C O M M U N I T Y S P A C E S

*MATCHING GRANT PROGRAM*

PRE-APPLICATION

The Pre-Application’s purpose is to:

* Establish relationships with applicants early in the application process to support the development of urban open space projects aligned with the Matching Grant Program (MGP) goals;
* Determine project eligibility; and
* As needed, offer grant application Technical Assistance (TA) to projects serving economically disadvantaged communities and that otherwise lack the resources required to submit a MGP full application.

Process

1. Pre-Applications are accepted on a continuous, rolling basis.
2. Prior to completing the Pre-Application, please review the **MGP Guidelines** for direction regarding eligible activities and funding, evaluation criteria, award pre-conditions, and compliance requirements
3. Please email **MatchingGrant@sonoma-county.org**with any questions.
4. **Complete Pre-Application and submit to** **MatchingGrant@sonoma-county.org****.**
5. Once received, staff will review Pre-Applications for eligibility, project readiness, and determine next steps which may include:
	1. Invitation to complete a Full Application\*;
	2. Discussion with project applicant regarding project eligibility and readiness;
	3. Technical assistance completing the Full Application;
	4. Consideration of other opportunities if project is not eligible for MGP funding consideration.

\*Applicants will be contacted regarding Pre-Application status within one month of submittal.

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| S E C T I O N | **A . CONTACT INFORMATION** |
| **Project t it le:**  |
| Click here to enter text |
| **Name of agency/ organization requesting funding:**  |
| Name: | Click here to enter the name of your organization or agency. |
| Address: | Click here to enter the address of your organization. |
| City: | Enter City | State: | Enter State | Zip: | Enter the city |
| **Project Manager representing agency/ organization:** |
| Name: | Enter Project Manager Name. | Title: | Enter Title. |
| Signature: |  | Phone: | Enter phone number. |
| Email: | Enter Email Address |
| **Authorized person representing agency/ organization:**  |
| Name: | Enter Authorized Person Name. | Title: | Enter Title. |
| Signature: |  | Phone: | Enter phone number. |
| Email: | Enter Email Address |

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|  S E C T I O N | **B . PROJECT INFORMATION** |

Enter APN(s)

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| Click here to enter text |
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Select Project Type

**Project location/address:**

Location: Enter Project Address

**Assessor’ s. To confirm:** [**https://common1.mptsweb.com/mbap/sonoma/asr**](https://common1.mptsweb.com/mbap/sonoma/asr)

**Urban Open Space:** Confirm project proximity within a half-mile of existing urban growth boundary, urban service area boundary, or census block with a population of greater than 100 (see the *Project Area* map in the [MGP Web Map).](https://experience.arcgis.com/experience/b6a27a614be14a8591704106dc170895/page/Page/?views=Project-Area)

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| Click here to enter text. |
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| Grant Funding Request: **$**Matching Funds: **$**Total Matching Grant Project Cost: **$****TOTAL PROJECT COST: $** |  |  |
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| Briefly describe total project costs and sources (known and pending). Please be specific about portion of the project that would be funded by MGP.(*Word Limit 300 words max)* |
| Click here to enter text. |
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|  S E C T I O N | **3 .** P RO J E CT **OVERVIEW** |
| 1. **Briefly describe project**. *(Word Limit 500 words*)
2. **Primary goals** – Please outline goals of proposed project
3. **Project Phase**
4. **Status of project**
5. **Estimated start and completion dates**; and include:
6. **Acquisition Projects** – willing seller status
7. **Improvement Projects** – site control status
8. **Project Partners** – Include key project partners and respective roles
9. **Primary Eligible Activities** - Major tasks involved in the project (see [*Eligible Activities*](https://www.sonomaopenspace.org/wp-content/uploads/Eligible-Project-Activities-Examples-ADA.pdf))
10. **Public Access** – If the project includes *public access*, include brief description
11. **Community Need** – Engagement, community role, organizations

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| 1. **Authorization** (See [*Resolution Sample*](file:///S%3A%5CSHARED%5CConservation%20Program%5CMatching%20Grant%20Program%5CFUNDING%20CYCLES%5CMGP%202024%5C2024%20Guidelines%20%2B%20Application%20Materials%5CAttachments%5CA_#_Resolution%20Sample%20English%20.docx)***)***

Please confirm (**yes/no)** you will be able to secure a resolution/letter from your governing body that includes:  1. Affirmation of applicant’s ability to complete project as presented;
2. Confirmation project is consistent with the jurisdiction’s general plan and zoning; and
3. Verification applicant has reviewed and will be compliant with all stated Matching Grant Agreement conditions including Conservation Easement and Recreation Covenant, as applicable.

Yes[ ] No[ ]  |

**4.** **CA ENVIRONMENTAL QUALITY ACT (CEQA) COMPLIANCE**

S E C T I O N

Please provide current project status. CEQA review does not need to be complete to apply, but Ag + Open Space will need to review and approve CEQA documentation *prior* to Board of Directors’ action on full application.

The proposed project…. (select appropriate answer below):

[ ]  Is not a project under CEQA. Briefly specify why:

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[ ]  Is exempt. Provide CEQA exemption number and specify how the project meets exemption terms:

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[ ]  Requires a Negative Declaration, Mitigated Negative Declaration, or Environmental Impact Report. Specify the lead CEQA agency (the agency preparing the document) and the (expected) completion date:

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[ ]  We don’t know the answer to this question and need help determining what CEQA review is required.

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| S E C T I O N | **5 . STATEMENT OF MATCH COMMITMENT**  |
| Please confirm (**yes/no**) if you will be able to meet the **Match** requirements (50%)?   YesYes[ ] No[ ] * Variance Request:  If you are not able to meet the match requirement and the proposed project serves an economically disadvantaged community, please describe the reason, and if you intend to request a match variance.
* To determine economically disadvantaged status, open the [*Economically Disadvantaged Community*](https://experience.arcgis.com/experience/b6a27a614be14a8591704106dc170895/page/Page/?views=Economically-Disadvantaged-Communities)map in the [2024 MGP Web Map](https://experience.arcgis.com/experience/b6a27a614be14a8591704106dc170895/page/Page/?views=Parcel-Look-up) [,](https://experience.arcgis.com/experience/b6a27a614be14a8591704106dc170895/page/Page/?views=Economically-Disadvantaged-Communities) navigate to the project location, and click within the project area to determine if project is in a low-income community, defined as less than 80% of the county’s median income. Indicate the mean household income of the project location’s census tract below.

(*Limit 100 words)* |
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| S E C T I O N | **6 . ORGANIZATIONAL FISCAL SOLVENCY** |
| **Attach** most recent annual audit, or if your organization does not conduct audits, please provide an end of fiscal year financial statement. Briefly provide any needed descriptions below. (Limit 100 max) |

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| S E C T I O N | **7 . TECHNICAL ASSISTANCE REQUEST** |
| This Pre-Application includes an opportunity to request pre-award technical assistance for projects serving an economically disadvantaged community, and if the applicant otherwise lacks the capacity to develop a **Full Application**. Application technical assistance may include, but not be limited to *preliminary* project design, planning, site assessment, application coaching and review, mapping/GIS, CEQA and permitting guidance, and real estate support. Staff will assess these requests for eligibility and work with eligible applicants to provide needed assistance. The value of technical assistance will not exceed $15,000 per application. If you require technical assistance, as noted above, please complete the section below, noting the type of technical assistance required.  |

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