



## **NCRP CAPACITY GRANTS PROGRAM APPLICATION**

### **SECTION 1: APPLICANT INFORMATION**

1. Entity Name

2. Entity Type (select one)

For other, please describe:

3. Entity Location/Headquarters (select one)

Please select county:

For other, please specify:

For Tribal lands, please specify:

4. Track One or Track Two:

5. Entity Statement of Qualifications & Project Implementation Experience (file upload)

### **SECTION 2: PROJECT PORTFOLIO INFORMATION: IDENTIFICATION OF MULTI-BENEFIT PROJECT(S) TO BE SUPPORTED BY CAPACITY ENHANCEMENT GRANT**

6. Project Portfolio Title

7. Project Portfolio Description:

8. Comprehensive Project Portfolio Footprint:

Project Boundary Upload (Optional)

9. Project Types (up to 10 project entries)

*Project Type (select one per entry):*

*If "Other Project Type," please specify:*

*Estimated Budget for Project Type: (enter number in dollars)*

*Estimated Acres for Project Type: (enter estimated number of acres)*

10. Please explain the expected benefits to economically disadvantaged or historically underrepresented communities that will be provided by the project(s).

11. What is the status of Tribal engagement/consultation, if any is required?

12. Describe the community support and collaborative partnerships for this project portfolio including Tribes, counties, local agencies, the community, etc.

13. Technical & Reference Supporting Documents: *(Required for Track Two applicants; optional for Track One applicants)*

**SECTION 3: CAPACITY GRANTS APPLICATION: PROJECT DESCRIPTION, FUNDING CATEGORIES, AND AMOUNTS**

14. Describe the capacity enhancement funding needs and the gaps in organizational capacity that will be addressed by this funding.

15. Project Budget:

*a. Organizational Capacity Development (includes strategic planning, partner and community engagement, and partner capacity support and development for Track 2 entities, etc.)*

Amount requested:

Description/budget justification:

*b. Participation in NCRP Funding & Strategy Workshops (travel, lodging - note no out-of-state travel or per diems/meal costs allowed)*

Amount requested:

Description/budget justification:

*c. Project Portfolio Development (project design and planning, site visits and outreach, surveys, permitting, GIS/mapping, grant writing, etc.)*

Amount requested:

Description/budget justification:

*d. Workforce development & training (staff and volunteer training & certification, including fees, travel & stipends, etc.)*

Amount requested:

Description/budget justification:

*e. Supplies purchase (i.e., PPE, tools, etc.) (not to exceed \$15,000)*

Amount requested:

Description/budget justification:

*f. Technology/software (computers, laptops, software, communications equipment) (not to exceed \$15,000)*

Amount requested:

Description/budget justification:

*g. Small equipment purchase: Equipment is an item of \$5,000 or more per unit cost and has a tangible useful life of more than one year. (Track Two only; not to exceed \$50,000, conditions apply)*

Amount requested:

Description/budget justification:

*h. Grant Management & Reporting (direct cost of project management, invoicing and reporting for the grant award. Not to exceed 10% of total budget)*

Amount requested:

Description/budget justification:

*i. Indirect Costs - costs associated with doing business that are necessary to support the general operation of the entity. (Not to exceed 20% of total budget; See Guidelines Appendix A for more details.)*

Amount requested:

Description/budget justification:

*j. Other - costs that do not fit into any of the other categories. The cost must be directly related to the capacity grant scope of work.*

Amount requested:

Description/budget justification:

*Total amount requested (automatically calculated):*

16. Describe in detail how the capacity investments described above will support the planning and implementation of the Project Portfolio identified in Section 2.

17. Describe how the capacity investments described above will result in substantial, long-term enhancements to organizational capacity that will benefit the community, with a specific emphasis on economically disadvantaged or historically underrepresented communities.

18. Describe your entity's partnerships/collaborations with other entities and/or how your entity helps to raise the capacity of an economically disadvantaged and/or underrepresented community. *(Required for Track Two applicants; optional for Track One applicants)*

19. Describe how your entity intends to leverage your requested NCRP capacity investments to enhance the capacity of your entity, stabilize your entity's capacity, and increase the scope and scale of projects being implemented in your geographic focus area.

20. Provide an estimate of how much additional funding you expect the requested capacity investment to bring in from outside sources (examples: NCRP grant writing capacity investment is expected to result in an additional \$X million for implementation; NCRP training capacity investment will allow our staff to be certified, thereby eligible for XX in funding).

#### **SECTION 4: ACKNOWLEDGEMENTS/TERMS & CONDITIONS**

Applicant Name/Authorized Contact

Title/Role

Contact Information (Email and Phone #)

Signature