

California Satellite Methane Project Community Outreach Administrator

APPENDIX A - APPLICATION

Fiscal Year 2025-2026

California Climate Investments



Note:

If you require this document in an alternate format or language, please contact CalSMP@arb.ca.gov. TTY/TDD/Speech to Speech users may dial 711 for California Relay Service.

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Application Overview

The California Satellite Methane Project Community Outreach Administrator application is not a substitute for Applicants thoroughly reviewing the Solicitation and Appendices in their entirety. To ensure all requirements have been met and the required information is provided, Applicants are strongly encouraged to thoroughly review the Solicitation before applying.

This appendix (**Appendix A**) identifies all the required application elements including but not limited to narratives, documentation requirements, templates, and forms that must be submitted together as a complete application package. A complete application consists of all required elements including one (1) signed and completed Application Cover Page.

| CARB must receive complete applications by **11:59 pm (Pacific Time) on January 2023, 2025**, the application deadline. For an application to be scored, the Applicant must meet all Eligibility Requirements and submit all the required application elements identified herein.

I. Application File Naming Conventions

All submitted documents should be clearly labeled and include the Applicant name and the file name as the corresponding attachment number. Applicants are encouraged to use the following naming convention for application materials:

[Applicant Name]_[Attachment #] OR

[Applicant Name]_[# Attachment] of [total # of documents]

II. Required Elements

Attachment 1: Application Checklist

Attachment 2: Application Cover Page (must sign this)

Attachment 3: Applicant Qualifications

Attachment 4: Scope and Timeline Workplan

Attachment 5: Budget Template

Attachment 6: Conflict of Interest Declaration (must sign this)

Attachment 7: Compliance with the Law Declaration (must sign this)

Attachment 8: Attestation of Readiness (must sign this)

Attachment 9: Insurance Endorsement

Attachment 10: Non-Collusion Declaration (must sign this)

Attachment 11: STD. 204 Payee Data Record (must sign this)

Attachment 1: Application Checklist

The application checklist template below must be completed and submitted as part of the application package. This checklist will be used to screen whether the application is complete and includes all the required documentation, templates, and forms. Applicants must add the file name for each required component as an indication the required component is complete; however, the Applicant is responsible for ensuring all files are delivered by the application due date in the manner required as outlined in the Solicitation.

California Satellite Methane Project Community Outreach Administrator Application Checklist

Application Section	Required Elements (unless otherwise noted)	File Name(s)
Attachment 1: Application Checklist	Completed Checklist with application material files names	SAMPLE
Attachment 2: Application Cover Page	Completed, signed, and dated Cover Page form	SAMPLE
Attachment 3: Applicant Qualifications	Completed attachments: I. Narrative of Applicant Qualifications II. Applicant Past Performance and References III. Staff Resumes IV. Applicant Resources and Readiness V. Subcontractor Information	SAMPLE
Attachment 4: Proposed Budget	I. Completed Proposed Budget Template	SAMPLE
Attachment 5: Scope and Timeline Workplan	Completed attachments: I. Project Executive Summary II. Project Vision III. Scope and Timeline Template	SAMPLE
Attachment 6: Conflict of Interest Declaration	Completed, signed, and dated declaration	SAMPLE
Attachment 7: Compliance with the Law Declaration	Completed, signed, and dated declaration	SAMPLE
Attachment 8: Attestation of Readiness	Completed, signed, and dated attestation	SAMPLE

Application Section	Required Elements (unless otherwise noted)	File Name(s)
Attachment 9: Insurance Endorsement	Proof of insurance	SAMPLE
Attachment 10: Non-Collusion Declaration	Completed, signed, and dated declaration	SAMPLE
Attachment 11: STD. 204 Payee Data Record	Completed, signed, and dated form	SAMPLE

Attachment 2: Application Cover Sheet

Complete all information and sign.

Applicant Information:

Project	
Company Name	
Business Type	
Contact Name and Title	
Person with Contract Signing Authority	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
<input type="checkbox"/> I have read and understood the terms and conditions of the Sample Grant Agreement.	

