### GENERAL INFORMATION FORM

All applicants must provide a completed General Information form

	ON (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 Ac	ddress (Required)
Secondary Phone Number (Optional)	) Secondary Email .	Address (Optional)
Business Entity Name (If Application	able)	
	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 Ac	ddress (Required)
Secondary Phone Number (Optional)		Address (Optional)
0.3 CEQA PROJECT LOCAT	TION INFORMATION (REQUIRED S	SECTION)
Assessor's Parcel Numbers (AP	N)	
Primary APN (Required)	Additional APN (If applicable)	Additional APN (If applicable)
If more than three parcels are Parcel Owner Information	included in this application, list all additiona	al APN above, separated by a ;
First Name (Required)	Middle Name (Optional)	Last Name (Required)
First Name (If applicable)	Middle Name (Optional)	Last Name (If applicable)
Business Entity Name (If applica	· · · · · · · · · · · · · · · · · · ·	. ' '
	Business Entity Name (Full name)	
	NO APPLICATION AND PERMIT D	ESCRIPTION TABLES (A&P
Tables)(REQUIRED SECTION)		

AG_Number (Required)	List all APN(s) a		AG_Number. If marate each using	ore than one APN is a;
Street Address (Require	d)	City (Red	quired)	Zip Code (Required
OCC License Number 1 (Required)				
DCC License Number (Required)	Expiration Date (MM/DD/YYYY) (Required)		Provisional or Annual (Required)	
OCC License Type 1 (Required)	, - · · ·		1	
Nursery (If Nursery is checked do r				
or (do NOT che	ck both nursery ab	ove and a cultiva	ation type belov	v)
Specialty Cottage Outdoor	Specialty C	Outdoor	Small Out	door
Specialty Cottage ML1	Specialty N		Small ML1	
Specialty Cottage ML2	Specialty N		Small ML2	
Specialty Cottage Indoor	Specialty Ir		Small Indo	oor
1		plicable)		
Self-Distribution / Transport Only (c			lf-distribution/tran	sport only license in
association with the AG_Number r			aand DCC aulti	votion liganes is
OCC License Number 2 (For multi-ty		, kequirea ii a se	cond DCC culti	vation license is
ssociated with the AG_Number list	ed on this table.)		T	
DCC License Number (Required)	Expiration Date (Requ		Provisional	or Annual (Required)
OCC License Type 2				
Specialty Cottage Outdoor	Specialty C		Small Out	door
Specialty Cottage ML1	Specialty N		Small ML1	
Specialty Cottage ML2	Specialty N		Small ML2	
Specialty Cottage Indoor	Specialty Ir		Small Indo	
OCC License Number 3 (For multi-ty associated with the AG_Number list		/. Required if a thi	ird DCC cultivat	ion license is
_	<u> </u>			
DCC License Number (Required)	Expiration Date (Requ	(MM/DD/YYYY) uired)	Provisional	or Annual (Required)
OCC License Type 3				
Specialty Cottage Outdoor	Specialty C		Small Out	door
Specialty Cottage ML1	Specialty N		Small ML1	
Specialty Cottage ML2	Specialty N	/ILZ	Small ML2	
Specialty Cottage Indoor	Specialty Ir		Small Indo	
ICC License Number 4 (For multi-ty ssociated with the AG_Number list		/. Required if a fol	urth DCC cultiva	ation license is
DCC License Number (Required)	Expiration Date (Requ		Provisional	or Annual (Required)
OCC License Type 4				
Specialty Cottage Outdoor	Specialty C	Outdoor	Small Out	door
Specialty Cottage ML1	Specialty N	1L1	Small ML1	
Specialty Cottage ML2	Specialty N	1L2	Small ML2	
Specialty Cottage Indoor	Specialty Ir	ndoor	Small Indo	oor
	aia talala fau diua d	et grant applica	tions that have	e more than one
· · · · · · · · · · · · · · · · · · ·	nis table for direc	r grant applica	are that that	
A&P Table 2: AG_Number (Use t AG_Number)	nis table for direc	or grant applica		

