



Supplemental Environmental Project Proposal Form

Directions: Use this form to submit detailed supplemental environmental project (SEP) proposals. Complete this SEP proposal form cover page, and attach the supplementary proposal documents as requested below. Questions may be directed to SEP@arb.ca.gov.

Project proposal submissions shall be directed to either SEP@arb.ca.gov or mailed to:

Air Resources Board
Enforcement Division
ATTN: SEP Proposal
P.O. Box 2815
Sacramento, CA 95812-2815

Organization Contact Information

Organization Name: _____
Contact Name: _____
Contact Title: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

- Organization Description:** Provide an attachment with a brief history of the organization (mission, vision, and goals). Indicate whether you are a nonprofit 501(C)(3), government or local agency, tribal government, small business, etc.
- Organization Experience:** Provide an attachment with information on the organization's ability and capacity to complete the proposed project. Describe previous project management experience, including a list of completed projects/dates and who funded the project.

Additional Project Information – Attachment Checklist

- Project Name:** Provide the project name on the submission attachments.
- Project Description:** Provide a scope of work for the project and explain how the proposed project will benefit air quality. If applicable, explain how the project benefits disadvantaged communities.
- Project Location(s):** Provide the address(es) or GPS coordinates of where the proposed project will take place.
- Emission Benefits:** For projects with a direct emissions benefit, provide an analysis of the emissions prevention/reduction which results from the proposed SEP project.
- Project Timeline:** Include a timeline for project implementation. Provide a breakdown of the major milestones required to implement the project, including completion dates.
- Itemized Budget:** Provide a detailed list of what is needed to complete the project and the funding needed for each item. Cost breakdown should include capital, operational, and administrative costs.

Acknowledgment. By checking this box, you verify that all information given to ARB about your organization and your proposed project is factual.

Submitter Name: _____ Date: _____

Submitter Title: _____

Organization Description:

Empty box for Organization Description

Organization Experience:

Empty box for Organization Experience

Project Name: _____

Project Description:

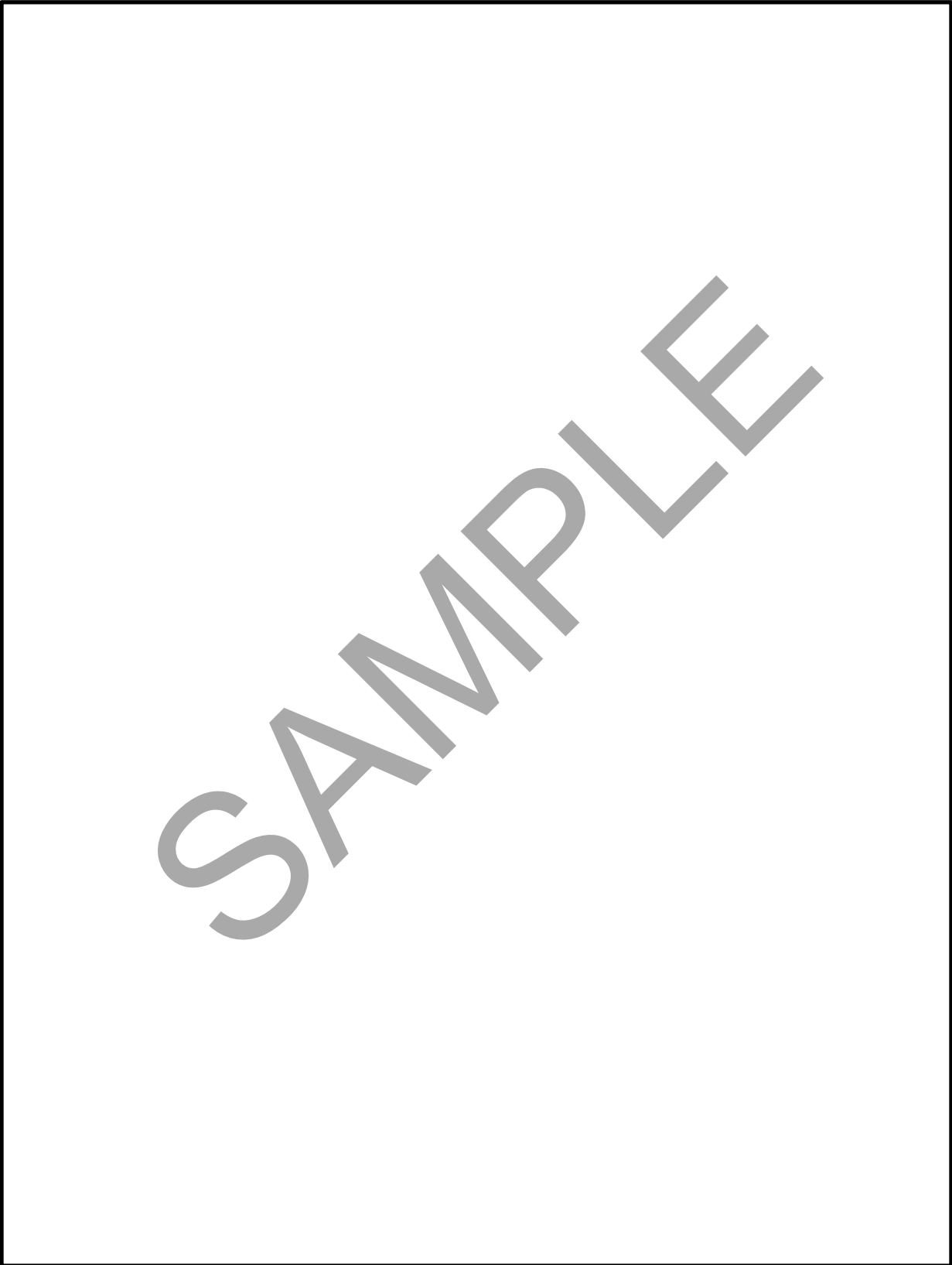
Large empty rectangular box for project description.

