or N/A**
☐ **For when and by whom, please explain:**

40. **What is the percentage of dominant vegetation type at treatment sites?**
Enter the percentage of the dominant type of vegetation in the project area. If you select "other," be specific about the type of vegetation in question 42.

% Chaparral	
% Open or closed canopy mixed conifer forest	
% Ponderosa	
% Douglas Fir	
% Pine Plantation	
% Oak Woodland	
% Other, please specify in question 42	

41. **Which vegetation is to be treated/modified?**
    Select the type of vegetation to be treated. Select all that apply.

Chaparral	
Open or Closed Mixed Conifer Forest	
Ponderosa	
Douglas Fir	
Pine Plantation	
Oak Woodland	
Other, please specify in question 42	

42. **Describe the treatment to be implemented and the pre and post treatment site.**
    (1,*200 Character Limit*)

43. **Describe any equipment to be used, the personnel/vendor to be used, and how they will be used.**
    (1,*200 Character Limit*)

44. **Provide the number of homes that will be treated by this project, the average cost of treatment per home, and the total value of the homes protected.**
    (Fuels treatment projects only) For non-fuel treatment projects enter "NA.".
    (1,*200 Character Limit*)

45. **Will the project generate biomass, small logs of merchantable volume or a marketable product? (Biomass is any plant material removed from the site.)**
    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 Biomass Calculation Instructions in the Library tab.

Saw Logs (cubic board ft)	
Chips (green ton)	
Post and poles (lineal ft)	
Fuel Wood (fuel for cogeneration plant)	
Firewood (cords)	
Other, please explain:	

46. **Will the biomass product be sold/commercialized?**

    ☐ **Yes**

    ☐ **No**

47. **If yes, please describe how the biomass product will be used.**
    If it is not used, type "N/A".

    (250 *Character Limit*)

48. **(All projects) Please complete the map survey that accompanies this application and confirm with the statement "map submitted" in the field below.**
    To access the map survey, paste this link into your browser: https://arcg.is/1bLnLT0. If you completed this survey and submitted while completing questions 11 and 12, please do not re-submit. (250 *Character Limit*)

TAB 4: TABLES

Work Plan

Work Plan Guidelines:
- Fill in all columns for each major task or activity necessary to complete the proposed project. This is your scope of work and should be aligned with the costs in your budget and deliverables.
- When completing the work plan, assume grant term will begin in October 2026 and last 24 months (about 2 years).
- There is a limit of 10 entries for the Work Plan. Combine related tasks or activities, if needed.

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.

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

	SEQUENTIAL TASK / ACTIVITY	TIMEFRAME (In months)	RESPONSIBLE PARTY	EXPECTED OUTCOME / RESULT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Project Deliverables

This table is for deliverables that will be completed using BOTH grant dollars and matching contributions (in-kind or cash). Remember that the way the deliverables are projected here is how they should be reported as the project is completed. Reported quantities may change with approved modifications to the project.

- Enter the projected quantity of each deliverable.
  - Use only whole numbers (no fractions, decimals, words, or units other than those already included).
  - **Treatment types can overlap**. This means the total acres treated may appear greater than the total project footprint.
- Enter the projected dollar amount from Grant funds and Match funds (whole dollars only) for each deliverable. Grant funds for deliverables must equal the grant funds total in the budget and match values for deliverables must equal the match total in the budget. This means things like insurance costs, and indirect must be factored into the supporting costs for each deliverable. Use your best projection as to how those costs should be allocated among the deliverables' costs.
  - **Funding types for the same treatment cannot overlap**. This means, for example, if a project is 10 acres and a single treatment such as mastication is split between match and federal share, one would report 5 acres for match share and 5 acres for federal share. With separate treatments, such as when the federal share pays for thinning, and the match share pays for burning, one would report 10 acres for federal and 10 for match.
  Please remember that Prescribed Burning is not allowed in this round of funding. Any questions regarding Prescribed Burning should be left blank.

