

# PREPARECA JUMPSTART APPLICATION

## Introduction

PrepareCA JumpStart is a competitive \$15 million dollar grant program that provides Technical Assistance (TA) and State funding to eligible socially vulnerable and high hazard risk communities. Through this grant program, eligible communities can develop local initiatives that foster resilience via capacity building, mitigation and preparedness activities, community outreach/education, response and recovery planning, and/or project scoping.

Each application may be up to \$1 million dollars in State funds, and applicant entities may submit multiple applications for distinct activities and initiatives.

## Instructions

**Do not start this application until you have thoroughly read these instructions. Failure to do so may result in resubmission of this form by the applicant.** Cal OES requires this form be completed for all PrepareCA JumpStart applications.

Prior to beginning this form, applicant entities should access the map linked below to verify their Activity/Initiative is primarily located in an eligible community. Hazard Exposure and Social Vulnerability Map:

<https://www.arcgis.com/apps/dashboards/677300969f9b4d4786d75aaa534318e6>

Note that some fields are mandatory and are marked with a red asterisk. If you have questions or need assistance completing the application, please contact Cal OES via email at: [PrepareCAJumpStart@caloes.ca.gov](mailto:PrepareCAJumpStart@caloes.ca.gov). The Cal OES TA Team is available to assist communities to scope out potential application Activities/Initiatives and to assist in completing this application form.

The person completing this form may find it easiest to complete the required fields by using Adobe Acrobat or compatible software. **Prior to completing this form, save this document to your device and reopen it using compatible software.** The applicant can save their progress and come back to the form as necessary.

The authorizing signature field in this form can accommodate digital signatures. To apply a digital signature, open the document directly in Adobe Acrobat or a compatible software and follow the electronic signature directions after

### **PrepareCA JumpStart Application, Version 3.2**

selecting the appropriate field. If the person preparing this form does not have Adobe-compatible software, they may use other means to execute this document. Other means may include, but are not limited to, printing, signing, and scanning the document, or utilizing other digital signature software.

Applicants must submit a completed PrepareCA JumpStart application form with all mandatory fields completed with the appropriate information.

Applicants have the option to submit additional documents or exhibits relevant to and referenced in the proposal. Any additional documents must be labelled and submitted with the application in a single email submission.

If a text box provided under a question is insufficient to accommodate your response, you may attach additional pages as needed. On any additional pages submitted with this application, please indicate the question number you are responding to.

Upon completion of this application, interested applicants must submit it to [PrepareCAJumpStart@caloes.ca.gov](mailto:PrepareCAJumpStart@caloes.ca.gov) with "PrepareCA JumpStart" in the subject line and in the title of the application (e.g., PrepareCA JumpStart, City of Mitigation, Risk Mapping Project).

## I. Point(s) of Contact

At least one of the points of contact listed below must be a Responsible Representative of the applicant entity.

A Responsible Representative must have a high-level position within the applicant entity (e.g. Director, Deputy Director, Chief, Deputy Chief, General Manager, Administrative Manager, Emergency Services Manager, Chief Financial Officer, Chief Executive Officer, Superintendent, County Administrator, County Administrative Officer, City Manager, Assistant City Manager, Mayor).

The Responsible Representative must have signature authority for all authorizations (pre- and post-award grant mediations/reporting/requests).

If the person preparing this form is not a Responsible Representative, then the Responsible Representative must be listed as the Secondary Point of Contact and complete the *Authorization* section.

## 1. Person Completing Application

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\*Full Name: \_\_\_\_\_  
*First M.I Last*

\*Entity Name: \_\_\_\_\_

\*Address: \_\_\_\_\_  
*Street Unit / Apt #*

\_\_\_\_\_  
*City State ZIP Code*

\*Phone: \_\_\_\_\_ \*Email \_\_\_\_\_

## 2. Secondary Point of Contact

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Full Name: \_\_\_\_\_  
*First M.I Last*

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Unit / Apt #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## II. Applicant Information

1. \*Applicant Name:

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3. \*County: \_\_\_\_\_ 4. \*Applicant Type: \_\_\_\_\_

4. FIPS#: \_\_\_\_\_ 5. EIN: \_\_\_\_\_

## III. Activity/Initiative Information

1. \*Activity Type:

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If "Other" is selected, describe (Limit: 75 characters):

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2. \*Has this activity or initiative been submitted previously to Cal OES? YES  NO

If "yes", describe (Limit: 75 characters):

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3. \*Has this activity or initiative been submitted previously to another entity or agency? YES  NO

If "yes", describe (Limit: 75 characters):

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4. \*Does your entity have an active, or participate in an active, Local Hazard Mitigation Plan (LHMP)/Tribal plan?