Project Location(s): _____

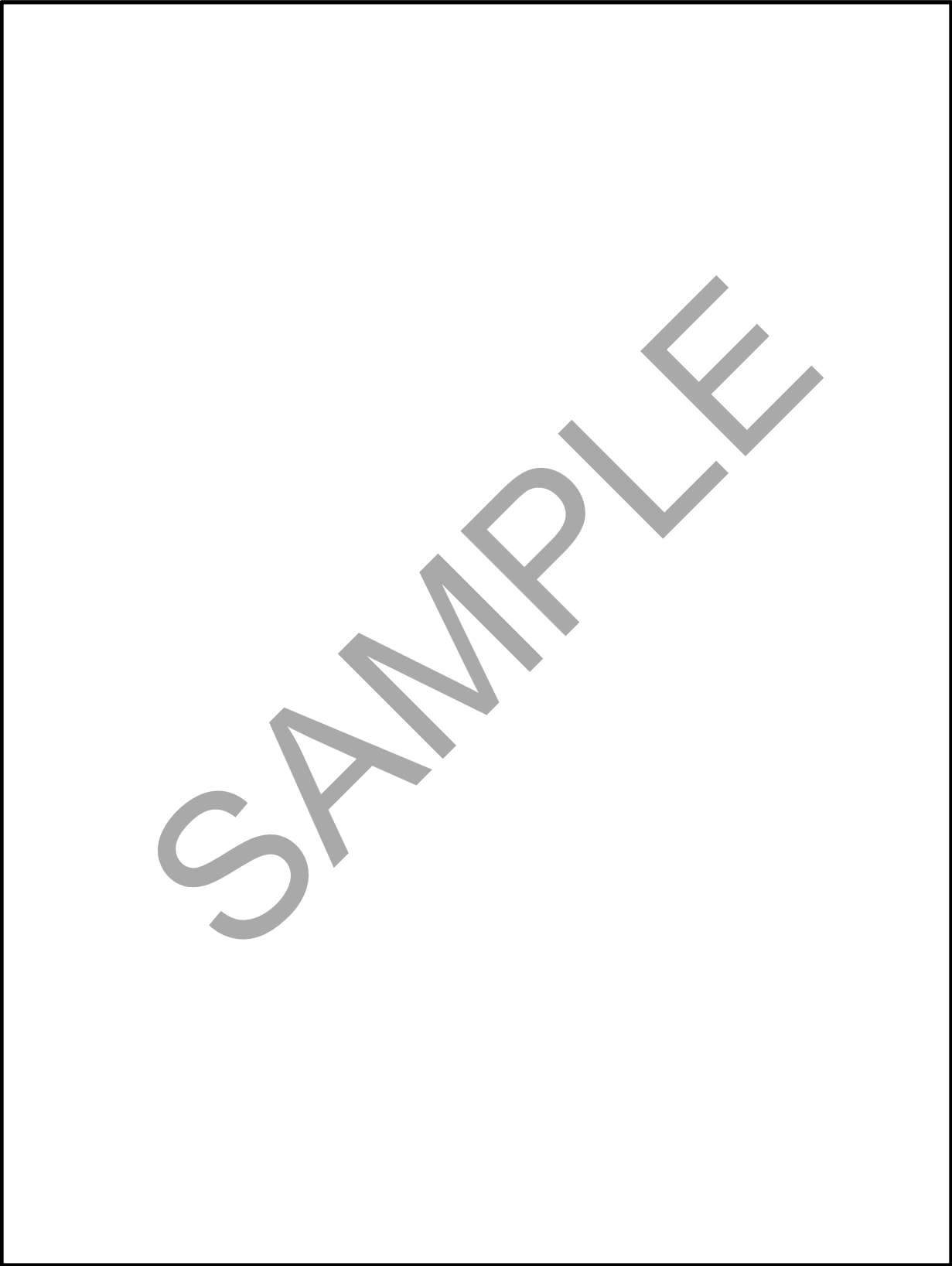
Emissions Benefits:

Large empty rectangular box for emissions and benefits.

Project Timeline:



Itemized Budget:



PROJECT BUDGET	TOTAL BUDGET	In-Kind Support	Request from funder	Budget Justification (Narrative)
PERSONNEL/STAFFING EXPENSES (List title and % FTE on project)				
Program Coordinator, Community Health Worker 0.75 FTE	\$31,200.00		\$31,200.00	Program community health worker will conduct home assessments, ensure proper medication usage, identify barriers to compliance, track outcomes, collect and report data.
Program Direction and Supervision, Associate Director 0.10 FTE	\$6,250.00		\$6,250.00	Training, supervision and direction of program staff to ensure accountability and progress toward deliverables
Benefits (32) % of Personnel)	\$11,984.00		\$11,984.00	Taxes, Health, Dental, Vision
Subtotal, Personnel/Staffing Expenses	\$49,434.00		\$49,434.00	
NON-PERSONNEL EXPENSES				
Office Supplies	\$2,000.00	\$1,000.00	\$1,000.00	
Travel	\$4,000.00	\$1,500.00	\$2,500.00	Travel Reimbursement will cover travel to and from clients homes at a current federal IRS mileage
Home Remediation Incentives	\$4,000.00	\$1,500.00	\$2,500.00	Home Remediation Project coordinators will allocate on a case by case basis (Includes incentive items such as; HEPA vacuum cleaner, HVAC filters, spacers, etc.) along with training and demonstration in their use.
Interns (2 @ \$1,000 each)	\$2,000.00		\$2,000.00	Assist with outreach and engagement in respective communities
Subtotal Program Direct Expense	\$12,000.00	\$4,000.00	\$8,000.00	
OTHER EXPENSES				
INDIRECT/OVERHEAD EXPENSE __15_% of Direct Expenses* (Direct Expenses = Personnel + Non-Personnel)	\$9,215.10		\$8,615.10	
TOTAL EXPENSES (Personnel + Non-Personnel + Other Costs)	\$70,649.10		\$66,049.10	