Street Address (Required)		City (Rec	quired)	Zip Code (Required)	
DCC License Number 1 (required)	,	<u> </u>	, ,		
200 200.00					
DCC License Number (Required)		(MM/DD/YYYY) uired)	Provisional	or Annual (Required)	
DCC License Type 1 (required)	į (nogi	ancay			
Nursery (If Nursery is checked do	not complete any a	dditional DCC Licen	sa Numbar subse	actions on this Table)	
	ck both nursery ab				
Specialty Cottage Outdoor	Specialty C		Small Outdoor		
Specialty Cottage Outdoor  Specialty Cottage ML1	Specialty N		Small ML1		
Specialty Cottage ML2	Specialty N		Small ML2		
Specialty Cottage Indoor	Specialty Ir		Small Indo		
Specially Collage Indoor		pplicable)	Jillali Illac	JOI	
Self-Distribution / Transport Only (c association with the AG_Number	check this if the appli	cant also holds a sel	f-distribution/tran	sport only license in	
DCC License Number 2 (For multi-ty associated with the AG_Number lis	ype cultivation only		cond DCC culti	vation license is	
associated with the AG_Number its	led on this table.)				
DCC License Number (Required)		xpiration Date Y) (Required)	Provisional	or Annual (Required)	
DCC License Type 2					
Specialty Cottage Outdoor	Specialty C		Small Out		
Specialty Cottage ML1	Specialty N		Small ML1		
Specialty Cottage ML2	Specialty N		Small ML2		
Specialty Cottage Indoor  DCC License Number 3 (For multi-ty	Specialty Indoor Small Indoor				
associated with the AG_Number list	ted on this table.)	•			
DCC License Number (Required)	) DCC License Expiration Date Provisional (MM/DD/YYYY) (Required)		or Annual (Required)		
DCC License Type 3	T T		T =		
Specialty Cottage Outdoor	Specialty C		Small Out		
Specialty Cottage ML1	Specialty N		Small ML1		
Specialty Cottage ML2	Specialty N		Small ML2		
Specialty Cottage Indoor	Specialty Ir		Small Indo		
DCC License Number 4 (For multi-ty associated with the AG_Number lis		y. Required if a fou	Irth DCC cultiva	ation license is	
		icense Expiration Date /DD/YYYY) (Required)		Provisional or Annual (Required)	
DCC License Type 4					
Specialty Cottage Outdoor	Specialty C	Outdoor	Small Out	door	
Specialty Cottage ML1	Specialty N	/L1	Small ML1		
Specialty Cottage ML2	Specialty N		Small ML2		
Specialty Cottage Indoor	Specialty Indoor Small		Small Indo	oor	
A&P Table 3: CFBL_Number for Namicrobusiness ONLY)	Microbusiness (Us	se this table for a	CFBL_Numbe	er associated with	
CFBL_Number (Required)		Associated AF	PN(s) (Required)		
=	I				
Street Address (Require	ed)	City (Required) Zip Code (Requi			
DCC License Number 1 (Required)					
DCC License Number (Required)	DCC License	Expiration Date Provisional or Annual (Requ		or Annual (Required)	
DOC LICENSE NUMBER (REQUIRED)		DCC License Expiration Date Provisional or Ann (MM/DD/YYYY) (Required)			

