

2022 PREPARE CALIFORNIA JUMPSTART APPLICATION

Introduction

Prepare California JumpStart is a competitive 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 augment staffing by funding a Chief Resilience Officer, or a position of similar scope and title, thereby increasing capacity to develop local initiatives that foster resilience and mitigation project scoping, as well as planning, activities, and outreach for mitigation, preparedness, and recovery. Each application may be up to \$1 million dollars in State funds.

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 Prepare California JumpStart applications.

Prior to beginning this form, applicant entities should access the map linked below to verify their jurisdiction contains at least one eligible community: [Hazard Exposure and Social Vulnerability Map](#).

Note that most 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. The Cal OES TA Team is available to assist communities 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 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 Prepare California 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 (e.g., maps, job postings). Any additional documents must be labelled and submitted with the application in a single email submission.

Applicants may not submit additional text in response to the questions below outside of this document. All responses must clearly and concisely fit within the space provided.

Upon completion of this application, interested applicants must submit it to PrepareCAJumpStart@caloes.ca.gov with "Prepare California JumpStart" in the subject line and in the title of the application (e.g., Prepare California JumpStart, City of Metropolis, Chief Resilience Officer).

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

*Full Name:
First M.I. Last

*Entity Name:

*Address:
Street Unit / Suite #

City State ZIP Code

*Phone: *Email:

2. Secondary Point of Contact

Full Name:
First M.I. Last

Entity Name:

Address:
Street Unit / Suite #

City State ZIP Code

Phone: Email:

II. Application Information

1. *Applicant Entity Name (Limit: 75 characters):

2. *County or Counties:

3. *Applicant Entity Type:

4. FIPS#:

5. EIN:

6. *Applicant entities must have an active, or participate in an active, Local Hazard Mitigation Plan (LHMP) or Tribal Plan by September 23, 2022.

*Does your entity have an active, or participate in an active, LHMP or Tribal plan?

YES

NO

If "Yes", enter expiration date:

If "No", briefly describe the status of your plan (Limit: 380 characters):

7. * Provide the title of your application. Your title should start with "Prepare California JumpStart" then list the applicant entity's name and a **brief** description of the position.

Example: "Prepare California JumpStart City of Metropolis Chief Resilience Officer".

Application Title (Limit: 150 characters):

III. Position Information

Budget Details

Prepare California JumpStart is intended to fund the hiring, or continuation of services, of a Chief Resilience Officer, Chief Sustainability Officer, or any other position with similar authority and scope of services. The following are the eligible item costs:

- The position's salary throughout the period of performance.
- Any fringe benefits associated with the position.
- Supplies and materials that do not exceed \$5,000 annually.

Any costs not explicitly covered above are not eligible under this program.

The position funded through Prepare California JumpStart must not supplant existing staff or positions. You must thoroughly demonstrate through this application that the position supplements existing staff and increases your organization's capacity.

1. *Position Title (Limit: 75 characters):

2. *Provide a brief description of the position's scope of services and their role within your organizational structure. (Limit: 900 characters)

3. *Provide the budget details associated with this position. If the total of all costs exceeds the award amount, the applicant will be responsible for the additional costs.

A.	Total cost of position salary:	
B.	Total cost of fringe benefits:	
C.	Total cost of supplies and materials:	
	Sum of all costs (auto-calculated):	\$ 0.00

4: * Provide a brief narrative describing how the costs identified above were developed. (Limit: 1,750 characters)

Schedule Details

5. *The period of performance is limited to five years (60 months) and may begin no later than Spring 2023. Enter the start and end dates for your activities below.

Start Date: End Date:

6. *Provide a chronological summary of the major initiatives and deliverables that the new position will be responsible for implementing over the period of performance. Include key metrics that will be monitored to ensure program success. (Limit: 1,750 characters)

7. *Using the table below, enter the major deliverables and/or initiatives described above and the associated metrics and schedule. The metrics listed must be those used and monitored by your organization as targets of program success. The schedule next to each item must be expressed in months (e.g., "months 1-4"), and deliverable/initiative schedules may overlap.

