# NORTH COAST RESOURCE PARTNERSHIP

# APPLICATION FOR TECHNICAL ASSISTANCE FOR CALFIRE PILOT PROJECT DEVELOPMENT

# SUPPLEMENTAL SUPPORTING DOCUMENTS

Please complete this document and upload it to your NCRP Project Tracker Project Proposal using the link on the Additional Data: Attachments and Notes tab on the Project Entry Form. For instructions for completing the Project Entry Form, please download the Technical Assistance Proposal Instructions found on the [NCRP Project Tracker Technical Assistance for Project Development for NCRP CAL FIRE Forest Health Pilot Projects webpage](https://www.northcoastresourcepartnershipprojects.org/ProjectCustomPage/TACALFIREPilot) on Project Tracker.

PROPOSAL COVER PAGE

### Project Name

### Click or tap here to enter text.

### Organization Name

### Click or tap here to enter text.

### Organization Type

Federally recognized Tribe

California State Indian Tribe

Public agency

Local or state agency/special district

Resource Conservation District

Non-profit organization

Public utility

Industrial private forest landowner

Nonindustrial private forest landowner

City or Town

### Other: Click or tap here to enter text.

### Organization Economically Disadvantaged Community Status

Tribal Community

Economically Disadvantaged Community

Severely Economically Disadvantaged Community

### Contact Name/Title

### Name: Click or tap here to enter text.

### Title: Click or tap here to enter text.

### Email: Click or tap here to enter text.

### Phone Number (include area code): Click or tap here to enter text.

Organization Address(City, County, State, Zip Code):

### Click or tap here to enter text.

Authorized Representative(if different from the contact’s name)

### Name: Click or tap here to enter text.

### Title: Click or tap here to enter text.

### Email: Click or tap here to enter text.

### Phone Number (include area code): Click or tap here to enter text.

### **CERTIFICATION OF AUTHORITY**

By signing below, the person executing the certificate on behalf of the proposer affirmatively represents that s/he has the requisite legal authority to do so on behalf of the proposer. Both the person executing this proposal on behalf of the proposer and proposer understand that the NCRP is relying on this representation in receiving and considering this proposal. The person signing below hereby acknowledges that s/he has read the entire Request for Proposals document and has complied with all requirements listed therein.

### Official Authorized to Sign for Proposal

****

Click or tap here to enter text.

Signature

Click or tap to enter a date.

Date

# SUPPLEMENTAL QUESTIONS

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

1. Briefly describe the CAL FIRE Forest Health Pilot Project that you anticipate applying for including the size of the project and anticipated benefits.

### Click or tap here to enter text.

1. How will the requested Technical Assistance support your CAL FIRE Forest Health Pilot Project proposal?

### Click or tap here to enter text.

1. Please describe the NCRP Landscape Priority Area served by the CAL FIRE Forest Health Pilot Project you anticipate submitting. If your project is not in a NCRP Landscape Priority Area, please explain why it should be considered for inclusion. Please see the following [Review Draft Story Map](https://storymaps.arcgis.com/stories/71fa804c5ac246d399b30cd25f20d227)

### Click or tap here to enter text.

1. Please describe how the project provides direct and substantial benefits to Tribes, Economically Disadvantaged Communities, or Severely Disadvantaged Communities and list these communities. [[NCRP Interactive Map](https://northcoastresourcepartnership.org/data/)]

### Click or tap here to enter text.

1. If there is a specific technical assistance provider you would like to work with, please indicate that and we will attempt to pair you with the requested provider, contingent on provider availability and capacity. See the [List of Consultant Resources for the North Coast Region](https://airtable.com/shriDa6IhSi7K5e1H).

### Click or tap here to enter text.

# ORGANIZATION STATEMENT OF QUALIFICATIONS

Please complete a statement of qualifications that briefly describes the organization’s key personnel and their qualifications and list/hyperlinks to examples of relevant work that support the proposal.

Statement of Qualifications