Statewide Planning and Capacity Building Project Administrator FY 2022-23 Solicitation

APPENDIX A: APPLICATION



Note:

If you require this document in an alternate format or language, please contact Heather Choi at (279) 208-7556 or heather.choi@arb.ca.gov. TTY/TDD/Speech to Speech users may dial 711 for California Relay Service.

Table of Contents

Applic	ation Overview	3	
l.	Application File Naming Conventions	3	
II.	Required Elements	3	
Attach	ment 1: Application Checklist	4	
Attach	ment 2: Application Cover Page	6	
Attach	ment 3: Project Team Qualifications	7	
l.	Lead Applicant Qualifications	7	
II.	Lead Applicant Past Performance and References	8	
III.	Lead Applicant Staff Information and Resumes	8	
IV.	Lead Applicant Resources and Readiness	8	
V.	Sub-applicant Qualifications	9	
VI.	Sub-applicant Staff Information	9	
VII.	Sub-applicant Letters of Commitment and Support	9	
Attach	ment 4: Scope and Timeline Workplan	10	
l.	Project Executive Summary	10	
II.	Project Vision	10	
III.	Scope and Timeline Template	10	
Attach	ment 5: Proposed Budget	11	
l.	Budget Template	11	
II.	Resource Contribution Commitment Letters (if applicable)	11	
Attach	ment 6: Conflict of Interest Declaration	12	
Attach	ment 7: Compliance with the Law Declaration	13	
Attach	ment 8: Attestation of Readiness	14	
Attach	ment 9: Insurance Endorsement	15	
Attach	ment 10: Non-Collusion Declaration	16	
Attachment 11: STD, 204 Pavee Data Record			

Application Overview

The Statewide Planning and Capacity Building Project Administrator application is not a substitute for Applicants thoroughly reviewing the Solicitation and Appendices in their entirety. To ensure all requirements have been met and the required information is provided, Applicants are strongly encouraged to thoroughly review the Solicitation before applying.

This appendix (**Appendix A**) identifies all the required application elements including but not limited to narratives, documentation requirements, templates, and forms that must be submitted together as a complete application package. A complete application consists of all required elements including one (1) signed and completed Application Cover Page.

CARB must receive complete applications by 11:59 pm (Pacific Time) on September 22, 2023, the application deadline. For an application to be scored, the Lead Applicant must meet all Eligibility Requirements and submit all the required application elements identified herein.

I. Application File Naming Conventions

All submitted documents should be clearly labeled and include the Lead Applicant name and the file name as the corresponding attachment number. Lead Applicants are encouraged to use the following naming convention for application materials:

[Lead Applicant Name]_[Attachment #] OR

[Lead Applicant Name]_[# Attachment] 1 of [total # of documents]

II. Required Elements

Attachment 1: Application Checklist

Attachment 2: Application Cover Page (sign this)

Attachment 3: Project Team Qualifications

Attachment 4: Scope and Timeline Workplan

Attachment 5: Proposed Budget

Attachment 6: Conflict of Interest Declaration (sign this)

Attachment 7: Compliance with the Law Declaration (sign this)

Attachment 8: Attestation of Readiness (sign this)

Attachment 9: Insurance Endorsement

Attachment 10: Non-Collusion Declaration (sign this)

Attachment 11: STD. 204 Payee Data Record

Attachment 1: Application Checklist

The application checklist template below must be completed and submitted as part of the application package. This checklist will be used to screen whether the application is complete and includes all the required documentation, templates, and forms. Lead Applicants must add the file name for each required element to indicate item is complete; in addition, the Lead Applicant must ensure all files are delivered by the application deadline in the manner required as outlined in the Solicitation.

Statewide Planning and Capacity Building Project Administrator Application Checklist

Application Section	Required Elements (unless otherwise noted)	File Name(s)
Attachment 1: Application Checklist	Completed Checklist with application material files names	
Attachment 2: Application Cover Page	Completed, signed, and dated form	
Attachment 3: Project Team Qualifications	Completed elements: I. Lead Applicant Qualifications II. Lead Applicant Past Performance and References III. Lead Applicant Staff Information and Resumes IV. Lead Applicant Resources and Readiness V. Sub-applicant Qualifications VI. Sub-applicant Staff Information VII. Sub-applicant Letters of Commitment and Support	
Attachment 4: Scope and Timeline Workplan	Completed elements: I. Project Executive Summary II. Project Vision III. Template I: Scope and Timeline Template	
Attachment 5: Proposed Budget	Completed elements: I. Template II: Budget Template II. Resource Contribution Commitment Letters, if applicable.	