DCC License Type 1 (Select Micro- under the micro-business applicati		the k	oox associat	ed with each a	activity conducted	
Micro-Business (check the box ass License)		ctivity	conducted in	association with	the Micro-Business	
Specialty Cottage Outdoor	Specialty Outdoor		Small Outo	door		
Specialty Cottage ML1	Specialty M			Small ML1	4001	
Specialty Cottage ML2	Specialty M			Small ML2		
Specialty Cottage Indoor	Specialty In			Small Indoor		
Nursery	Processing	4001		Manufacturing		
Self-Distribution / Transport Only	1100033119		Distribution	Manarao	tamig	
Store Front Retail			Delivery Only	, Retail		
A&P Table 4: CFBL_Number (For with any one of the following ac		icatio			mber associated	
<u> </u>						
CFBL_Number (Required)			Associated AD	N(s) (Required)		
Crbt_Number (kequied)			ASSOCIATED AF	iv(s) (Required)		
Street Address (Require	ed)		City (Req	uired)	Zip Code (Required)	
DCC License Number (Required	d)					
, , , , , , , , , , , , , , , , , , , ,						
DCC License Number (Required)	DCC License Ex (MM/DD/YYY)			Provisional	or Annual (Required)	
DCC License Type (Select one)	(WIIVI) DDI TTT	1) (1100	<u>unou</u>			
Processing						
Laboratory Testing			Shared Man	ufacturing		
Non-Volatile Solvent Manufacturii	na					
			Volatile Solvent Manufacturing Distribution			
Self-Distribution / Transport Only Store Front Retail			Delivery Only	, Dotail		
	direct areast areas				d CEDI. Nivershou	
A&P Table 5: CFBL_Number (For			ons that inc	iude a secon	d Crbt_Number	
associated with any one of the	Tollowing activitie	:5.)				
CFBL_Number (Required)		A	Associated AP	N(s) (Required)		
Street Address (Require	2d)		City (Req	uired)	Zip Code (Required)	
			City (Req	uiicu)	zip code (Required)	
DCC License Number (Required	1)			T		
DCC License Number (Required)	DCC License Ex	xpiration	ion Date Provision		nal or Annual (Required)	
•	(MM/DD/YYY)	r) (Rec	quired)		-	
DCC License Type (Select one)						
DCC FICEIBE LADE (SCIECT OHE)						
Processing			Shared Man	ufacturing		
Processing Laboratory Testing	na		Shared Man		ng.	
Processing Laboratory Testing Non-Volatile Solvent Manufacturi	ng		Volatile Solve	ufacturing ent Manufacturir	ng	
Processing Laboratory Testing Non-Volatile Solvent Manufacturi Self-Distribution / Transport Only	ng		Volatile Solve Distribution	ent Manufacturir	ng	
Processing Laboratory Testing Non-Volatile Solvent Manufacturii Self-Distribution / Transport Only Store Front Retail		icatio	Volatile Solve Distribution Delivery Only	ent Manufacturir / Retail		
Processing Laboratory Testing Non-Volatile Solvent Manufacturin Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For	direct grant appl		Volatile Solve Distribution Delivery Only	ent Manufacturir / Retail		
Processing Laboratory Testing Non-Volatile Solvent Manufacturii Self-Distribution / Transport Only Store Front Retail	direct grant appl		Volatile Solve Distribution Delivery Only	ent Manufacturir / Retail		
Processing Laboratory Testing Non-Volatile Solvent Manufacturin Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For	direct grant appl		Volatile Solve Distribution Delivery Only	ent Manufacturir / Retail		
Processing Laboratory Testing Non-Volatile Solvent Manufacturii Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For associated with any one of the	direct grant appl	es.)	Volatile Solve Distribution Delivery Only Ons that inc	ent Manufacturing Retail Iude a third C		
Processing Laboratory Testing Non-Volatile Solvent Manufacturin Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For	direct grant appl	es.)	Volatile Solve Distribution Delivery Only Ons that inc	ent Manufacturir / Retail		
Processing Laboratory Testing Non-Volatile Solvent Manufacturin Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For associated with any one of the  CFBL_Number (Required)	direct grant appl following activitie	es.)	Volatile Solve Distribution Delivery Only ons that inc	ent Manufacturing  / Retail  lude a third C  N(s) (Required)	CFBL_Number	
Processing Laboratory Testing Non-Volatile Solvent Manufacturii Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For associated with any one of the  CFBL_Number (Required)  Street Address (Require	direct grant appl following activitie	es.)	Volatile Solve Distribution Delivery Only Ons that inc	ent Manufacturing  / Retail  lude a third C  N(s) (Required)		
Processing Laboratory Testing Non-Volatile Solvent Manufacturin Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For associated with any one of the  CFBL_Number (Required)	direct grant appl following activitie	es.)	Volatile Solve Distribution Delivery Only ons that inc	ent Manufacturing  / Retail  lude a third C  N(s) (Required)	CFBL_Number	
Processing Laboratory Testing Non-Volatile Solvent Manufacturii Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For associated with any one of the  CFBL_Number (Required)  Street Address (Require	direct grant appl following activitie	es.)	Volatile Solve Distribution Delivery Only ons that inc	ent Manufacturing  / Retail  lude a third C  N(s) (Required)	CFBL_Number	
Processing Laboratory Testing Non-Volatile Solvent Manufacturii Self-Distribution / Transport Only Store Front Retail  A&P Table 6: CFBL_Number (For associated with any one of the  CFBL_Number (Required)  Street Address (Require	direct grant appl following activitie	es.)	Volatile Solve Distribution Delivery Only Dns that inc Associated AP City (Req	ent Manufacturing  / Retail  lude a third C  N(s) (Required)  uired)	CFBL_Number	