Certification:

I hereby certify under penalty of perjury that all information provided in this application and any attachments are true and correct.	
Signature of Authorized Representative	
Date	
Printed Name and Title of Authorized Representative	

Attachment 3: Applicant Qualifications and Resources

I. Applicant Qualifications

Qualifications Narrative: Submit an attachment describing the Applicant's experience and expertise in the areas identified below. Describe how the experience and expertise in those areas will enable the Applicant to implement the project efficiently and effectively. Include a copy of any applicable required licenses or verification documentation (for example, for a nonprofit organization, copy your organization's Internal Revenue Service determination letter).

- a. Ability to serve as an Administrator:
 - i. Staff capacity to implement the scope of work
 - ii. Development of similar programs/projects, particularly those with focus on methane sources (such as building key partnerships with community-based organizations (CBO), coordinating/supporting outreach across multiple programs focused on methane sources).
 - iii. Day-to-day implementation of similar programs/projects
 - iv. Performance of administrative tasks necessary to successfully run and oversee tasks described in the scope of work
- b. Ability to provide actionable suggestions for science communication and outreach to diverse audiences.
- c. Ability and readiness to conduct equity work in communities through documented commitment to equity across projects.
- d. Ability to provide capacity building, develop outreach resources and tools, and provide forms of support to CBOs and other outreach partner organizations to conduct culturally relevant outreach in disadvantaged and historically underserved communities.
- e. Ability to build partnerships and maintain relationships with state agencies and other governmental organizations.
- f. Ability to develop and implement equity-centered processes, manage complex grants, and coordinate amongst diverse partners.
- g. Ability to collate and analyze both quantitative and qualitative data from communities and develop actionable suggestions from data collected.

Applicant must include the following certification with the Qualifications Narrative, signed and dated by a person with authority to make such a certification on behalf of the Applicant:

I certify, under penalty of perjury, that I have examined and am familiar with the information, statements, representations, and conclusions made in the enclosed Grant Application, including all attachments thereto. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements, representations, conclusions, and information are true, accurate, and

complete. I am aware that there are significant penalties for knowingly submitting false statements, claims or information to the State of California, including the possibility of criminal sanctions.

Signature

Name

Title

Date

II. Applicant Past Performance and References

In a separate attachment, provide details for up to three (3) grant agreements the Applicant managed and implemented within the last five (5) years. **Applicants are encouraged to list agreements similar in size, scope, or purpose to this Solicitation.** *Optional: Up to two references may be provided from past/current partnerships.* CARB, including its authorized representatives, has full consent and permission to contact and interview each and all the references provided in response to this Solicitation.

For each agreement or reference, provide the following details using no more than one page per agreement or reference:

- Grantor/Entity Name of Reference
- Grantor/Entity Address of Reference
- Name of Reference(s)
 - Phone Number(s)
 - Email Address(es)
- Identify the purpose and amount of the agreement.
- Describe whether and how the Lead Applicant was able to successfully complete and manage the agreement.
- Describe how the relationship with the Grantor is similar to the Lead Applicant's proposed relationship with CARB under this Solicitation, and why this was a successful relationship.
- Describe how this agreement is similar to this Solicitation's purpose of building organizational and/or community capacity.

III. Applicant Staff Information and Resumes

Include information for each staff member that will be involved in developing and/or implementing the project. Submit resumes. If a new position will be made available upon execution of the grant, use "To Be Determined" as the name, and include the hourly rate and expected duties and qualifications.

IV. Applicant Resources and Readiness

Identify the staff, infrastructure, funding, and other resources you have available and will use to administer the Community Engagement for the California Satellite Methane Project effectively and efficiently. Through past work examples, describe how these resources will enable the Applicant to establish and adhere to realistic and expeditious timelines.

