

SAMPLE Application

		▼	 Question List
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i Fields with an asterisk (*) are required.

▼ Question Group

Applicant Type*
Applicants must meet these criteria to be considered for funding: [Priorities & Guidelines](#) | [FAQs](#)

Applicant*
Name of the fire department, association, tribe, or organization applying for funds.

Website*
If applicant does not have a website, provide the URL to one of its social media channels.



Prior Grantee?*
Has the California Fire Foundation previously awarded the applicant funding?

Yes
 No

NOTE: Prior grantees whose previously awarded projects ended more than 45 days ago should have submitted a final report for that grant. *Grantees with outstanding reporting requirements **may not be considered for funding**. Reporting requirements are noted on a grantee's dashboard in this portal. If you are unsure of your status, please contact us via email at cffgrants@cpf.org*

Fire Departments ONLY

Is your department primarily comprised of full-time personnel or volunteer firefighters?

Does your fire department participate in the California Fire Foundation's SAVE Program?

- Yes
 No

Nonprofits ONLY

Upload a copy of your organization's exemption determination letter.

***** Failure to upload requested documentation will result in your organization's application being marked incomplete, which may prevent it from being considered for funding.**

Upload a file [2 MiB allowed]

Size*

What is the size of your department or organization? **Please account for personnel or volunteers and members, where applicable.**

- Less than 25
 26-50
 51-100
 Over 100

Regional Area*

In what region of California is applicant based?

- Central California
 Greater Bay Area
 Northern California
 Southern California

Utility Service Provider*

Applicant is located in, or their project directly serves, the service area(s) of which utility provider?

- PacifiCorp
 Pacific Gas & Electric
 Southern California Edison
 San Diego Gas & Electric
 Other

Wildfire Risk*

Is applicant located in or does its project serve a Tier 3 or Tier 2 high wildfire risk area, as defined by the California Public Utilities Commission (CPUC)? [View the CPUC's Fire Threat Map](#) or [View Wildfire Risk Areas by County](#).

- Yes
- No

Project Name*

What is the name of your project?

Disaster Category*

Select the category(ies) that best describe(s) what type of disaster your project is in response to, in preparation for, and/or prevention of:

- Drought
- Wildfire
- Earthquake; Tsunami; Debris Flow; Landslide
- Flood; Avalanche
- Storm/Wave Surge; Cyclone

Primary County Served*

Select the primary county in which your project's efforts are concentrated.

Primary Focus Area*

Select the primary focus area of your project.

- Education, Planning or Community Outreach Campaigns
- Vegetation Mitigation & Fuels Reduction
- Personal Protective Equipment
- Specialized Equipment

Funding Purpose*

Briefly summarize the specific purpose for which you are requesting grant funds.

500 characters left of 500

Measurable Outcomes*

List the expected measurable outcomes for your project.

Examples:

Outcome 1. Expand public's climate-caused wildfire prevention/awareness education through the measurable distribution of an educational flyer, which will be directly mailed to 1,500 low-income residents in our target area and posted across social media channels for consumption by 2,500 active "followers."

Outcome 2. Further expand the public's education/awareness by distributing the flyer to 3,000 attendees at upcoming chili cook-off and county fair.

1,500 characters left of 1,500

Key Management*

List key management personnel (include rank or title) who will be involved with overseeing your project, and their role in the project.

Example:

1. Joanne Wilson, Fire Chief - overseeing the project
2. Frank Kim, Executive Director - project management

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Vegetation Mitigation & Fuels Reduction Requests ONLY

Provide estimates below for your proposed project activities. If not applicable to your project, enter "0"

***** Failure to provide the following requested information will result in your application being marked incomplete, which may prevent it from being considered for funding.**

Green Waste Removal

in lbs.

#	
---	--

Chipping

in yards

#	
---	--

Tree or Vegetation Thinning

in sq. ft.

