

GENERAL INFORMATION FORM

All applicants must provide a completed General Information form

0.1 APPLICANT INFORMATION (REQUIRED SECTION)		
Applicant Name		
First Name (Required)	Middle Name (Optional)	Last Name (Required)
Applicant Mailing Address		
Street Address (Required)		
City (Required)	State (Required)	Zip Code (Required)
Applicant Contact Information		
Primary Phone Number (Required)	Primary Email Address (Required)	
Secondary Phone Number (Optional)	Secondary Email Address (Optional)	
Business Entity Name (If Applicable)		
Business Entity Name (If applicable)		
0.2 AGENT INFORMATION (IF APPLICABLE)		
Agent Name		
First Name (Required)	Middle Name (Optional)	Last Name (Required)
Agent Mailing Address		
Street Address (Required)		
City (Required)	State (Required)	Zip Code (Required)
Agent Contact Information		
Primary Phone Number (Required)	Primary Email Address (Required)	
Secondary Phone Number (Optional)	Secondary Email Address (Optional)	
0.3 CEQA PROJECT LOCATION INFORMATION (REQUIRED SECTION)		
Assessor's Parcel Numbers (APN)		
Primary APN (Required)	Additional APN (If applicable)	Additional APN (If applicable)
If more than three parcels are included in this application, list all additional APN above, separated by a ;		
Parcel Owner Information		
First Name (Required)	Middle Name (Optional)	Last Name (Required)
First Name (If applicable)	Middle Name (Optional)	Last Name (If applicable)
Business Entity Name (If applicable)		
Business Entity Name (Full name)		
0.4 COUNTY OF MENDOCINO APPLICATION AND PERMIT DESCRIPTION TABLES (A&P Tables)(REQUIRED SECTION)		

A&P Table 1: AG_Number (Use this table for direct grant applications that include one or more AG_Number)			
AG_Number (Required)		List all APN(s) associated with the AG_Number. If more than one APN is associated, separate each using a ;	
Street Address (Required)		City (Required)	Zip Code (Required)
DCC License Number 1 (Required)			
DCC License Number (Required)		Expiration Date (MM/DD/YYYY) (Required)	Provisional or Annual (Required)
DCC License Type 1 (Required)			
Nursery (If Nursery is checked do not complete any additional DCC License Number subsections on this Table)			
or (do NOT check both nursery above and a cultivation type below)			
Specialty Cottage Outdoor		Specialty Outdoor	Small Outdoor
Specialty Cottage ML1		Specialty ML1	Small ML1
Specialty Cottage ML2		Specialty ML2	Small ML2
Specialty Cottage Indoor		Specialty Indoor	Small Indoor
and (if applicable)			
Self-Distribution / Transport Only (check this if the applicant also holds a self-distribution/transport only license in association with the AG_Number referenced in this table)			
DCC License Number 2 (For multi-type cultivation only. Required if a second DCC cultivation license is associated with the AG_Number listed on this table.)			
DCC License Number (Required)		Expiration Date (MM/DD/YYYY) (Required)	Provisional or Annual (Required)
DCC License Type 2			
Specialty Cottage Outdoor		Specialty Outdoor	Small Outdoor
Specialty Cottage ML1		Specialty ML1	Small ML1
Specialty Cottage ML2		Specialty ML2	Small ML2
Specialty Cottage Indoor		Specialty Indoor	Small Indoor
DCC License Number 3 (For multi-type cultivation only. Required if a third DCC cultivation license is associated with the AG_Number listed on this table.)			
DCC License Number (Required)		Expiration Date (MM/DD/YYYY) (Required)	Provisional or Annual (Required)
DCC License Type 3			
Specialty Cottage Outdoor		Specialty Outdoor	Small Outdoor
Specialty Cottage ML1		Specialty ML1	Small ML1
Specialty Cottage ML2		Specialty ML2	Small ML2
Specialty Cottage Indoor		Specialty Indoor	Small Indoor
DCC License Number 4 (For multi-type cultivation only. Required if a fourth DCC cultivation license is associated with the AG_Number listed on this table.)			
DCC License Number (Required)		Expiration Date (MM/DD/YYYY) (Required)	Provisional or Annual (Required)
DCC License Type 4			
Specialty Cottage Outdoor		Specialty Outdoor	Small Outdoor
Specialty Cottage ML1		Specialty ML1	Small ML1
Specialty Cottage ML2		Specialty ML2	Small ML2
Specialty Cottage Indoor		Specialty Indoor	Small Indoor
A&P Table 2: AG_Number (Use this table for direct grant applications that have more than one AG_Number)			
AG_Number (Required)		Associated APN(s) (Required)	