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 LEI	· · · · · · · · · · · · · · · · · · ·			
0.51 Has the direct grant applicant applied for EE	YES or NO (Required)			
0.52 On what data did the direct grant applicant				
0.52 On what date did the direct grant applicant	MM/DD/YYYY (If			
	applicable)			
0.53 Provide the direct grant applicant's LEEP elig				
0.55 Flovide the direct grant applicant's LLLF elig	LEEP Eligibility Numbe			
	(if applicable)			
0.54 Has the direct grant applicant received direct				
LEEP program?	st grant funds through the			
LLLF program:	YES or NO (If			
	applicable)			
0.541 If so, does any of the funding applied for in				
assist with the completion of projects included in	9			
• • •	the approved LEEP direct			
grant agreement?	VEC on NO (if			
	YES or NO (if applicable)			
If the applicant answered YES to the previous				
• •	s question, the following section must be			
completed.				
0.542 What name is associated with the executed				
Identify the individual or business entity named in	the executed LEEP grant agreement and			
issued check.				
First Name Middle Name	(optional) Last Named			
	(			
Business Ent	ity Name			
0.543 Describe how the requested direct grant fur				
funding, will be used to finish a project(s) funded	• •			
lunding, will be used to limism a project(s) lunded	by the LLLF direct grant program.			
Moulies up 1FO	2 also va atava			
Maximum 1500				
0.6 SUMMARY OF FUNDING REQUESTED (REQU				
Enter the funding amount requested for each sco	pe of project applied for on the attached SOP			
forms.				
BUDGET TAB 0.1 Combined Total				
	Enter Total Amount Requested			
<b>BUDGET TAB 1.0 Assistance with CEQA document</b>	preparation			
	Enter Amount Requested 1.0			
BUDGET TAB 2.0 Improving air quality and reducin				
emissions	g greenneuse gas			
emissions	Enter Amount Requested 2.0			
BUDGET TAB 3.0 Remediation and relocation to ar				
	renvironmentally			
superior location	First American De anno 1, 100			
DUDGET TAD 4.0 Headrale and 1.1 miles	Enter Amount Requested 3.0			
BUDGET TAB 4.0 Hydrology and improved water q				
	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)			

- 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:
  - 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 1.1AND 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 Cl	naracters	
2.2 DESCRIBE EACH TYPE OF COME COMMERCIAL CANNABIS BUSINES RENEWABLE RESOURCE DEVELOPM APPLICATION FORM. (REQUIRED SE	S THAT WILL BE ENT PROJECT(S	TRANSITION	ED OUT OF USE DUE TO THE
Combustion Engine 1			
AG_Number(s) and/or	CFBL_Number(s) (R	equired. Separa	te 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)
			(кефигеа)
Horsepower (If Applicable)			Watts (If Applicable)
Combustion Engine 2			
<u> </u>			
AG_Number(s) and/or	· CFBL_Number(s) (R	equired. Separa	te 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) (R	equired. Separa	te each with a ;)
	-		
Type of Combustion Engine Equipment	(Required)		Make / Model (Required) T
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) (R	equired. Separa	te 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			watts (ii / ppiicabie)	
Combastion Engine 0				
AG_Number(s) and/or	CFBL Number(s) (R	equired Separa	ite each with a ·)	
, to(o) a.n.a. e.	0. <u>22_</u> . <b>ta</b> 20. (0) (1.	очинови ворана	Jac	
Type of Combustion Engine Equipment	(Required)		Make / Model (Required)	
J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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) (R	equired. Separa	te 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 WILL ASSIST THE DIRECT GRANT APP ACHIEVING AN ANNUAL LICENSE.	PLICANT WITH I	MEETING CE	PE OF PROJECT APPLICATION  QA REQUIREMENTS AND	
	Maximum 2000 C			
2.4 DESCRIBE THE TIMELINE FOR T PROPOSED IN SECTIONS 2.1 – 2.3 C			• •	
	Maximum 2000 C	haracters		
	·	·		