Project Deliverables-	Grant/Federal Quantity Projected	Grant/Federal Cost Projected	Match Quantity Projected	Match Costs Projected
Community Risk Assessment Wildfire Planning				
Community Risk Assessment		$		$
Community Wildfire Protection Plan		$		$
Fire Management Plan		$		$
PLANNING SUBTOTAL		$		$
Information/Education				
Outreach/Education Programs		$		$
Education/Information Products		$		$
INFORMATION/EDUCATION SUBTOTAL		**$**		**$**
Fuels Treatment Acres				
Preparation for Treatment	acres	**$**	acres	**$**
Include total prep acres for all fuels projects				
Mechanical Treatment				
Biomass removal	acres	$	acres	$
Chipping	acres	$	acres	$
Crushing	acres	$	acres	$
Hand pile	acres	$	acres	$
Seeding	acres	$	acres	$
Lop and scatter	acres	$	acres	$
Machine pile	acres	$	acres	$
Mastication/Mowing	acres	$	acres	$
Thinning	acres	$	acres	$
Thinning – Tree felling & removal	acres	$	acres	$
MECHANICAL TREATMENT SUBTOTAL	**acres**	**$**	acres	**$**
Prescribed Fire Acres (NOT ELIGIBLE)				
Broadcast burn (NOT ELIGIBLE)	acres	$	acres	$
Fire use (NOT ELIGIBLE)	acres	$	acres	$
Hand pile burn (NOT ELIGIBLE)	acres	$	acres	$
Jackpot burn (NOT ELIGIBLE)	acres	$	acres	$
Machine pile burn (NOT ELIGIBLE)	acres	$	acres	$
PRESCRIBED FIRE SUBTOTAL	**acres**	**$**	acres	**$**
Project Deliverables- FEDERAL GRANT FUNDS	**Quantity Projected**	**Federal Cost Projected**		**Match Costs Projected**
Other Treatment Acres				
Chemical	acres	$	acres	$

Biological	acres	$	acres	$
Browsing	acres	$	acres	$
OTHER TREATMENT SUBTOTAL	**acres**	$	acres	$
TOTAL FUELS TREATMENT ACRES & COST *Prep for Treatment + Total Mechanical + Total Fire + Total Other*	acres	$	acres	$
Mechanical Treatment with By-Products Utilized	acres	$	acres	$
GRAND TOTAL *Total Community Assessment + Total Information/Education + Total Fuels Treatment*		$		$

Budget Detail

- Enter all project costs and match values in the budget table. The Cost Category column is for a description of the cost or match item.
    - Itemize all project costs under the appropriate cost categories and combine relevant entries when possible. Each Cost Category is limited to the number of rows listed as shown. Combine related line-item entries, if needed.
    - Clearly identify costs such as insurance, rent, utilities, employees, contractors, and supplies.
    - In the first column, enter a brief description of the cost. For example, a description might read "ABC Fire Safe Council Project Coordinator: 100 hours x 18 months x $40/hour."

- Place each cost or match dollar amount in the appropriate column to identify whether the cost is covered by grant funds and/or matching contributions. Use whole dollars only (no cents) for each field.
    - The "Federal Grant Funds" column is for costs paid with federal funds.
    - The "Applicant" column refers to matching funds or values contributed by the organization applying for the grant.
    - The "Other Partners" column is for costs or values contributed by third parties. Fiscal sponsor match should be included under "Other Partners." Would fiscal sponsor personnel costs be under personnel or **contractual**? Contractual.
- Consult "Budget Detail Guidelines" below for detailed instruction.

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 of 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 application manual.
    - 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 the 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 about the appropriate mileage rate and other travel-related values.
    - Note the mileage rate used in the calculation. Rates are different for fleet versus personal vehicles.
    - 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 in person or online CFSC (California Fire Safe Council) Grant Award Workshop.

d. **Equipment**
   − *Contact a grant specialist immediately if you plan to include the purchase of equipment in your grant application. Equipment whether purchased with federal or matching funds must be pre-approved for inclusion in all grant applications.*
   − Equipment is defined as a tangible item with a unit cost of $10,000 or more and a lifespan of more than one year.
   − Other items that one would think of as equipment, like chain saws, parts, or computers that have a unit cost under $10,000 should be itemized in the Supplies category.
   − Before submitting the grant application, the applicant must email a cost-benefit analysis to a CFSC (California Fire Safe Council) grant specialist. 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 charge for the use of equipment (not purchase), you can charge the rental cost, a use allowance (like rent), or you can charge for 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 and does not require prior approval.

e. **Supplies**
   − Supplies are defined as items that have unit costs of less than $10,000.
   − Enter supplies and materials needed to complete the project (e.g., project computer, scanner, project software, paper, toner, educational materials, signs, brochures, etc.)
   − Provide a breakdown of the unit costs and quantities to be purchased.