Street Address (Required)		City (Required)		Zip Code (Required)	
DCC License Number 1 (required)					
DCC License Number (Required)		Expiration Date (MM/DD/YYYY) (Required)		Provisional or Annual (Required)	
DCC License Type 1 (required)					
Nursery (If Nursery is checked do not complete any additional DCC License Number subsections on this Table)					
or (do NOT check both nursery above and a cultivation type below)					
Specialty Cottage Outdoor		Specialty Outdoor		Small Outdoor	
Specialty Cottage ML1		Specialty ML1		Small ML1	
Specialty Cottage ML2		Specialty ML2		Small ML2	
Specialty Cottage Indoor		Specialty Indoor		Small Indoor	
and (if applicable)					
Self-Distribution / Transport Only (check this if the applicant also holds a self-distribution/transport only license in association with the AG_Number referenced in this table)					
DCC License Number 2 (For multi-type cultivation only. Required if a second DCC cultivation license is associated with the AG_Number listed on this table.)					
DCC License Number (Required)		DCC License Expiration Date (MM/DD/YYYY) (Required)		Provisional or Annual (Required)	
DCC License Type 2					
Specialty Cottage Outdoor		Specialty Outdoor		Small Outdoor	
Specialty Cottage ML1		Specialty ML1		Small ML1	
Specialty Cottage ML2		Specialty ML2		Small ML2	
Specialty Cottage Indoor		Specialty Indoor		Small Indoor	
DCC License Number 3 (For multi-type cultivation only. Required if a third DCC cultivation license is associated with the AG_Number listed on this table.)					
DCC License Number (Required)		DCC License Expiration Date (MM/DD/YYYY) (Required)		Provisional or Annual (Required)	
DCC License Type 3					
Specialty Cottage Outdoor		Specialty Outdoor		Small Outdoor	
Specialty Cottage ML1		Specialty ML1		Small ML1	
Specialty Cottage ML2		Specialty ML2		Small ML2	
Specialty Cottage Indoor		Specialty Indoor		Small Indoor	
DCC License Number 4 (For multi-type cultivation only. Required if a fourth DCC cultivation license is associated with the AG_Number listed on this table.)					
DCC License Number (Required)		DCC License Expiration Date (MM/DD/YYYY) (Required)		Provisional or Annual (Required)	
DCC License Type 4					
Specialty Cottage Outdoor		Specialty Outdoor		Small Outdoor	
Specialty Cottage ML1		Specialty ML1		Small ML1	
Specialty Cottage ML2		Specialty ML2		Small ML2	
Specialty Cottage Indoor		Specialty Indoor		Small Indoor	
A&P Table 3: CFBL_Number for Microbusiness (Use this table for a CFBL_Number associated with a microbusiness ONLY)					
CFBL_Number (Required)		Associated APN(s) (Required)			
Street Address (Required)		City (Required)		Zip Code (Required)	
DCC License Number 1 (Required)					
DCC License Number (Required)		DCC License Expiration Date (MM/DD/YYYY) (Required)		Provisional or Annual (Required)	

