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| **Directions for Applicants:** This optional form contains all the same questions as the main CCLGP Smartsheet application form that you can access from the CCLGP website. Since it is not possible to save progress on the Smartsheet form, you can use this form to store your answers to questions. Then, when you are ready to submit the Smartsheet application form, you can use this form to copy and paste your answers into the Smartsheet form.Some of the below questions will not appear for you in the Smartsheet form, based on your answers to previous questions in the form. For instance, if you answer “No” to the question “Will this project or activities related to the project be located near, on, under, over or adjacent to Caltrans right of way?”, then several encroachment permit questions will NOT appear in the Smartsheet. Feel free to skip the questions that do not apply to your project. **Completing this form is voluntary**. It is only meant as an aide in completing the Smartsheet application form. Do not attach this form to your Smartsheet application. If it is attached, Caltrans will not review it and will only review the answers submitted in the Smartsheet form. Note that several attachments must be included in the Smartsheet application form before submission. For more information on these, see the Application Instructions on the CCLGP website: <https://cleancalifornia.dot.ca.gov/local-grants/local-grant-program>. |
| **1. PROJECT INFORMATION** |
| **Primary agency name** |   |
| **Project title** |   |
| **Caltrans District (enter all that apply)** |   |
| **Project description - provide a general project description, more room to describe the project is provided in the Narrative attachment.**  |   |
| **2. LOCATION INFORMATION** |
| **Will this project or activities related to the project be located near, on, under, over, or adjacent to Caltrans right of way?** |   |
| **Will the project need a Caltrans encroachment permit?** |   |
| **Has your agency started or completed the Caltrans Encroachment Permit process?** |   |
| **Which step are you at in the Caltrans Encroachment Permit process?** |   |
| **Please provide the Caltrans Encroachment Permit number** |   |
| **Please explain why your project doesn't need a Caltrans Encroachment Permit even though it is on Caltrans right-of-way** |   |
| **Will this project require a maintenance agreement with Caltrans?** |   |
| **Will this project need permits from other agencies?** |   |
| **Please list out all other agencies** |   |
| **What is the anticipated completion date for the other agency permit(s)?** |   |
|  **Local Information – Local Jurisdiction** (i.e., Project sites NOT located on Caltrans right-of-way) |
| **Caltrans District - list all that apply** |   |
| **Street address**  |   |
| **City** |   |
| **Zip code**  |   |
| **County**  |   |
| **Description**  |   |
| **List any Additional Locations** |
| **Caltrans District - list all that apply** |  |
| **Street address** |   |
| **City** |   |
| **Zip code** |   |
| **County** |   |
| **Location description** |   |
| **List any additional locations** |   |
| **Location Information - State Highway System****(Fill out this information if your project is near, on, under, over or adjacent to Caltrans right-of-way.)** |
| **Location address** |   |
| **Location description** |   |
| **Caltrans District** |   |
| **County** |   |
| **Caltrans Route or Caltrans Property or nearest Caltrans Facility** |   |
| **Begin post mile** |   |
| **End post mile** |   |
| **Additional Locations**  |
| **Location address** |   |
| **Location description** |   |
| **Caltrans District** |   |
| **County** |   |
| **Caltrans Route or Caltrans Property or nearest Caltrans Facility** |   |
| **Begin postmile** |   |
| **End post mile** |   |
| **List all additional locations** |   |
| **3. SUMMARY BUDGET INFORMATION** |
| **The grant amount requested $** |   |
| **Total project cost $** |   |
| **Minimum required local match %** |   |
| **Minimum required local match value $** |   |
| **Total cash local match $** |   |
| **Total in-kind local match $** |   |
| **Total local match provided $** |   |
| **Total of other additional funds $** |   |
| **If your agency was awarded a grant in Cycle 1 of the CCLGP, is this application for a different project or a different unfunded part of the same project?** |   |
| **Is your agency submitting more than one application in Cycle 2?** |   |
| **Please rank each application based on their priority to the community** |   |
| **Is the applicant seeking advance payment?** |   |
| **4. PRIMARY PROJECT APPLICATION INFORMATION** |
| **Contact Name** |   |
| **Title** |   |
| **Organization** |   |
| **Phone number** |   |
| **Email address** |   |
| **Agency type** |   |
| **Other agency type** |   |
| **5. PRIMARY PROJECT APPLICANT MARKETING/COMMUNICATIONS CONTACT INFORMATION** |
| **Contact name** |   |
| **Title** |   |
| **Organization** |   |
| **Phone number**  |   |
| **Email address** |   |
| **6. SUB-APPLICANT INFORMATION (IF APPLICABLE)** |
| **Contact name** |   |
| **Title** |   |
| **Organization**  |   |
| **Phone number**  |   |
| **Email address** |   |
| **Agency type** |   |
| **Other agency type** |  |
| **Additional Sub-applicants** |
| **Contact Name** |   |
| **Title** |   |
| **Organization** |   |
| **Phone number** |   |
| **Email address** |   |
| **Agency type** |   |
| **Other agency type** |  |
| **List out all additional sub-applicants**  |   |
| **7. PROJECT OVERVIEW** |
| **Will this project displace people experiencing homelessness?** |   |
| **Indicate which elements are included in the project** |   |
| **Is this project associated with or located within two miles of any other Caltrans projects, including Clean California projects?** |   |
| **If yes, please briefly describe the Caltrans project, including the location** |   |
| **8. BENEFITS TO UNDERSERVED COMMUNITIES** |
| **Is this project located in an underserved community?** |   |
| **What percentage of the total grant request will go towards benefiting underserved communities?** |   |