FY 2022-23 PCB ADMINISTRATOR SOLICITATION – APPENDIX A

Application Section	Required Elements (unless otherwise noted)	File Name(s)
Attachment 6: Conflict of Interest Declaration	Completed, signed, and dated declaration (Lead Applicant and Subapplicants must sign)	
Attachment 7: Compliance with the Law Declaration	Completed, signed, and dated declaration (Lead Applicant and Subapplicants must sign)	
Attachment 8: Attestation of Readiness	Completed, signed, and dated attestation (Lead Applicant and Subapplicants must sign)	
Attachment 9: Insurance Endorsement	Proof of insurance	
Attachment 10: Non- Collusion Declaration	Completed, signed, and dated declaration (Lead Applicant and Subapplicants must sign)	
Attachment 11: STD. 204 Payee Data Record	Completed, signed, and dated form	

Attachment 2: Application Cover Page

Complete and sign the Application Cover Page:

https://ww2.arb.ca.gov/sites/default/files/2023-07/MSCD_ISB_097.pdf

Attachment 3: Project Team Qualifications

I. Lead Applicant Qualifications

<u>Qualifications Narrative:</u> Submit an attachment describing the Lead Applicant's experience and expertise in the areas identified below. Describe how the experience and expertise in those areas will enable the Lead Applicant to implement the project efficiently and effectively. Include a copy of any applicable required licenses or verification documentation (for example, for a nonprofit organization, copy your organization's Internal Revenue Service determination letter).

- a. Ability to serve as a statewide Administrator:
 - i. Staff capacity to implement the scope of work
 - ii. Development of similar programs/projects (such as developing tools, processes, materials, etc.)
 - iii. Day-to-day implementation of similar programs/projects
 - iv. Performance of administrative tasks necessary to successfully run and oversee planning and capacity building projects
 - v. Potential to expand if additional funding becomes available
- b. Ability and readiness to conduct equity work in communities through documented commitment to equity, and an organization mission aligned with equitable access to clean transportation.
- c. Ability to provide capacity building, administrative, and implementation support to Planning, CMIS and STEP grantees.
- d. Ability to develop and implement equity-centered processes, manage complex grants, and coordinate amongst diverse partners.

Applicant must include the following certification with the Qualifications Narrative, signed and dated by a person with authority to make such a certification on behalf of the Applicant:

I certify, under penalty of perjury, that I have examined and am familiar with the information, statements, representations, and conclusions made in the enclosed Grant Application, including all attachments thereto. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements, representations, conclusions, and information are true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false statements, claims or information to the State of California, including the possibility of criminal sanctions.

Signature Name Title Date

II. Lead Applicant Past Performance and References

Provide details for up to five (5) grant agreements the Lead Applicant managed and implemented within the last five (5) years. Applicants are encouraged to list agreements similar in size, scope, or purpose to this Solicitation.

Optional: Up to two references may be provided from past or current partnerships.

CARB, including its authorized representatives, has full consent and permission to contact and interview each and all the references provided in response to this Solicitation.

For each agreement or reference, provide the following details using no more than one page per agreement or reference:

- a. Grantor/Entity Name of Reference
- b. Grantor/Entity Address of Reference
- c. Name of Reference(s)
 - i. Phone Number(s)
 - ii. Email Address(es)
- d. Identify the purpose and amount of the agreement.
- e. Describe whether and how the Lead Applicant was able to successfully complete and manage the agreement.
- f. Describe how the relationship with the Grantor is similar to the Lead Applicant's proposed relationship with CARB under this Solicitation, and why this was a successful relationship.
- g. Describe how this agreement is similar to this Solicitation's purpose of building organizational and/or community capacity.

III. Lead Applicant Staff Information and Resumes

Include information for each staff member that will be involved in developing and/or implementing the project. Submit resumes. If a new position will be made available upon execution of the grant, use "To Be Determined" as the name, and include the hourly rate and expected duties and qualifications.

IV. Lead Applicant Resources and Readiness

Identify the staff, infrastructure, funding, and other resources you have available and will use to administer Planning awards and deliver capacity building support to Planning, CMIS, and STEP awardees effectively and efficiently. Through past work examples, describe how these resources will enable the Lead Applicant to establish and adhere to realistic and expeditious timelines.

Personnel costs, fringe benefit costs, operating expenses, travel, including rent and supplies, equipment costs, overhead, records retention, and any other costs needed to implement the project should be detailed in your Proposed Budget (See Attachment 4).

V. Sub-applicant Qualifications

<u>Qualifications Narrative:</u> Provide a detailed narrative and project team structure, including governance, that describes how Sub-applicants' expertise and experience is compatible with providing regional and tailored capacity building, administrative, and implementation support to Planning, CMIS and STEP awardees. Narrative should detail previous support provided to specific entity types, including but not limited to School Districts, community-based organizations, and tribal entities, as well as commitment to equity and other project-specific qualification outlined in the Project Team Qualification requirements of the Solicitation.

VI. Sub-applicant Staff Information

Include information for each staff member that will be involved in developing and implementing the Planning and Capacity Building Project. Attach resumes. If some partners are not yet identified, indicate "To Be Determined" as the name and explain approach for filling these roles.

VII. Sub-applicant Letters of Commitment and Support

For each Sub-applicant, submit a signed letter of commitment and support (addressed to the Lead Applicant) that describes their unique qualities and expertise and commitment to equity and partnership. Optional: Sub-applicants that are providing an optional resource contribution may include these details in their letters of commitment and support.