# FORM 3.0 REMEDIATION AND RELOCATION TO AN ENVIRONMENTALLY SUPERIOR LOCATION

3.1 DESCRIBE EACH EXISTING STRUCTURE AND/OR DEVELOR	DIVIENIT V DEV THVI V	WILL BE
REMOVED OR RELOCATED TO AN ENVIRONMENTALLY SUPE		
REMEDIATED. (REQUIRED SECTION)	MOR LOCATION AT	ND
Development Structure or Area 1		
Bevelopment structure of Area 1		
AG_Number or CFBL_Number (Require	ed)	
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 (Require	ed)	
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 (Require	ed)	
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 (Require	ed)	
		C''
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 (Require	ed) I	
Description of development to be removed or relocated and remediated.	Scale with Unit Label	Site Plan Label
Required)	(Required)	(Required)
Development Structure or Area 6		
•		
AG_Number or CFBL_Number (Require	ed)	
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 (Require	ed)	
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 (Require	ed)	

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 (Require	ed)	
		011   D1   1   1
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	(required)	(Required)
Detection of the contract of t		
AG_Number or CFBL_Number (Require	ed)	
Description of development to be removed or relocated and remediated.	Scale with Unit Label	Site Plan Label
(Required)	(Required)	(Required)
Development Structure or Area 11		
AG_Number or CFBL_Number (Require	ed)	
	Scale with Unit Label	Cita Diam Labat
Description of development to be removed or relocated and remediated. (Required)	(Required)	Site Plan Label (Required)
Development Structure or Area 12	(*** 5 5*** 5 5)	(
AG_Number or CFBL_Number (Require	ed)	
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 RELOC		
DEVELOPMENT LISTED IN SECTION 3.1 ABOVE. (REQUIRED SI	ECTION)	
,	•	
Maximum 3500 Characters		
3.3 DESCRIBE THE DEVELOPMENT ACTIVITIES THAT WILL TA	KE PLACE TO REMO	VE AND/OR
RELOCATE THE DEVELOPMENT LISTED IN SECTION 3.1 ABOV	E. (REQUIRED SECTION	ON)
	•	-
Maximum 2000 Characters		
3.4 DESCRIBE HOW THE PROJECT(S) PROPOSED IN THIS SO	COPE OF PROJECT A	APPLICATION
WILL ASSIST THE DIRECT GRANT APPLICANT WITH MEETING (		
ACHIEVING AN ANNUAL LICENSE. (REQUIRED SECTION)		
Maximum 2000 Characters		
3.5 DESCRIBE THE TIMELINE IT WILL TAKE TO CONDUCT TH	E ACTIVITIES DESCR	IBED 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
QUA	LITY PROJECT(S) THE APPLICANT IS REQUESTING GRANT FUNDING FOR. (REQUIRED
SECT	IN)

SECTION)	
	AG_Number(s) and/or CFBL_Numbers
	APN(s)
	4.11 Reduce dependence on surface water
	4.12 Reduce dependence on ground water
	4.13 Improve water quality
	4.14 Conduct hydrological study(ies)
YES or NO	Type of Project(s) Proposed (Check all that apply)

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:

- 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:
  - WATER STORAGE VESSEL(S)
  - o CULVERT(S),
  - o ROLLING DIP(S),
  - o 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