YES

NO

If "Yes", enter approval date: \_\_\_\_\_

5. If a Private Non-Profit, does your county have an active LHMP?

YES

NO

If "Yes", enter approval date: \_\_\_\_\_

## Title & Summary

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Your title should start with “PrepareCA JumpStart” then list the applicant entity’s name and a BRIEF description of the activity. Example: “PrepareCA JumpStart City of Baldwin Evacuation Planning”.

6. \*Activity/Initiative Title (Limit: 75 characters):

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7. \*Provide a summary of the Activity/Initiative. (Limit: 2,250 characters)

## Project Location Details

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The applicant must enter location data for the Activity/Initiative.

Census Tracts can be accessed through the online map linked below. Simply click on your eligible census tract(s) and an information window will display the required information.

Applicants must submit the Census Tracts that apply to the Activity/Initiative benefit area and NOT the physical location of their office and/or headquarters.

Hazard Exposure and Social Vulnerability Map:

<https://www.arcgis.com/apps/dashboards/677300969f9b4d4786d75aaa534318e6>

The latitude and longitude (lat/long) coordinates must apply to the Activity/Initiative benefit area and be expressed in degrees including five or more decimal places (e.g. latitude 36.999221, longitude – 109.044884). Lat/long coordinates can be accessed through many online mapping services. If you have questions on how to find your Activity/Initiative's coordinates, please reach out to Cal OES as directed in the instructions.

8. \*Census Tract(s):

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9. \*Latitude/Longitude:

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10. \*Provide a summary description of the Activity/Initiative location. (Limit: 750 characters)

## **Problem Statement & Solution**

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11. \*Provide a detailed description of the problem that also addresses the following information: Is the problem causing death, injury, and/or property damage? If not, what issues are occurring? How long has it persisted? How is it negatively impacting the community? Briefly describe the community's challenges to meet this need. (Limit: 2,500 characters)



12. \*Provide a clear and detailed description of your proposed Activity/Initiative (should match the budget and schedule below). Also address, how does the solution address the problem “how will the Activity/Initiative solve the problem”? What happens if the activity or initiative is not implemented? Who is affected? What is the proposed Activity/Initiative? Where is the Activity/Initiative located? When is the Activity/Initiative taking place? Why is the Activity/Initiative needed? (Limit: 2,500 characters)

13. \*Describe the metrics you are using to determine that the Activity/Initiative goals are being achieved. List any tangible deliverables that will be developed as part of this Activity/Initiative. (Limit: 2,500 characters)

## Project Schedule

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The period of performance is limited to 60 months.

14. \*Start Date: \_\_\_\_\_ \*End Date: \_\_\_\_\_

15. \*The intent of the project schedule is to provide a realistic appraisal of the time and tasks required to complete the Activity/Initiative. Describe each of the major milestones in the description section below. List the milestones in chronological order starting with the first task needed to be completed and ending with the last task to be completed. State the name of the milestone (task) and approximately how long the milestone/task will take to complete in months. Tasks can be overlapping. The overall period of performance cannot exceed 60 months/5 years. For example, procurement month 1 to month 4, alternative analysis month 4 to month 12, etc. (Limit: 1,500 characters)

## Project Budget

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16. Total cost of Activity/Initiative (**not to exceed \$1 million**) is auto calculated based on the sum of the individual Cost Items below. Please note that Applicants will be responsible for costs that exceed the award amount.

17. \*To the greatest extent possible, applicant should breakdown budget items. Provide a breakdown of the costs for the proposed Activity/Initiative (should match schedule and scope). Cost items can be a task/milestones from the project schedule. For example, the applicant would enter the dollar value of the cost item titled "alternative analysis" here.

