# NORTH COAST RESOURCE PARTNERSHIP

# APPLICATION FOR TECHNICAL ASSISTANCE FOR GRANT DEVELOPMENT

# IN SUPPORT OF ON-THE-GROUND IMPLEMENTATION PROJECTS

# 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 [Request for Technical Assistance Proposals](https://www.northcoastresourcepartnershipprojects.org/ProjectCustomPage/TAProposal) page 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

[ ]  Tribe

[ ]  Public agency

[ ]  Local or state agency/special district

[ ]  Resource Conservation District

[ ]  Non-profit organization

[ ]  Public utility

[ ]  City or Town

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

### Organization Economically Disadvantaged Community Status

[ ]  Tribal Community

[ ]  Economically Disadvantaged Community

[ ]  Severely 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. Describe how the project provides direct 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. Describe the public benefits this project provides.

### Click or tap here to enter text.

1. Describe the specific technical assistance needed to fully develop the grant and why your organization needs technical assistance. What financial and/or capacity needs in your organization does this TA address?

### Click or tap here to enter text.

1. List the grant or funding opportunity and expected submittal date that the technical assistance aims to support.

### Click or tap here to enter text.

1. Describe what you expect to achieve or leverage with the current technical assistance opportunity.

### Click or tap here to enter text.

1. Do you anticipate that the TA provider will need to travel to provide the requested technical services? If so, what type of travel will be required? (i.e. site visits, meetings, etc.)

 Click or tap here to enter text.

1. If you previously received technical assistance for this project or a related project, please describe a) what was achieved with the previous technical assistance; b) what that technical assistance leveraged; and c) what new or unique needs are being addressed in the current proposal.

### 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). (Note NCRP funding sources have constraints on travel, including commercial auto insurance requirements and potential limitations on out-of-region travel. Please discuss with NCRP staff).

### Click or tap here to enter text.

1. If your organization has not yet signed on to the [NCRP MOMU](https://northcoastresourcepartnership.org/site/assets/uploads/2023/01/NCRP_UpdatedMOMU_approved_12-9-22.pdf) please download a copy from the link, sign, and submit along with your application.

# 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

Click or tap here to enter text.