

CALIFORNIA FIRE SAFE COUNCIL

### 2022 CAL FIRE DEFENSIBLE SPACE GRANT

### APPLICATION PLANNING TOOL



Phone: (916) 648-3600

3237 Peacekeeper Way, Suite 201, McClellan, CA 95652

<https://cafiresafecouncil.org>

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# Summary and Purpose

This document is for planning purposes only. Do not submit this planning tool document as, or

with, your application. Transfer your responses to your ZoomGrants application.

Applications must be submitted at: [ZoomGrants](https://www.zoomgrants.com/zgf/California_Fire_Safe_Council/22_CALFIRE_Defensible_Space_Program)

This document is a planning tool designed to assist prospective applicants to California Fire Safe Council’s 2022 Defensible Space Assistance Grant Program. The planning tool is a Microsoft Word file containing all the grant application questions and instructions. The application can be shared and edited with collaborators offline. Your responses in the planning tool document can be copy-pasted to the ZoomGrants application.

Additional information and resources for the Defensible Space Assistance Grant are available on the California Fire Safe Council website at <https://cafiresafecouncil.org/grants-and-funding/2022-d-space/> and in the online grant application program ZoomGrants.

The Defensible Space Grant Application is organized into five tabs in ZoomGrants:

1. Application Summary
2. Application Questions
3. Budget
4. Scope of Work
5. Documents

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 and apply.

# Tab 1: Application Summary

**Application Title/Project Name:**

**Amount Requested:**

**Applicant Information (Project Manager)**

*Contact information for your primary contact person/project manager.*

First Name:

Last Name:

Telephone:

Email:

**Organization Information**

Organization Legal Name/Entity Name:

Address 1:

Address 2:

City:

State: CA only

Zip/Postal Code:

Country: USA only

Telephone:

Fax (optional):

Website (optional):

**Federal Tax ID Number:**

**UEI Number (Unique Entity Identifier from sam.gov):**

*Enter your UEI if your organization is registered with sam.gov. Additional information:* <https://sam.gov/content/duns-uei>

**(N) CAGE Code:**

**Executive Officer Contact Information**

*Key contact person authorized to make official decisions for the organization.*

First Name:

Last Name:

Title:

Email:

# Tab 2: Application Questions

## Organization Information

1. **County:**
2. **Select your organization’s type:**

*For profit companies/corporations, individuals, and homeowners’ associations or other associations that are not 501(c)(3) nonprofits are not eligible to apply (HOAs and other associations may consider applying through a fiscal sponsor such as an eligible organization).*

* Local government or agency (e.g., city, county, fire protection district, RCD, special district)
* Tribal Government/Native American Tribe
* Fire Safe Council with a 501(c)(3) designation
* Other qualified 501(c)(3) nonprofit organization
* Other:
1. **Please describe your organization’s background, history, and prior grant experience.** (2,500 character limit)

****

1. **Does your organization operate county-wide, or do you work in a specific community(ies)? Describe. Indicate which communities.** (255 character limit)

****

1. **Please describe your county (e.g., population, demographics, fire history, etc.).** (1,250 character limit)

****

1. **Please describe your current defensible space program(s), including recent (notable) projects and/or accomplishments, and the number of property owners served.** (2,500 character limit)

****

1. **What other defensible space programs are offered in your county and who is coordinating those efforts? (1,250 character limit)**

****

1. **Does your organization have other grants for defensible space work? If yes, enter the grant name(s) and award amount(s) here. If not, enter N/A. (255 character limit)**

****

1. **Latitude and Longitude:**

Enter the latitude and longitude of your organization’s main office. Your response must be in decimal format to six places, for example: 39.375097 Latitude and -122.54454 Longitude.

Latitude:

Longitude:

1. **Address of your organization’s office:**

*Example: 123 Main Street, Sacramento, CA 95814*

## Project Information

1. **Executive summary** (255 character limit)

*Provide a brief summary of your proposed project. 2-3 sentences max.*

****

1. **Provide a detailed description of your project and the planning process.** (5,000 character limit)

*Include information such as who will manage the project, support the project manager will have to oversee implementation, who will perform D-Space treatments, vulnerable populations served, outreach/education on D-Space, home hardening, Zone 0, etc.*

****

1. **Explain how your proposed project is new/different from existing defensible space efforts.** (2,500 character limit)

****

1. **Describe your project’s location(s) and upload a vicinity map in the Documents Tab.** (2,500 character limit)