DCC License Type 1 (Select Micro-Business and check the box associated with each activity conducted under the micro-business application or permit)			
Micro-Business (check the box associated with each activity conducted in association with the Micro-Business License)			
<input type="checkbox"/>	Specialty Cottage Outdoor	<input type="checkbox"/>	Specialty Outdoor
<input type="checkbox"/>	Specialty Cottage ML1	<input type="checkbox"/>	Specialty ML1
<input type="checkbox"/>	Specialty Cottage ML2	<input type="checkbox"/>	Specialty ML2
<input type="checkbox"/>	Specialty Cottage Indoor	<input type="checkbox"/>	Specialty Indoor
<input type="checkbox"/>	Nursery	<input type="checkbox"/>	Processing
<input type="checkbox"/>	Self-Distribution / Transport Only	<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Store Front Retail	<input type="checkbox"/>	Delivery Only Retail
<input type="checkbox"/>		<input type="checkbox"/>	Manufacturing
A&P Table 4: CFBL_Number (For direct grant applications that have a CFBL_Number associated with any one of the following activities.)			
CFBL_Number (Required)		Associated APN(s) (Required)	
Street Address (Required)		City (Required)	Zip Code (Required)
DCC License Number (Required)			
DCC License Number (Required)	DCC License Expiration Date (MM/DD/YYYY) (Required)	Provisional or Annual (Required)	
DCC License Type (Select one)			
<input type="checkbox"/>	Processing		
<input type="checkbox"/>	Laboratory Testing	<input type="checkbox"/>	Shared Manufacturing
<input type="checkbox"/>	Non-Volatile Solvent Manufacturing	<input type="checkbox"/>	Volatile Solvent Manufacturing
<input type="checkbox"/>	Self-Distribution / Transport Only	<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Store Front Retail	<input type="checkbox"/>	Delivery Only Retail
A&P Table 5: CFBL_Number (For direct grant applications that include a second CFBL_Number associated with any one of the following activities.)			
CFBL_Number (Required)		Associated APN(s) (Required)	
Street Address (Required)		City (Required)	Zip Code (Required)
DCC License Number (Required)			
DCC License Number (Required)	DCC License Expiration Date (MM/DD/YYYY) (Required)	Provisional or Annual (Required)	
DCC License Type (Select one)			
<input type="checkbox"/>	Processing		
<input type="checkbox"/>	Laboratory Testing	<input type="checkbox"/>	Shared Manufacturing
<input type="checkbox"/>	Non-Volatile Solvent Manufacturing	<input type="checkbox"/>	Volatile Solvent Manufacturing
<input type="checkbox"/>	Self-Distribution / Transport Only	<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Store Front Retail	<input type="checkbox"/>	Delivery Only Retail
A&P Table 6: CFBL_Number (For direct grant applications that include a third CFBL_Number associated with any one of the following activities.)			
CFBL_Number (Required)		Associated APN(s) (Required)	
Street Address (Required)		City (Required)	Zip Code (Required)
DCC License Number (Required)			
DCC License Number (Required)	DCC License Expiration Date (MM/DD/YYYY) (Required)	Provisional or Annual (Required)	
DCC License Type (Select one)			

Processing		
Laboratory Testing		Shared Manufacturing
Non-Volatile Solvent Manufacturing		Volatile Solvent Manufacturing
Self-Distribution / Transport Only		Distribution
Store Front Retail		Delivery Only Retail
0. 5 LOCAL EQUITY ENTREPRENEUR PROGRAM (LEEP) ELIGIBILITY (REQUIRED SECTION)		
0.51 Has the direct grant applicant applied for LEEP eligibility?		
		YES or NO (Required)
0.52 On what date did the direct grant applicant apply for LEEP eligibility?		
		MM/DD/YYYY (if applicable)
0.53 Provide the direct grant applicant's LEEP eligibility number		
		LEEP Eligibility Number (if applicable)
0.54 Has the direct grant applicant received direct grant funds through the LEEP program?		
		YES or NO (If applicable)
0.541 If so, does any of the funding applied for in this direct grant application assist with the completion of projects included in the approved LEEP direct grant agreement?		
		YES or NO (if applicable)
If the applicant answered YES to the previous question, the following section must be completed.		
0.542 What name is associated with the executed LEEP grant agreement and issued check. Identify the individual or business entity named in the executed LEEP grant agreement and issued check.		
First Name	Middle Name (optional)	Last Named
Business Entity Name		
0.543 Describe how the requested direct grant funding, or a portion of the requested direct grant funding, will be used to finish a project(s) funded by the LEEP direct grant program.		
Maximum 1500 characters		
0.6 SUMMARY OF FUNDING REQUESTED (REQUIRED SECTION)		
Enter the funding amount requested for each scope of project applied for on the attached SOP forms.		
BUDGET TAB 0.1 Combined Total		Enter Total Amount Requested
BUDGET TAB 1.0 Assistance with CEQA document preparation		Enter Amount Requested 1.0
BUDGET TAB 2.0 Improving air quality and reducing greenhouse gas emissions		Enter Amount Requested 2.0
BUDGET TAB 3.0 Remediation and relocation to an environmentally superior location		Enter Amount Requested 3.0
BUDGET TAB 4.0 Hydrology and improved water quality		Enter Amount Requested 4.0
BUDGET TAB 5.0 Combined Total		Enter Total Amount Requested

