

APPENDIX A

**One-Stop-Shop Pilot Project
Grant Application**



APPLICATION

Please print clearly or type all information on this application.

1. Project: Click here to enter text.		
2. Company Name/Air District/Organization Name/Individual Name: Click here to enter text.		
3. Business Type: Click here to enter text.		
4. Contact Name and Title: Click here to enter text.		
5. Person with Contract Signing Authority (if different from above)/Air Pollution Control Officer (APCO): Click here to enter text.		
6. Mailing Address and Contact Information:		
Street: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip Code: Click here to enter text.
Phone: (XXX) XXX-XXX	Fax: (XXX) XXX-XXX	
E-mail: Click here to enter text.		
<input type="checkbox"/> I have read and understood the terms and conditions of the Sample Grant Agreement.		

I hereby certify under penalty of perjury that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party or APCO: Click here to enter text.	Title: Click here to enter text.
Signature of Responsible Party or APCO:	Date:

Third Party Certification (if applicable)

I have completed the application, in whole or in part, on behalf of the applicant.

Printed Name of Third Party: Click here to enter text.	Title: Click here to enter text.
Signature of Third Party:	Date:
Amount Being Paid for Application Completion in Whole or Part: Click here to enter text.	Source of Funding to Third Party: Click here to enter text.

Attachment 1: APPLICANT QUALIFICATIONS AND RESOURCES TO IMPLEMENT THE PROJECT

1. Qualifications Narrative: Provide an attachment describing your experience and expertise developing, implementing, or administering similar incentive projects and working with or outreaching disadvantaged communities, low-income communities, low-income households, community-based organizations (including issue- and faith-based organizations), relevant local agencies, state agencies, local air districts, and other relevant parties. Please identify how this background will enable you to efficiently and effectively implement the One-Stop-Shop Pilot Project. This narrative should not exceed two pages.

2. Resources Narrative: In addition, please identify the staff, infrastructure, funding or other resources you have available and will utilize to effectively and efficiently implement the One-Stop-Shop Pilot Project. Personnel costs, fringe benefit costs, operating expenses including rent and supplies, equipment costs, overhead, records retention, or other application processing costs needed to implement the project should be detailed as part of your Proposed Budget (see Attachment 2). This narrative should not exceed one page.

3. Staff Information: Provide information for each key staff member to be involved in developing, implementing, or administering the One-Stop-Shop Pilot Project. Clearly identify staff proposed for day-to-day project implementation. Attach resumes (personally identifiable information must not be included or must be redacted).

Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:

Phone:	Email:
Title:	
Expected duties:	

If more room is needed, this page may be copied or recreated.

4. **Subcontractor Information:** Applicants may partner with other entities. Responsibility for deliverables lies with the primary applicant. Provide the names and information for any and all subcontractors and partners. Attach resumes and letters of commitment.

Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	
Name:	Hourly rate:
Phone:	Email:
Title:	
Expected duties:	

If more room is needed, this page may be copied or recreated.

Attachment 2: PROPOSED BUDGET

Please describe your proposed budget for completing the tasks of the One-Stop-Shop Pilot Project Grantee, consistent with the Draft Sample Grant Agreement (Appendix B), Project Implementation Plan (Appendix A, Attachment 3), and the requirements of the Fiscal Year (FY) 2017-18 One-Stop-Shop Pilot Project Grant Solicitation. Your proposed budget must include the following:

1. Project implementation costs include personnel costs and fringe benefits, operating costs (i.e. rent, supplies, and equipment), indirect costs (e.g., general administrative services, office space, and telephone services), travel expenses and per diem rates set at the rate specified by California Department of Human Resources (CalHR), overhead, consultant fees (if pre-approved by CARB), and printing, records retention, and mailing.

Proposed project implementation costs should be detailed such that they include all necessary staff and tasks to implement the project. This includes total costs associated with the development of one or more of the Grantee's application type (e.g. electronic/web-based, mobile-friendly, paper, etc.) and platform recommendations (e.g. website[s], mobile application, community centers, etc.) for housing the application. In addition, the proposed budget must include application processing costs, including all estimated labor and material costs associated with managing the project and accounting for any anticipated changes over time. Project support and coordinated outreach (including sub-grant agreements), indirect project costs requested, records retention, and a description of any applicable commitments for in-kind services and match funding must also be included in the proposed budget.