*Describe how the location(s) was/were selected, if any fire agencies were consulted for recommendations, if the location(s) is/are identified in a CWPP (or similar document) and any additional information that demonstrates the location(s) importance.*

****

1. **Estimated number of properties to be treated?**
2. **Estimated number of acres to be treated?**
3. **What is the projected average treatment cost per property?**
4. **Which vulnerable populations will your project serve?**

*Check all that apply.*

* Low-income
* Disabled
* Seniors/Elderly
* Disadvantaged
1. **Identify the Fire Hazard Severity Zone(s) (FHSZ) for the project area(s).**

*Check the appropriate box(es). Find the Fire Hazard Severity Zone at:* [*https://osfm.fire.ca.gov/fire-hazard-severity-zones-maps-2022/*](https://osfm.fire.ca.gov/fire-hazard-severity-zones-maps-2022/)

* Very High Severity Zone
* High Severity Zone
* Moderate Severity Zone
1. **How will the properties be selected for treatment?** (2,500 character limit)

*Describe the eligibility and evaluation criteria used to identify and prioritize properties for treatment.*

****

1. **Describe how homeowners sign up/apply for defensible space treatment?** (2,500 character limit)

****

1. **Describe your pre-treatment property walk-around/assessment with homeowners.** (2,500 character limit)

*What does the conversation involve (e.g., defensible space standards, Zone 0, home hardening suggestions, landscaping/treatment options, etc.)? How long do the assessments take (# minutes)?*

****

1. **Does your organization have a Home Hardening program (i.e., education, assessments, retrofits, etc.)?** (1,250 character limit)

*Please describe and include how it’s funded.*

****

1. **Describe your plan for property owner outreach and education to vulnerable populations.** (2,500 character limit)

****

1. **Does your organization have a partnership with CAL FIRE inspectors, or local inspectors, to identify properties at risk of, or have received a warning or citation, for being out of compliance with defensible space standards (PRC 4291)?**
* Yes
* No
1. **Please describe your partnerships (e.g., local governments and fire agencies, homeowner/neighborhood groups, insurance companies, CFSC County Coordinator, etc.) that will contribute to your defensible space efforts and any new partnerships that will be formed. (1,250 character limit)**

****

1. **Describe the content/materials that will be produced as a result of this project and how they will be used.** (1,250 character limit)

*Content examples include: videos, testimonials, slide decks, brochures, best practices guides, etc. Use examples: social media, website, community meetings, etc.*

****

1. **Please describe in detail your Assessment, Monitoring and Reporting (AMR) plan to gather all the information for your defensible space project.** (2,500 character limit)

*What are your oversight and monitoring procedures to ensure your project is completed on time, within budget and in accordance with the grant’s terms and conditions?*

****

## GIS Capacity

1. **Does your organization currently have access to GIS software?**
* Yes
* No
1. **If yes, what software do you currently use?**

*Select N/A if your organization does not have access to GIS software?*

* ESRI
* QGIS
* N/A
* Other:
1. **If Other, does it provide the ability to export .shp files?**
* Yes
* No
* N/A
1. **Does your organization have professional GIS staff available to assist with this project?**
* Yes, full-time staff
* Yes, part-time staff
* Yes, contracted staff
* No
1. **Are your current defensible space projects GIS mapped?**
* Yes
* No
1. **If yes, provide a link to any available information online.**

*Enter N/A if no link is available.*

1. **Does your organization currently use a mobile app, CRM or other data collection tool to document property owner engagements, home assessments, defensible space treatments performed, before/after photos, assets available on each property (e.g., water source, fire truck turnaround, etc.,)?**
* Yes
* No
1. **If yes, briefly describe the tool used and data collected.** (255 character limit)

*Enter N/A if not applicable.*

****

## Project Outcomes and Evaluation

1. **Describe the data that will be collected through this project and your data collection plan.** (2,500 character limit)

****

1. **Describe the anticipated outcomes of your defensible space project.** (2,500 character limit)

****

1. **What metrics will you use to determine if your defensible space project is successful?** (2,500 character limit)

****

1. **How will your organization sustain this project after the close of the grant term?** (2,500 character limit)

****

# Tab 3: Budget

## Matching Funds (optional)

**If your organization is committing matching funds to your project, please enter them here and provide details about the matching funds in the budget narrative (e.g., source of the match, activities to be performed, etc.).** *Matching funds are not required.*

|  |  |
| --- | --- |
| **Expense Category** | **Cost** |
| Personnel | $ |
| Fringe (if not included in Personnel) | $ |
| Travel | $ |
| Equipment | $ |
| Supplies | $ |
| Contractual | $ |
| Other | $ |
| Total Direct Costs | $ |
| Indirect | $ |
| Total Costs | $ |