SCOPE OF PROJECT (SOP) FORM

SOP FORM 1.0 LOCAL CEQA DOCUMENT PREPARATION

1.1 DESCRIBE THE TYPE OF CEQA DOCUMENT(S) THE DIRECT GRANT APPLICANT IS REQUESTING ASSISTANCE PREPARING. (REQUIRED SECTION)	
AG_Number or CFBL_Number (Required)	Site-specific Initial Study, Addendum, or Checklist (Required)
AG_Number or CFBL_Number (If Applicable)	Site-specific Initial Study, Addendum, or Checklist (If Applicable)
AG_Number or CFBL_Number (If Applicable)	Site-specific Initial Study, Addendum, or Checklist (If Applicable)
AG_Number or CFBL_Number (If Applicable)	Site-specific Initial Study, Addendum, or Checklist (If Applicable)
AG_Number or CFBL_Number (If Applicable)	Site-specific Initial Study, Addendum, or Checklist (If Applicable)
AG_Number or CFBL_Number (If Applicable)	Site-specific Initial Study, Addendum, or Checklist (If Applicable)
AG_Number or CFBL_Number (If Applicable)	Site-specific Initial Study, Addendum, or Checklist (If Applicable)
AG_Number or CFBL_Number (If Applicable)	Site-specific Initial Study, Addendum, or Checklist (If Applicable)
1.2 DESCRIBE HOW THE REQUESTED FUNDING WILL BE USED TO ASSIST WITH THE PREPARATION OF THE CEQA DOCUMENT(S) IDENTIFIED IN SECTION 1.1 OF THIS FORM. THE DESCRIPTION SHOULD:	
<ul style="list-style-type: none"> IDENTIFY ANY CONTRACTED SUPPORT SERVICES TO BE UTILIZED AND THE SCOPE OF WORK EACH CONTRACTED PARTY WILL PROVIDE IDENTIFY ANY STUDY(IES) TO BE FUNDED AND THE REASON ANY SUCH STUDY(IES) IS NECESSARY 	
(REQUIRED SECTION)	
Maximum 3500 Characters	
1.3 DESCRIBE THE TIMELINE TO COMPLETE THE SCOPE OF WORK DESCRIBED IN 1.1 AND 1.2, ABOVE. (REQUIRED SECTION)	
Maximum 2000 Characters	

FORM 2.0 IMPROVING AIR QUALITY AND REDUCING GREENHOUSE GAS EMISSIONS

2.1 DESCRIBE THE PROPOSED RENEWABLE RESOURCE PROJECT*, INCLUDING:

- THE TYPE OF RENEWAL RESOURCE TO BE DEVELOPED (EX. – SOLAR, WIND, HYDROLOGICAL, GRID CONNECTION, ETC.) OR TYPE OF EQUIPMENT THAT WILL REPLACE THE COMBUSTION ENGINE CURRENTLY BEING USED BY THE COMMERCIAL CANNABIS BUSINESS
- A DETAILED PLAN EXPLAINING HOW EACH COMBUSTION ENGINE LISTED IN 2.2 WILL BE REPLACED BY THIS PROJECT INCLUDING HOW THE IDENTIFIED WATTAGE AND/OR HORSEPOWER FOR EACH ITEM WILL BE REPLACED BY THIS PROJECT
- 2.13 THE AMOUNT OF POTENTIAL RELIANCE THAT WILL REMAIN ON THE COMBUSTION ENGINE(S) LISTED BELOW, IF ANY.