Example:

Deliverable/Initiative: Community Outreach Metric: 100 Attendees Schedule: Months 1-2

As a deliverable during the period of performance, applicants **must** pursue project scoping that leads to a Hazard Mitigation Assistance (HMA) subapplication(s). This may include Advance Assistance (AA) under the Hazard Mitigation Grant Program (HMGP), and/or Capability- and Capacity-Building (C&CB) under the Building Resilient Infrastructure and Communities (BRIC) and Flood Mitigation Assistance (FMA) programs.

A. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
B. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
C. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
D. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
E. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
F. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
G. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>

H. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
I. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
J. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
K. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
L. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
M. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
N. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
O. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
P. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
Q. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
R. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
S. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>
T. Deliverable/Initiative:	<input type="text"/>	Metric:	<input type="text"/>	Schedule:	<input type="text"/>

Location Details

The applicant must enter location data for the **eligible census tracts** within their jurisdiction where the position's activities will focus or take place.

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.

[Hazard Exposure and Social Vulnerability Map](#)

The latitude and longitude (lat/long) coordinates must apply to an activity 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 the appropriate coordinates, please reach out to Cal OES as directed in the instructions.

8. *List the eligible census tract(s) that will benefit from the position:

A.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
B.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
C.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
D.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
E.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
F.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
G.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
H.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>
I.	Census Tract:	<input type="text"/>	Latitude / Longitude:	<input type="text"/>

9. *Provide a summary description of the benefit locations listed above within your jurisdiction. (Limit: 900 characters)

Problem Statement & Solution

10. *Describe the hazards negatively impacting your community and the challenges your organization faces to meet your needs. Include a description that particularly focuses on those areas that are eligible on the Hazard Exposure and Social Vulnerability Map. (Limit: 1,250 characters)

11. *Describe how your position will address the hazards and challenges described above, and why your organization does not currently have the capacity to meet those needs without this grant. Any existing positions within your organization that have a similar scope or title must be called out with an explanation why that role does not adequately meet your needs.
(Limit: 1,250 characters)

Implementation Plan

12. *Explain how the position, and the grant, will be managed and what measures will be put in place to ensure capacity is maintained beyond the period of performance. (Limit: 600 characters)

Resilience Outcomes

13. *Describe how the position enhances your community's ability to mitigate or recover from disasters and if the benefits are sustainable beyond the period of performance. If this position compliments previous mitigation action, include a description here. (Limit: 900 characters)

Community Benefit & Equity

14. *Describe how the position will specifically benefit socially vulnerable and high-hazard communities (i.e., which deliverables/initiatives will directly impact or focus on your eligible census tracts). Include a description of the target populations. (Limit: 900 characters)

Outreach & Community Involvement

15. *Describe how the position will engage the community, if any partnerships will be established, and to what extent stakeholders inform or contribute to the position's activities. (Limit: 900 characters)

16. If applicable, describe how the position will engage non-government organizations in the community to further meet your needs and achieve your resilience goals through private investment. (Limit: 900 characters)

Future Conditions & Climate Change

17. *Describe how activities performed by the position were informed by future conditions (e.g., population or demographic changes) and/or climate change. If applicable, explain how an activity will incorporate nature-based solutions or aligns with other relevant climate or land-use planning efforts.
(Limit: 900 characters)

Other Activity Details

18. *Has this position, or any of their planned activities, been submitted previously to Cal OES?

YES

NO

If "Yes", describe (Limit: 90 characters):

19. *Has this position, or any of their planned activities, been submitted previously to another entity or agency?

YES

NO

If "Yes", describe (Limit: 90 characters):

Authorization

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 Prepare California 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:

*Title:

*Entity:

*Signature:

*Date:

Application Submission Instructions

Interested applicants must submit their application to PrepareCAJumpStart@caloes.ca.gov with "Prepare California JumpStart" in the subject line and in the title of the application (e.g., Prepare California JumpStart, City of Metropolis, Chief Resilience Officer).

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 **September 23, 2022**. Applications submitted after the posted deadline will be considered if funding remains available.

Prior to sending the PDF of your completed Prepare California 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 Prepare California JumpStart program.