## Defensible Space Project Expenses

**Enter your grant project expenses here:**

|  |  |
| --- | --- |
| **Expense Category** | **Cost** |
| Personnel | $ |
| Fringe (if not included in Personnel) | $ |
| Travel | $ |
| Equipment (Not to exceed $10,000. See Applicant Handbook) | $ |
| Supplies | $ |
| Contractual | $ |
| Other | $ |
| Total Direct Costs | $ |
| Indirect (Max. 12% of total costs less equipment)\* | $ |
| Total Costs | $ |

\*See Applicant Handbook for indirect expenses greater than 12%. Download the Applicant Handbook here: <https://cafiresafecouncil.org/grants-and-funding/2022-d-space/>

## Budget Narrative

**Provide a description of your project expenses by category:**

Personnel –

Fringe –

Travel –

Equipment –

Supplies –

Contractual –

Other –

Indirect –

If your project is also providing matching funds to the project, briefly describe the source of the funds and the activities to be performed.

# Tab 4: Scope of Work

## Instructions

* Fill in all columns for each major task or activity necessary to complete the proposed project.
* When completing the work plan, assume project term is Sept 2023 through Dec 2024.
* There is a limit of 12 entries. Combine related tasks or activities, if needed.

**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 project, including training, planning, accounting, contracting, reporting, monitoring, etc.

**Timeline:**

* Indicate the month and year when activities will take place, such as Oct 23 - Jan 24.
* Some activities may be labeled “continuous” or on-going, such as education, outreach, etc.

**Responsible Party:**

* Indicate who, by job title, will be responsible for performing the work and supervising its completion.

**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.

**Budget:**

* Enter an approximate cost for each project activity.

## Scope of Work Table

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Activity** | **Timeline** | **Responsible****Party** | **Expected Outcome/Results** | **Budget** |
| 1 |  |  |  |  | $ |
| 2 |  |  |  |  | $ |
| 3 |  |  |  |  | $ |
| 4 |  |  |  |  | $ |
| 5 |  |  |  |  | $ |
| 6 |  |  |  |  | $ |
| 7 |  |  |  |  | $ |
| 8 |  |  |  |  | $ |
| 9 |  |  |  |  | $ |
| 10 |  |  |  |  | $ |
| 11 |  |  |  |  | $ |
| 12 |  |  |  |  | $ |

# Tab 5: Documents

|  |  |  |
| --- | --- | --- |
| **Documents(s)** | **Fire Safe Councils with 501(c)(3) designation or Other Nonprofits with 501(c)(3)** | **Local governments and agencies (e.g., cities, counties, fire districts, RCDs, special districts, etc.) and Native American Tribes.** |
| IRS determination letter (nonprofit applicants) or Governmental Information Letter from IRS (public/government applicants. Consult your finance/business department or see the Applicant Handbook\* for instructions on how to request the letter from the IRS.) | Required | Required*(If you don’t have the letter at the time of application, upload a memo indicating you requested it from the IRS. The letter will be required prior to receiving a subaward agreement if your application is selected for funding.)* |
| Last three years', or most recent, IRS forms 990 or 990EZ. | Required | N/A – Submit non-applicable documents memoSee Applicant Handbook\* |
| Last five years' audit reports and management letters received from an independent auditor, if available. | Required | Required |
| Copies of reports of government agencies (Inspector General, state or local government auditors, etc.) resulting from audits, examinations or monitoring procedures performed in the last three years. | If available | If available |
| Organization by-laws | Required | N/A – Submit non-applicable documents memoSee Applicant Handbook\* |
| Board of Directors or Board of Supervisors/City Council roster with contact information. | Required | Required |
| Certificate of insurance | Required | Required |
| Project vicinity map(s) | RequiredSee Applicant Handbook\* | RequiredSee Applicant Handbook\* |
| Justification for Indirect Costs greater than 12% and required documentation. | OptionalSee Applicant Handbook\* | OptionalSee Applicant Handbook\* |
| Other Documents - Additional or optional documents to support your application. | Optional | Optional |

\*Download the Applicant Handbook here: <https://cafiresafecouncil.org/grants-and-funding/2022-d-space/>

***Reminder:***

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