(REQUIRED SECTION)

Maximum 3500 Characters

2.2 DESCRIBE EACH TYPE OF COMBUSTION ENGINE(S) CURRENTLY USED BY THE APPLICANT'S COMMERCIAL CANNABIS BUSINESS THAT WILL BE TRANSITIONED OUT OF USE DUE TO THE RENEWABLE RESOURCE DEVELOPMENT PROJECT(S) PROPOSED IN SECTION 2.1 OF THIS APPLICATION FORM. (REQUIRED SECTION)

Combustion Engine 1

AG_Number(s) and/or CFBL_Number(s) (Required. Separate each with a :)		
Type of Combustion Engine Equipment (Required)	Make / Model (Required)	
Hours of Use Annually (Required)	Type of Fuel (Required)	Gallons of Fuel Used Annually (Required)
Horsepower (If Applicable)		Watts (If Applicable)

Combustion Engine 2

AG_Number(s) and/or CFBL_Number(s) (Required. Separate each with a :)		
Type of Combustion Engine Equipment (Required)	Make / Model (Required)	
Hours of Use Annually (Required)	Type of Fuel (Required)	Gallons of Fuel Used Annually (Required)
Horsepower (If Applicable)		Watts (If Applicable)

Combustion Engine 3

AG_Number(s) and/or CFBL_Number(s) (Required. Separate each with a :)		
Type of Combustion Engine Equipment (Required)	Make / Model (Required)	
Hours of Use Annually (Required)	Type of Fuel (Required)	Gallons of Fuel Used Annually (Required)
Horsepower (If Applicable)		Watts (If Applicable)

Combustion Engine 4		
AG_Number(s) and/or CFBL_Number(s) (Required. Separate each with a :)		
Type of Combustion Engine Equipment (Required)	Make / Model (Required)	
Hours of Use Annually (Required)	Type of Fuel (Required)	Gallons of Fuel Used Annually (Required)
Horsepower (If Applicable)		Watts (If Applicable)
Combustion Engine 5		
AG_Number(s) and/or CFBL_Number(s) (Required. Separate each with a :)		
Type of Combustion Engine Equipment (Required)	Make / Model (Required)	
Hours of Use Annually (Required)	Type of Fuel (Required)	Gallons of Fuel Used Annually (Required)
Horsepower (If Applicable)		Watts (If Applicable)
Combustion Engine 6		
AG_Number(s) and/or CFBL_Number(s) (Required. Separate each with a :)		
Type of Combustion Engine Equipment (Required)	Make / Model (Required)	
Hours of Use Annually (Required)	Type of Fuel (Required)	Gallons of Fuel Used Annually (Required)
Horsepower (If Applicable)		Watts (If Applicable)
2.3 DESCRIBE HOW THE PROJECT(S) PROPOSED IN THIS SCOPE OF PROJECT APPLICATION WILL ASSIST THE DIRECT GRANT APPLICANT WITH MEETING CEQA REQUIREMENTS AND ACHIEVING AN ANNUAL LICENSE. (REQUIRED SECTION)		
Maximum 2000 Characters		
2.4 DESCRIBE THE TIMELINE FOR THE COMPLETION OF THE SCOPE OF PROJECT(S) PROPOSED IN SECTIONS 2.1 – 2.3 OF THIS DIRECT GRANT APPLICATION FORM		
Maximum 2000 Characters		

FORM 3.0 REMEDIATION AND RELOCATION TO AN ENVIRONMENTALLY SUPERIOR LOCATION

3.1 DESCRIBE EACH EXISTING STRUCTURE AND/OR DEVELOPMENT AREA THAT WILL BE REMOVED OR RELOCATED TO AN ENVIRONMENTALLY SUPERIOR LOCATION AND REMEDIATED. (REQUIRED SECTION)		
Development Structure or Area 1		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 2		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 3		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 4		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 5		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 6		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 7		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 8		
AG_Number or CFBL_Number (Required)		

Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 9		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 10		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 11		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
Development Structure or Area 12		
AG_Number or CFBL_Number (Required)		
Description of development to be removed or relocated and remediated. (Required)	Scale with Unit Label (Required)	Site Plan Label (Required)
3.2 DESCRIBE THE REASON(S) FOR REMOVING OR RELOCATING AND REMEDIATING THE DEVELOPMENT LISTED IN SECTION 3.1 ABOVE. (REQUIRED SECTION)		
Maximum 3500 Characters		
3.3 DESCRIBE THE DEVELOPMENT ACTIVITIES THAT WILL TAKE PLACE TO REMOVE AND/OR RELOCATE THE DEVELOPMENT LISTED IN SECTION 3.1 ABOVE. (REQUIRED SECTION)		
Maximum 2000 Characters		
3.4 DESCRIBE HOW THE PROJECT(S) PROPOSED IN THIS SCOPE OF PROJECT APPLICATION WILL ASSIST THE DIRECT GRANT APPLICANT WITH MEETING CEQA REQUIREMENTS AND ACHIEVING AN ANNUAL LICENSE. (REQUIRED SECTION)		
Maximum 2000 Characters		
3.5 DESCRIBE THE TIMELINE IT WILL TAKE TO CONDUCT THE ACTIVITIES DESCRIBED IN SECTIONS 3.3 AND 3.4 ABOVE. (REQUIRED SECTION)		
Maximum 2000 Characters		

FORM 4.0 HYDROLOGY AND IMPROVED WATER QUALITY

4.1 DESCRIBE THE LOCATION AND TYPE OF HYDROLOGY AND/OR IMPROVED WATER QUALITY PROJECT(S) THE APPLICANT IS REQUESTING GRANT FUNDING FOR. (REQUIRED SECTION)	
AG_Number(s) and/or CFBL_Numbers	
APN(s)	
<input type="checkbox"/>	4.11 Reduce dependence on surface water
<input type="checkbox"/>	4.12 Reduce dependence on ground water
<input type="checkbox"/>	4.13 Improve water quality
<input type="checkbox"/>	4.14 Conduct hydrological study(ies)
YES or NO	Type of Project(s) Proposed (Check all that apply)
<p>4.2 DESCRIBE THE REASON(S) FOR AND THE SCOPE OF WORK FOR EACH OF THE PROPOSED PROJECTS IDENTIFIED IN SECTION 4.1 ABOVE. INCLUDE A DESCRIPTION OF HOW EACH PROPOSED PROJECT WILL RESULT IN ACHIEVING THE STATED GOAL ASSOCIATED WITH CORRESPONDING CATEGORY CHECKED IN SECTION 4.1, ABOVE. THE DESCRIPTION SHOULD CLEARLY DESCRIBE THE FOLLOWING, AS APPLICABLE:</p> <ul style="list-style-type: none"> • ANY ASPECTS OF THE PROPOSED PROJECT(S) THAT WILL REQUIRE ADDITIONAL LOCAL OR STATE AGENCY PERMITTING • ANY ASPECTS OF THE PROJECT(S) PROPOSED THAT ARE REQUIRED DUE TO THE ISSUANCE OF A RELATED LOCAL OR STATE AGENCY PERMIT OR LICENSE (EX. – LAKE OR STREAMBED ALTERATION AGREEMENT AND/OR WATER BOARD PROJECTS) • ANY NEW DEVELOPMENT THAT WILL OCCUR, SUCH AS THE INSTALLATION OR REMOVAL OF ONE OR MORE: <ul style="list-style-type: none"> ○ WATER STORAGE VESSEL(S) ○ CULVERT(S), ○ ROLLING DIP(S), ○ BRIDGE(S), FOR EXAMPLE • ANY MONITORING AND/OR REPORTING REQUIREMENTS THAT ARE INCLUDED IN THE PROPOSED PROJECT(S) • ANY CONTRACTORS, CONSULTANTS, ENGINEERS, BIOLOGISTS, AND/OR HIRED ASSISTANCE NECESSARY TO COMPLETE THE PROJECT(S), AND • THE DEVELOPMENT OF ANY PERFORMANCE STANDARDS PLANS THAT MAY BE REQUIRED AND INCLUDED IN THE SCOPE OF WORK FOR THE PROPOSED PROJECT(S) 	
Maximum 4500 Characters	
4.3 DESCRIBE HOW THE PROJECT(S) PROPOSED IN THIS SCOPE OF PROJECT APPLICATION WILL ASSIST THE DIRECT GRANT APPLICANT WITH MEETING CEQA REQUIREMENTS AND ACHIEVING AN ANNUAL LICENSE. (REQUIRED SECTION)	
Maximum 2000 Characters	
4.4 DESCRIBE THE TIMELINE FOR COMPLETING THE SCOPE OF WORK FOR THE PROPOSED PROJECT(S).	
Maximum 2000 Characters	