Personnel costs, fringe benefit costs, operating expenses, travel, including rent and supplies, equipment costs, overhead, records retention, and any other costs needed to implement the project should be detailed in your Proposed Budget (See Attachment 4).

V. Subcontractor Information

Applicants may partner or subcontract with other entities. However, responsibility for compliance with the grant terms and deliverables lies with the primary Applicant.

Subcontractors must also meet the grant agreement requirements that apply to the work they will perform for their portion of the project. Provide the names and information for any and all proposed subcontractors and partners. Attach qualification narratives, resume and letters of commitment. Each letter of commitment must describe the nature of participant's contribution.

Attachment 4: Scope and Timeline Workplan

Applicants must include a high-quality *Scope and Timeline Workplan* (Workplan). For details on the scoring of the Scope and Timeline Workplan, please see the Selection Process and Scoring Criteria in the solicitation. The Workplan consists of three elements:

1. Project Executive Summary
 - a. Prepare a summary with a clear and concise description of project design, and how key tasks and project flow will be completed. This narrative is intended to be a self-contained document that identifies the name of the Applicant, the project title, the scope, project objectives, a project description, including methods to be used, potential benefits and outcomes, major participants, and requested funded amount. It should not include information that is not in the rest of the proposal. Do not include any proprietary or sensitive business information or other confidential information, as it may be made available to the public. The project summary must not exceed one page (use standard 8.5" by 11" paper size with a 1" margins with at least 11-point font).
2. Project Vision:
 - a. Briefly describe the general approach to implementing all required Scope of Work tasks.
 - b. Briefly describe how the Applicant will build on the project's existing achievements and resources to achieve the overarching goal of providing coordinated community-based outreach and education to maximize program participation in disadvantaged and historically underserved communities.
 - c. Describe project equity considerations and approach throughout project implementation.
 - d. Describe the project strategy for expanding the outreach partner network, including how to identify potential partners, provide the resources they need to conduct effective outreach, including helping build capacity where needed.
3. Complete the Scope and Timeline Template
 - a. Template includes space for Applicants to provide a task and subtask breakdown; the Project Team members responsible for completing and supporting each task; Project deliverables; and a project schedule with milestones.

Attachment 5: Proposed Budget

I. Proposed Budget Template

Complete and submit the *Budget Template*.

Applicant must use the Budget Template worksheets to describe the proposed project budget for completing the Scope of Work, consistent with the Sample Grant Agreement (Appendix B) and the Solicitation.

The proposed budget must include all estimated labor and material costs associated with managing the project, a description of any applicable resource contribution commitments (e.g., in-kind services and match funding), records retention, and transfer of records to CARB. The budget should include costs associated with each of the tasks and respective sub-tasks detailed in the Scope of Work.

The proposed budget should identify any in-kind services to be offered, resources, or services contributed by the Grantee to manage the projects but not be charged to the CalSMP Community Engagement Project. Be specific, i.e., itemize staff time or other costs that are being committed. In-kind services committed in this application must be documented by the Grantee in the Final Report. Match funding, not required but encouraged, refers to funds contributed by the Grantee to the Community Engagement for the California Satellite Methane Project. An Applicant may propose that match funding be used to fund outreach activities as part of the CalSMP Community Engagement Project in a specific California region (such as an air district). Only direct match and in-kind funding contributed to the CalSMP Community Engagement Project will be considered in scoring this application. The Applicant must include a letter describing and authorizing any proposed match and in-kind funding commitment as part of this application. For more details on the impact of in-kind or match funding, please see the Selection Process and Scoring Criteria in the solicitation.

All expenses and other funding must be estimated and identified. Grant management costs may not exceed five (5) percent of the grant award amount. Eligible project activities and costs are identified in the Solicitation.