Your proposed budget should also cover the implementation and closeout of FY 2017-18 funding. The budget from the grantee's application will be incorporated into the grant agreement for FY 2017-18. Upon entering into a grant for either of the next two fiscal years, the Grantee will be required to provide an updated budget that is consistent with the proposed project, and includes:

1. Implementation of the next fiscal year, the closeout of that fiscal year, and the beginning of the following fiscal year, consistent with any changes anticipated in the initial proposed budget.
2. Costs to transfer all project data, application, and platform(s) to the next administrator and CARB.

Budget should also include a description of any applicable commitments for in-kind services and match funding. Any grant applications with administrative costs exceeding five percent will be automatically disqualified. For a complete description of project implementation costs, see Section H(2) of Appendix B, Draft Sample Grant Agreement.

Application processing costs must also include total costs to cover all of FY 2017-18 and the closeout of FY 2017-18. Upon entering into a grant for either of the next two fiscal years (FY 2018-19 and FY 2019-20), the Grantee will be required to provide an

updated budget that includes the implementation of the next fiscal year, the closeout of that fiscal year, the beginning of the following fiscal year, and the costs to transfer all project data and website(s) to the next administrator. Applicants may use the Sample Budget (See Attachment 2-1) to summarize their proposed budget.

In-kind services refer to goods or services contributed by the Grantee, but not charged to the One-Stop-Shop Pilot Project, which helps to more effectively and efficiently meet the goals of the pilot project. Please be as specific as possible when describing in-kind services (i.e. itemize staff time, infrastructure, or other costs that are being committed). In-kind services provided in the form of outreach efforts must be appropriate for a statewide rebate program. In-kind services committed in this grant application must be documented by the Grantee in the One-Stop-Shop Pilot Project Final Report (see Section J(2), Appendix B, Draft Sample Grant Agreement).

Match funding refers to funds contributed by the Grantee to the One-Stop-Shop Pilot Project. Match funding does not include in-kind match (i.e. funding provided by the applicant for other similar incentive projects or programs). Only direct match funding contributed to the One-Stop-Shop Pilot Project will be considered in the scoring this grant application. An applicant may propose that match funding be used to fund outreach activities as part of the One-Stop-Shop Pilot Project in a specific California region (such as an air district). The applicant must include a letter describing and authorizing any proposed match funding commitment as part of this grant application (see Section X(B) of the One-Stop-Shop Pilot Project Grant Solicitation for a more detailed description of Match Funding).

Attachment 2-1 Sample Budget

The Sample Proposed Budget consists of two tables that may be copied or recreated as needed.

The applicant may modify this sample budget to meet their specific needs. These two tables may also be edited, or deleted if not used. See also the descriptions of project implementation costs in the Draft Sample Grant Agreement (Appendix B, Section H[2]).

Grantee	FY 2017-18				FY 2018-19 (If Applicable)				TOTAL
	Grant	Grantee Funding			Grant	Grantee Funding			
	CARB	Match Funding	In-Kind	Sub-total: FY 2017-18	CARB	Match Funding	In-Kind	Sub-total: FY 2018-19	
PROJECT COSTS									
IMPLEMENTATION COSTS									
Project Labor									
Position/Classification (Grantee may use its own job descriptions)	Hourly rate								
Program Manager									
Project Manager									
Other Direct Staff									
Administrative Costs*									
Other Costs									
Sub-Grant Agreements	N/A								
Multiagency/Stakeholder Coordination	N/A								
Application Development	N/A								
Platform support	N/A								
Income Verification (up to 100%)	N/A								
One-Stop-Shop Application Processing	N/A								
Conduct surveys	N/A								
Outreach and Education (itemized)	N/A								
Printing, mailing, travel, and reporting (expand to one category per row)	N/A								
Other non-labor non-administrative project implementation costs (expand to one category per row)	N/A								
TOTAL ALL									

*Administrative costs are indirect costs, which are not tied directly or solely to the project. Budget should itemize this category in as much detail as possible. In no event shall administrative costs exceed 5% of the total grant amount.

Attachment 2-1 Sample Budget Continued

Table 2: Sample Proposed Budget Summary			
	FY 2017-18	FY 2018-19 (If Applicable)	Total
Total Project Grant Amount	\$	\$	\$
Total Match Funding	\$	\$	\$
Total In-Kind Funding	\$	\$	\$
TOTAL PROJECT COST	\$	\$	\$

OBSOLETE

Attachment 3: PROJECT IMPLEMENTATION PLAN

Please provide your Project Implementation Plan for completing key tasks required of the One-Stop-Shop Pilot Project Grantee as outlined in Section VI of the One-Stop-Shop Pilot Project Solicitation. The Project Implementation Plan should be no longer than five pages and must contain a clear and concise description of how key tasks will be completed. In addition, include a timeline for project completion.

