This form provides basic information about the applicant and the project. Each applicant must complete and sign this form. If an applicant submits multiple applications that address the same project group, each application must be for a distinct project (i.e., no overlap with respect to the tasks described in the Scope of Work, Attachment 4).

**Applicant’s Identification Information**

| Legal Name of Applicant Tribe or Organization |  |
| --- | --- |
| **Please select applicable box for Applicant** | [ ]  Federally recognized tribe[ ]  Non-federally recognized tribe – If non-federally recognized tribe, please identify the legal entity who is applying:[ ]  California tribal organization[ ]  Tribal-serving non-governmental organization |
| **Federal Tax ID #** | XX**-**XXXXXXX |
| **Project Manager**(serves as the point of contact for all communications) | Name:Title:Street Address:City, State, and Zip Code:Phone Number: ( ) –Fax Number: ( ) -E-Mail Address: |

| Project Title  |
| --- |
|  |

**Proposed Term** *(must fall within the dates specified in the “Timeline” in Section III of the solicitation.)*

**Start Date: / /**

**End Date: / /**

**Primary Project Group** *(Place a check in the box applicable to the proposed project. Select only one primary group per application. If you have secondary groups, please indicate them in the next section. See Section II of the solicitation for an explanation of each project group.)*

[ ]  Group 1: Topic-specific Research

[ ]  Group 2: Climate Assessment

[ ]  Group 3: Project Implementation

[ ]  Group 4: Information Sharing

[ ]  Group 5: Tool Development

[ ]  Group 6: Other

**Secondary Project Group** *(Place a check in the box(es) applicable to the proposed project. You may select multiple secondary groups; however, selecting more or fewer secondary project groups will not affect the evaluation of your application.)*

[ ]  Group 1: Topic-specific Research

[ ]  Group 2: Climate Assessment

[ ]  Group 3: Project Implementation

[ ]  Group 4: Information Sharing

[ ]  Group 5: Tool Development

[ ]  Group 6: Other

**Project Location** (if applicable)

General description of project area:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

| Project Description *(under 300 words)*  |
| --- |
|  |

| Funding | *(See “Funding and Activity Schedule” in Section III of the solicitation)* |
| --- | --- |
| Amount Requested **$20,000 to $400,000** | **$** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| Subrecipients *(If subrecipients will perform work for the project, insert the legal name of* *each subrecipient below.)* |
| --- |
|  |
|  |
|  |
|  |
|  |

**Climate-relevant Funding for Past Agreements** *(Complete the table below if the applicant and/or its subrecipients have any active or past (within the last ten years) agreements related to or in support of this application. If the number of agreements for the applicant or subrecipients exceeds five, list at least five of the applicant or subrecipients’ most relevant agreements, in order of date and relevance to the proposed project.)*

| Name of Applicant or Subrecipient | Name of Entity that Issued the Agreement, Contact Name, and Phone Number | Description of Project and Status |
| --- | --- | --- |
| *Agreement 1* |  |  |
| *Agreement 2* |  |  |
| *Agreement 3* |  |  |
| *Agreement 4* |  |  |
| *Agreement 5* |  |  |

**Multiple Applications**

If you are submitting more than one application, please identify the priority project.

Project Title of Priority Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a Grant Round is oversubscribed and a single applicant is proposed for more than one grant award, only the applicant’s priority project will be awarded a grant.

**Certifications**

1. I am authorized to complete and sign this form on behalf of the applicant.
2. I authorize the California Energy Commission to contact the applicant to clarify and/or verify information submitted in this application.
3. To the best of my knowledge, and under penalty of perjury, the information contained in this application is correct and complete.

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The CEC encourages applications to include a signature on Attachments 1 and 9. If an application is submitted without signatures on Attachment 1 and/or Attachment 9 and the application is proposed for award, the CEC will require the applicant to sign the Attachment(s) prior to grant execution.