Attachment 6: Conflict of Interest Declaration

All Applicants must disclose any potential conflict of interest that could be perceived to impact their ability (or the ability of Sub-applicants) to fulfill the duties and responsibilities set out in this Solicitation or the Grant Agreement. The Applicant must immediately inform CARB of any current, ongoing, or pending direct or indirect interests that do or could pose an actual, apparent, or potential conflict of interest with the Lead Applicant's (or any of the Sub-applicant's) ability to fulfill the duties and responsibilities set out in this Solicitation. Potential conflicts of interest may include, but are not limited to, financial arrangements with or interest(s) in membership of a community-based organization that might be a sub-applicant. Potential conflicts of interest must also include any access to satellite methane plume imaging data that is not available to the public. CARB may consider the nature and extent of any actual, potential, perceived, or apparent conflict of interest, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the Applicant based on such actual, potential, perceived, or apparent conflict of interest at CARB's sole discretion.

Applicant represents, warrants and agrees that all conflicts of interest, if any, have been fully disclosed to CARB in the submitted application.

The undersigned declares that he, she, or they is an official/agent of the responding Applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVE

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE

Attachment 7: Compliance with the Law Declaration

The Applicant must disclose any claims against it (them, him or her) of noncompliance with any U.S. EPA, CARB, or California air district laws, including a Notice of Violation, Citation, or litigation alleging noncompliance, along with a copy of any of the government documents you have received alleging noncompliance. The applicant may explain the nature of the allegations and present any defenses.

If the Applicant has no such claims of noncompliance against any of them, the Applicant shall so attest in the application.

CARB may consider the nature and extent of any alleged or proven noncompliance with U.S. EPA, CARB, or California air district law, or failure to disclose any alleged noncompliance with U.S. EPA, CARB, or California air district laws, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the application based on such noncompliance, at CARB's sole discretion.

Applicant represents, warrants and agrees that all claims of noncompliance, if any, have been disclosed to CARB in the submitted application.

The undersigned declares that he, she, or they is an official/agent of responding Applicant is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVES

NAME AND TITLE OF AUTHORIZED REPRESENTATIVES

DATE OF SIGNATURES

Attachment 8: Attestation of Readiness

APPLICANT'S ACKNOWLEDGEMENT THAT THE APPLICANT IS READY, WILLING AND ABLE TO MEET AND COMPLY WITH ALL THE TERMS AND CONDITIONS OF THE GRANT AGREEMENT (APPENDIX B)

The Applicant accepts the terms and conditions of the attached Sample Grant Agreement (Appendix B) in the same form, and is ready, willing, and able to comply with all such terms and conditions.

The undersigned declares that he, she, or they is an official/agent of responding entity (the Applicant) and is empowered to represent, bind, and execute contracts and other agreements on behalf of said entity(ies).

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVES

NAME AND TITLE OF AUTHORIZED REPRESENTATIVES

DATE OF SIGNATURE

Attachment 9: Insurance Endorsement

Submit proof or evidence of existing insurance that covers the minimum insurance requirements set out in the Sample Grant Agreement (Appendix B).

Attachment 10: Non-Collusion Declaration

The Applicant must provide a signed and dated non-collusion declaration as follows:

I, [____insert name of person signing], [insert title of person signing], on behalf of [____Insert Name of Applicant], affirmatively state the following to be true and correct: the application is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; the application is genuine and not collusive or a sham; the submittal of the application has not directly or indirectly been induced by or solicited from any other applicant to put in a false or sham proposal; the Applicant has not directly or indirectly colluded, conspired, connived, or agreed with any other applicant or anyone else to put in a sham application; the Applicant has not in any manner directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposed fees or terms of the application or of any other application, or to fix any overhead, profit, or cost elements of the proposed fees or fee structure, or of that of any other applicant, or to secure any advantage against CARB or other applicants; all statements contained in the application are true and correct.

The undersigned declares that he, she, or they is an official/agent of responding Applicant is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

COMPANY NAME (APPLICANT)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVES

NAME AND TITLE OF AUTHORIZED REPRESENTATIVES

DATE OF SIGNATURES

Attachment 11: STD. 204 Payee Data Record

Fill out and submit as a part of this application the STD. 204 Payee Data Record:
<http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>