***CUPA FORUM BOARD***

***ENVIRONMENTAL PROTECTION TRUST FUND***

***GRANT APPLICATION***

**1. ENTITY INFORMATION**

**You must submit one (1) application per project. All applications will be scored as one complete application and not divided up. Your application will be accepted or denied as a whole. Grant applications must be from agencies implementing one or more of the Unified Programs (UP) or from entities other that a UP, if a majority of the Trustees agree that the proposal benefits UP implementation and enforcement. The department director or designee must sign this grant application.**

***Project Name:*** Click here to enter text.

***Name of UPA or Other Entity:*** Click here to enter text.

***Name of Department Head, Director or Designee:*** Click here to enter text.

***Address:*** Click here to enter text.

***City, State, Zip Code:*** Click here to enter text.

***Phone:*** Click here to enter text.

***Fax:*** Click here to enter text.

***E-Mail Address:*** Click here to enter text.

***Name of Grant Contact:*** Click here to enter text.

***Address:*** Click here to enter text.

***City, State, Zip Code:*** Click here to enter text.

***Phone:*** Click here to enter text.

***Fax:***Click here to enter text.

***E-mail Address:***Click here to enter text.

***Number of UP Staff:***Click here to enter text.

***Number of Regulated Facilities:***Click here to enter text.

***Please describe your agency’s participation in CUPA Forum meetings to include regional or workgroup meetings.***

Click here to enter text.

***Programs UPA Implemented.*** [ ]  ***HW*** [ ]  ***HM*** [ ]  ***UST*** [ ]  ***AST*** [ ]  ***Cal-ARP***

# 2. EXECUTIVE SUMMARY

# Provide a brief description of the purpose and benefits of the grant proposal.

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| **3. GRANT AMOUNT** |
| **Grant Amount Requested: $** Click here to enter text. |

# 4. HAS YOUR AGENCY RECEIVED ENFORCEMENT PENALTY MONEY IN THE LAST 3 YEARS AND IF SO, WHAT HAS BEEN PURCHASED?

**Items Purchased:**

**Amount: $** Click here to enter text.

# 5. OTHER GRANTS RECEIVED

|  |
| --- |
| Y OR N / WHO FROM AND FOR WHATClick here to enter text. |

# 6. WORK PLAN: (SCOPE OF WORK)

**The grant applicant shall develop a work plan as part of this grant application that describes the objective of the project, sustainability, anticipated goals, benefits to the UP and performance measures or measures of success in 1500 words or less. The scope of work could be as simple as describing equipment, purchase date, proposed use and benefit or as complex as a description of implementation activities, tasks and equipment to be purchased (or both). The work plan shall include a detailed timeline that delineates critical and completion dates of the activities and tasks. The work plan shall include a brief narrative summary for each activity and task that clearly describes the activity or task and depicts the steps that will be taken or the methods to be used for completion. The description(s) should include as much detail as necessary to depict the overall implementation efforts through the period of the grant. If applicable, the description should also include the degree of applicability to all elements of the UPs, e.g. hazardous waste, underground storage tanks, etc. and the degree that the proposal could be used by other agencies or replicated.**

**◀ Please Attach Work Plan to Application ►**

# 7. PROJECTED BUDGET

**Describe in line item detail, the expenditures, the appropriate Sales Tax and costs necessary to complete the project described in the Work Plan. The grant award must be used to pay for costs listed in this budget. The Trustees will consider “like for like” substitutions for approved grants, but the use of the grant award to pay for other costs not specified in the budget will likely be denied. The applicant will be required to provide evidence to verify that the grant allocation was used as specified in this budget.**

**◀** **Please Attach Projected Budget to Application** ►

**8. REIMBURSEMENT OPTIONS**

**If more than one option is selected, then the option(s) must be specified in the line item detail in the projected budget.**

**Received approved grant monies up front (in July of the year grant approved)**

**Submit invoice for reimbursement**

**Have CFB Trust pay supplying entity directly (subject to discretion of Trustees)**

**9. GRANTEE APPLICANT SPECIFIC CERTIFICATIONS**

**These criteria are mandatory. Please read and initial that you understand and will comply:**

**This grant will be used to supplement the annual budget of the Grantee. It will not be used to reduce or supplant the annual operating budget of the Grantee.**

**The grant applicant maintains an accounting system that is sufficient to track the use of Trust Fund monies and to report on these transactions as required under the terms of the grant.**

**Successful applicants acknowledge the Trust Fund’s right to conduct an audit of purchase(s) made with Trust Fund monies.**

**Grant funds must be expended for the purposes approved in the grant within two years or repaid to the Trust Fund, unless otherwise stipulated in the grant award.**

**For equipment, please read and initial that you understand and will comply. I further certify that I am authorized to receive money for procurement of the items herein.**

**Grant applicants requesting equipment purchases must certify that their organization maintains a fixed asset tracking system and a periodic inventory of equipment is performed.**

**A copy of the invoice and a picture of equipment purchased with these funds must be submitted to the Trustees after the purchase.**

**10. FOR EMERGENCY VEHICLES AND/OR EQUIPMENT, PLEASE ANSWER THESE QUESTIONS:**

**Have you attempted to obtain any grants such as the HMEP, Homeland Security, or other grant?** [ ]  **YES** [ ]  **NO**

 **If yes, what did your agency get? How much?** Click here to enter text.

Click here to enter text.

**If no, please explain why not:** Click here to enter text.

Click here to enter text.

Vehicles: To be eligible for consideration, the vehicle shall be used to support activities of the Unified Program, no more than 2 every 10 years can be purchased and vehicles cannot exceed number of UPA inspectors.

# 11.) CERTIFICATION

**I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge and that I am an employee of the applicant authorized to submit the application. I further certify that I am authorized to receive money for procurement of the items herein. All procedures and mandates have been followed in the preparation of this application, including financial procurement and when approvals are necessary from the governing body. I further understand that any false, incomplete, or incorrect statements may result in the disqualification of this application. By signing this application, I waive any and all rights to privacy and confidentiality of the proposal on behalf of the applicant.**

**Director/Department Head or Authorized Designee**

**Signature:**

**Printed name of Director/Department Head or Authorized Designee:**

Click here to enter text.

**Date:** Click here to enter text.

Send completed application to:

Sheryl Baldwin, Grant Manager

PO Box 2017

Cameron Park, CA 95682-2017

Phone: (530) 676-0815

Fax: (530) 676-0515

email to: Sheryl@calcupa.org

**CUPA Trust Grant Application/2022-12-05**