Be specific. Where applicable, applicants should provide examples of past experiences in successfully completing similar tasks.

Attachment 4: CONSUMER AWARENESS AND EDUCATION STRATEGY

Please provide your proposed consumer awareness and education strategy for promoting the One-Stop-Shop application. The consumer awareness and education strategy shall be no longer than five pages and must contain a clear and concise description of how key tasks listed in the solicitation (see Section VI of the One-Stop-Shop Pilot Project Solicitation).

Be specific. Where applicable, applicants should provide examples of past experiences in successfully completing similar tasks.

Attachment 5: CONFLICT OF INTEREST DECLARATION (MANDATORY SUBMITTAL)

All applicants must disclose any Conflict of Interest with their ability to fulfill the duties of the One-Stop-Shop Pilot Project Grantee. Summarize your organization's or any subcontractor's (as identified in Attachment 1 of this grant application) current, ongoing, or pending direct or indirect interest, which poses an actual, apparent, or potential conflict of interest with your ability to fulfill the duties of the One-Stop-Shop Pilot Project Grantee. CARB may consider the nature and extent of any potential or apparent conflict of interest in evaluating, considering, or scoring the grant application and may disqualify the applicant at CARB's sole discretion.

Attachment 6: CONFIDENTIALITY STATEMENT (MANDATORY SUBMITTAL)

Submission of this attachment is required. Failure to comply and return this attachment will cause your grant application to be rejected and deemed non-responsive.

As an authorized representative and/or officer of the organization named below, I warrant my organization and its employees will not disclose any documents, diagrams, information and information storage media made available to us by the State for the purpose of responding to the One-Stop-Shop Pilot Project Solicitation or in conjunction with any sub-grant agreement arising there from. I warrant that only those employees who are authorized and required to use such materials will have access to them.

I further warrant that all materials provided by the State will be returned promptly after use and that all copies or derivations of the materials will be physically and/or electronically destroyed. I will include with the returned materials, a letter attesting to the complete return of materials, and documenting the destruction of copies and derivations. Failure to so comply will subject this organization to liability, including all damages to the State and third parties. I authorize the State to inspect and verify the above.

I warrant that if my organization is awarded, it will not enter into any agreements or discussions with a third party (sub-grantees) concerning such materials prior to receiving written confirmation from the State that such third party has an agreement with the State similar in nature to this one.

Signature of Responsible Party

Date

Typed Name of Responsible Party

Typed Name of Organization

Attachment 7: CONFIDENTIALITY AGREEMENT (MANDATORY SUBMITTAL):

Submission of this attachment is required. Failure to comply and return this attachment will cause your grant application to be rejected and deemed non-responsive. **Each applicant’s proposed key staff must read, agree, sign, date and submit this completed form (attach additional copies as needed).**

The undersigned agrees to:

1. Observe complete confidentiality with respect to California Air Resources Board (CARB) information, including without limitation, agreeing not to disclose or otherwise permit access to such information or data developed or collected pursuant to the One-Stop-Shop Pilot Project by any person or entity in any manner unless such disclosure is required by law or legal process.
2. Acknowledge the confidential nature of such information or data developed or collected pursuant to the One-Stop-Shop Pilot Project and ensure by agreement or otherwise that they are prohibited from copying or revealing, for any purpose whatsoever, the contents of such information or any part thereof, or from taking any action otherwise prohibited under this section.
3. Not use such information or data developed or collected pursuant to the One-Stop-Shop Pilot Project or any part thereof in the performance of services to others or for the benefit of others in any form whatsoever whether gratuitously or for valuable consideration, except as permitted under this agreement.
4. Notify the State promptly and in writing of the circumstances surrounding any possession, use or knowledge of such information or data developed or collected pursuant to the One-Stop-Shop Pilot Project or any part thereof, by any person other than those authorized by this document.
5. Adhere to all CARB confidentiality, disclosure, and privacy policies.
6. Treat all information, data, deliverables, and work products developed or collected pursuant to the One-Stop-Shop Pilot Project as confidential. All information, deliverables, and work products cannot be disclosed in any form to any third party without CARB’s written consent except when required by law or legal process.
7. Not use, without CARB written approval, any CARB materials for any purpose other than performing the agreed upon services.

Signature

Date

Print Name

One-Stop-Shop Pilot Project
Project Title

Attachment 8: STD. 204 PAYEE DATA RECORD

Please fill out and submit as a part of this grant application the STD. 204 Payee Data Record:

<http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>