#	
---	--

Fuel or Shaded Fuel Breaks

to be created/restored

#	
---	--

Prescribed Fire or Pile Burns

to be conducted

#	
---	--

Ingress and Egress Routes

to be created/restored

#	
---	--

PPE or Specialized Equipment Requests ONLY

Provide estimates below for your proposed PPE or equipment purchase. If not applicable to your purchase, enter "0"

****** Failure to provide the following requested information will result in your application being marked incomplete, which may prevent it from being considered for funding.***

Brush Shirts, Pants and/or Overalls

Total #

#	
---	--

Boots

of pairs

#	
---	--

Gloves

of pairs

#

Helmets

Total #

#

Shrouds and/or Masks

Total #

#

Goggles

of pairs

#

Fire Shelters

Total #

#

Portable Radios

Total #

#

Drones & Accessories

Total #

#

Other

*If item is not listed above, note the PPE or specialized equipment here along with the **total estimated #** to be acquired under this proposal:*

250 characters left of 250

Estimates & Quotes

Upload an estimate for your proposed PPE and/or equipment purchase here. **If more than one estimate, save all into one document prior to uploading.**

***** Failure to upload requested documentation will result in your organization's application being marked incomplete, which may prevent it from being considered for funding.**

Upload a file [2 MiB allowed]

People Served*

Provide the **estimated total** number of people served by your project.

* For PPE & Specialized Equipment Requests: This number should reflect the **total number of people you anticipate serving on an annual basis** with new equipment once it's in service, not the number of personnel receiving/using the equipment.

#

Of the above total **estimated** number of people served by your project, **how many do you anticipate serving** in each of the below groups?

NOTE: In an attempt to ensure that we are responsive to our target populations, your answers are **required**. If none for a particular group, put "0".

Recent census data may be a helpful resource.

African American*

#

American Indian or Alaska Native*

#

Asian or Pacific Islander*

#

Caucasian*

#

Latino/a/x or Hispanic*

#

Demographics*

Select all that apply. Responses may represent all or a percentage of the applicant's service area or your project's target population.

Children/Youth

- Disabled
- Female
- LGBTQA+
- Low-Income
- Seniors
- Veterans

Project End Date*

Projects are typically expected to be completed within 12 months of receiving funds, if awarded.

Amount Requested*

*Enter the amount you are requesting from California Fire Foundation. **Note:** Awards do not require matching funds and generally range between \$5,000 – \$25,000 per grantee.*

Total Project Budget*

Enter the total amount of your project budget.

Project Budget*

Upload your detailed project budget. [Click here to download a template](#)

PDF or Excel

Other Funding Sources*

If the California Fire Foundation is only able to award a percentage of the requested grant, how will you fund the remaining cost of your project?

Example:

1. State grant, \$5,000 - pending (application submitted)
2. Community fundraiser, \$1,000 - secured
3. Corporate donation, \$2,500 - secured

750 characters left of 750

Applicant Agreement*

I, the undersigned, certify that the practices of this applicant conform to the nondiscrimination policy as follows: Applicant does not discriminate in its employment practices, volunteer opportunities or delivery of programs on the basis of race, religion, gender, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law. I, the undersigned, hereby state that the information presented in this application is complete and factual.

By selecting "Agree" below and submitting this application, **I confirm my authority and have notified and secured approval from all parties.** ****NOTE:** *If your governing body is required to approve the acceptance of funding that may be awarded as a result of submitting this application, use the prompt below to upload a letter -- on your governing body's letterhead -- authorizing the receipt of such funds, if awarded.*

AGREE

***** Governing Body Authorization Letter (ONLY if applicable)**

PDF or Word

Upload a file [5 MiB allowed]

Contact*

Who is completing this application? Please provide your first and last name, as well as your affiliation to the applicant.

Example:

1. Samuel Webb, BC with Central California Fire Department
2. Lea Wong, Program Manager for North County Safety Alliance