f. **Contractual**
   − Use the Contractual category for any services from companies, professionals or individuals that are hired as independent contractors for the project (e.g., consultants, project specialists, CPA (Certified Public Accountant), 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 of 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.

h. **Total Direct Costs**
   − This field will calculate automatically.

i. **Indirect Costs (May not apply to all applicants)**
   − Complete this category if one of these two scenarios applies:

     o The applicant organization or fiscal sponsor has been given a Negotiated Federal Indirect Cost Rate Agreement (NICRA) with a federal agency. A copy of your NICRA will be required with your application. (Note: very few applicants have such an agreement. Lack of this agreement should not be a concern.)
     o The applicant organization does not have a current, federally approved indirect cost rate. These organizations have the option to charge a de minimis rate of 15% of modified total direct costs (MTDC), which may be used as their indirect rate.

- If your organization meets these criteria and you elect to claim the de minimis 15% indirect rate, please refer to the indirect calculation instructions and example calculation sheet in the application guide. Indirect calculation instructions are also available in the tables tab on ZoomGrants.
- If your organization does not have a Federal Indirect Cost Rate Agreement and chooses not to use the 15% de minimis rate, your administrative and overhead expenses must be distributed throughout your budget, and you can leave the indirect line item in the budget blank.

j. **De minimis indirect rate**
  - If the applicant organization does not have a federally approved indirect cost rate and has never received a negotiated indirect cost rate, they may elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.

Calculating Indirect Cost: If you choose to include indirect costs in your budget, calculate the modified total direct cost and apply your indirect percentage to that number (either the % from your NICRA or the 15% de minimis rate). Modified total direct cost equals the first $50,000 of each contract plus all other direct, non-equipment costs.

DOCUMENTATION: Either a NICRA Document or a MTDC calculation sheet must be uploaded in the documents section to support indirect costs. The MTDC calculation sheet can be found on the Documents Tab

BUDGET NARRATIVE (For all cost categories):

While not in the table below, in the Zoomgrants Application please describe/justify each listed cost category line item in the project budget. Explain how calculations were derived, why the cost item is needed and address reasonableness based on current cost allocation policies. This is a very important step, so grant reviewers can ensure the budget estimate is accurate and feasible.

Cost Categories	Funding Sources			
	FEDERAL	**MATCH**		
	(1) Federal Grant Funds	**(2) Applicant**	**(3) Other Partners**	**Total**
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)				
Total Other				

h. Total Direct Costs				
i. Indirect Costs				

j. PROJECT TOTAL				

Match Amount Detail

- Applicants are required to contribute a 1:1.5 dollar to match ratio.
- 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 specialist for assistance.

Match Information Columns

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

Cost Category:
- Select the cost category or categories 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 money (dollars) given to complete the project.

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

MATCH AMOUNT DETAIL

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

TAB 5: DOCUMENT UPLOAD

Please review the document checklist and upload <u>ALL</u> required documents for this application for this application. Missing documentation may affect your competitiveness for a subgrant.

Fiscal Sponsor Note: If this project is using a fiscal sponsor, the documents must be completed by the fiscal sponsor organization.

Key Documents Due at Application

Letters of Commitment
− Upload letters of commitment (LOC) from all organizations providing matching contributions 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 (letters of commitment) 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.
− 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 them to CFSC (California Fire Safe Council) when requested. Refer to sample in the handbook to ensure accuracy.
− Each LOC must be printed on the 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 (letters of commitment) are provided in the grant application handbook. Refer to the samples to ensure that the letters meet the criteria.

Letters of Commitment Cover Letter

- A cover letter from the applicant organization with a list of all contributing organizations and the value of the contribution from each if there are multiple partner organizations providing match.

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.

Indirect Cost Rate

- If your organization has a Negotiated Indirect Cost Rate Agreement (NICRA) with a federal agency, a copy of your NICRA must be uploaded. If you are using the De Minimis rate of 15% please closely review instructions in the Budget Detail table in the Tables tab and upload a worksheet showing the calculation and application of the MTDC found as a template in the documents tab.

All Other Document Fields

- Please review the available document upload fields and provide all applicable documentation for your organization due [At Application].

Please note: If your proposed project is selected to move forward in the pre-award phase, several additional documents will be required. This includes an additional detailed map of project boundaries to complete the environmental compliance and subaward process. More information will be provided to selected applicants during that phase.