Cost Item:	_____	Cost:	_____
Cost Item:	_____	Cost:	_____
Cost Item:	_____	Cost:	_____
Cost Item:	_____	Cost:	_____
Cost Item:	_____	Cost:	_____
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Cost Item: \_\_\_\_\_

Cost: \_\_\_\_\_

18. \*The budget narrative should provide a detailed description for each item identified in the budget. Specifically, the narrative should include the methodology or source used to estimate each cost, identify by title who will be performing the work and whether that work will be performed in house or via 3<sup>rd</sup> party contractors, and should include personnel costs that provide details on the hourly wage for person performing the task (inclusive of fringe benefits). (Limit: 2,500 characters)

## Implementation Plan

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19. \*Explain how the Activity/Initiative will be managed. For example, will a local community provide staff as a project manager to oversee the progress? Explain whether existing or hired staff will be used. Explain the process that the applicant will follow to implement the Activity/Initiative. (Limit: 2,500 characters)

## Community Benefit

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20. \*Percentage of the eligible socially vulnerable and high hazard risk communities impacted/benefited by this Activity/Initiative: \_\_\_\_\_

21. \*Describe how this percentage was determined. There is no official guidance about how the population affected should be determined. However, the number of people who will benefit should be known or estimated. (Limit: 2,250 characters)



## Resilience Outcomes

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22. \* “Resilience” refers to the ability to prepare for anticipated hazards, adapt to changing conditions, and withstand and recover rapidly from disruption. How will the proposed Activity/Initiative improve resilience? (Limit: 1,500 characters)

23. \*How does this project fit your jurisdiction/community's larger resiliency goals and programs? (Limit: 750 characters)

24. \*How does the Activity/Initiative better prepare the community to respond to and mitigate the impacts of future disasters and anticipate future conditions such as climate change, demographic changes, population changes, and/or land use changes? (Limit: 2,500 characters)

## Capacity Building

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25. \*How will the Activity/Initiative lead to equitable outcomes and benefit those with the greatest needs? (Limit: 1,000 characters)

26. \*Explain how the Activity/Initiative will improve the community's capacity and capability, increase the community's resilience to natural hazards, holistically improve the community's resilience and reduce risk, and promote equitable outcomes. How will the community actively participate in the Activity/Initiative? (Limit: 1,000 characters)

27. \*How will this Activity/Initiative lead to sustainable long-term resilience outcomes that benefit the community and complement the community's current resilience and mitigation goals? (Limit: 2,500 characters)

## Project Partnership

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28. \*Describe involvement of partners to enhance the Activity/Initiative outcome. Explain whether other private, non-profit, or public sector partners would be actively involved. (Limit: 1,000 characters)

## Private Non-Profits Only

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29. Describe how your organization will partner and support the local jurisdiction/community to build capacity and how this Activity/Initiative will make the community more resilient in the future. Please provide a letter(s) of support from the local jurisdiction and/or community where the Activity/Initiative will occur. (Limit: 1,000 characters)

## Authorization

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The undersigned is a Responsible Representative of the applicant entity and listed as point of contact in this application. The undersigned does hereby submit this application for financial assistance in accordance with the PrepareCA JumpStart program and certifies that the applicant will fulfill all requirements of the program as contained in the program guidelines and that all information contained herein is true and correct to the best of our knowledge.

\*Name:

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\*Title:

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\*Entity:

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\*Signature:

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\*Date:

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## Application Submission Instructions

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Interested applicants must submit their application to [PrepareCAJumpStart@caloes.ca.gov](mailto:PrepareCAJumpStart@caloes.ca.gov) with "PrepareCA JumpStart" in the subject line and in the title of the application (e.g., PrepareCA JumpStart, City of Mitigation, Risk Mapping Project).

Cal OES will review all applications for eligibility and fulfillment of the State's priorities, coordinate on any outstanding requests for information, and notify applicants of their prospective selection for funding.

All applications must be submitted by **February 28, 2022**. Applications submitted after the posted deadline will be considered if funding remains available.

Prior to sending the PDF of your completed PrepareCA JumpStart proposal application, confirm that you have completed the following:

- ✓ The mandatory fields identified with an asterisk are complete and correct.
- ✓ The application is signed by responsible representative.

If your application includes additional documentation, they must be sent in the same email submission as this completed form.

Thank you! The team at Cal OES greatly appreciates your participation in the PrepareCA JumpStart program.