Attachment 4: Scope and Timeline Workplan

Applicants must include a high-quality Scope and Timeline Workplan (Workplan). The Workplan consists of three elements:

I. Project Executive Summary

Prepare a summary with a clear and concise description of project design, and how key tasks and project flow will be completed. This narrative is intended to be a self-contained document that identifies the name of Applicants, the project title, the scope, project objectives, a project description, including methods to be used, potential benefits and outcomes, major participants, and requested funded amount. It should not include information that is not in the rest of the proposal. Do not include any proprietary or sensitive business information or other confidential information, as it may be made available to the public. The project summary must not exceed one page (use standard 8.5" by 11" paper size with a 1" margins with at least 11-point font).

The summary will be publicly posted on CARB's website at least ten days before CARB preliminarily selects an Applicant as the Grantee. Please note that CARB may, at its sole discretion, modify the Project Executive Summary for Public Posting to accurately present the required project information in line with how that information is presented throughout the project application.

II. Project Vision

The project vision must include the following details:

- a. Briefly describe the general approach to implementing all required Scope of Work tasks.
- b. Briefly describe how the project will build capacity to achieve more successful and equitable outcomes for the Planning, CMIS, and STEP awardees.
- c. Describe project equity considerations and approach throughout project implementation.
- d. Describe the project strategy for implementing an effective regional approach to delivering capacity building, administrative, and implementation support.

III. Scope and Timeline Template

Complete and submit Template I: Scope and Timeline Template https://ww2.arb.ca.gov/planning-and-capacity-building-administrator-fy-22-23

Attachment 5: Proposed Budget

I. Budget Template

Complete and submit Template II: Budget Template https://ww2.arb.ca.gov/planning-and-capacity-building-administrator-fy-22-23

Applicant must use the Budget Template worksheets to describe the proposed project budget for completing the Scope of Work, consistent with the Sample Grant Agreement (Appendix B) and the Solicitation.

The proposed budget must include all estimated labor and material costs associated with managing the project, a description of any applicable resource contribution commitments (e.g., in-kind services and match funding), records retention, and transfer to CARB. To be eligible for award, Applicants must set aside at least \$3 million in the budget to fund Planning awardees. Up to \$2 million is available for all other capacity building, administrative, and implementation support activities.

All expenses and other funding must be estimated and identified. Grant management costs may not exceed five (5) percent of the grant award amount. In addition, indirect costs may not exceed five (5) percent of the total requested funds. Eligible project activities and costs are identified in the Solicitation.

II. Resource Contribution Commitment Letters (if applicable)

The proposed budget should identify all resource contributions contributed by the Project Team to support or manage the project but not requested to be covered by CARB funds. Itemize staff time or other costs that are being committed. Resource contributions committed in this application must be documented by the Grantee in the Final Report. The applicant must submit letters describing and authorizing any proposed resource contribution commitments as part of this application. If a resource contribution is coming from a Project Partner, the details outlined above can be included as part of the partners' Letter of Commitment and Support.

Attachment 6: Conflict of Interest Declaration

All Applicants must disclose any conflict of interest that could be perceived to impact their ability to fulfill the duties and responsibilities set out in this Solicitation or the Grant Agreement. A Lead Applicant selected as the Grantee will not be allowed to also be a grantee for any programs or projects that the Grantee supports, assists with, manages, administers, or oversees. The Lead Applicant must immediately inform CARB of any current, ongoing, or pending direct or indirect interests that do or could pose an actual, apparent, or potential conflict of interest with the Lead Applicant's (or any of the Sub-applicant's) ability to fulfill the duties and responsibilities set out in this Solicitation or the Grant Agreement. These may include, but are not limited to, financial arrangements with or interest(s) with product manufacturers, equipment suppliers or vendors, infrastructure installers, fuel manufacturers, fuel or electricity retailers, vehicle or equipment component manufactures or related organizations as well as membership in or financial arrangements with community-based organizations or committees or subcommittees. CARB may consider the nature and extent of any actual, potential, perceived, or apparent conflict of interest, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the Lead Applicant based on such actual, potential, perceived, or apparent conflict of interest at CARB's sole discretion.

Each Applicant represents, warrants, and agrees that all conflicts of interest, if any, have been fully disclosed to CARB in the submitted application.

The undersigned declares that he or she is an official/agent of the responding Applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

COMPANY NAME (LEAD APPLICANT AND SUB-APPLICANTS)

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVE

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE

[NOTE: SUB-APPLICANTS MUST ALSO SIGN THIS CONFLICT-OF-INTEREST DECLARATION]

Attachment 7: Compliance with the Law Declaration

All Applicants (one per each entity) must disclose any claims against it (them, him, or her) of noncompliance with any U.S. EPA, CARB, or California air district laws, including a Notice of Violation, Citation, or litigation alleging noncompliance, along with a copy of any of the government documents you have received alleging noncompliance. The Applicant may explain the nature of the allegations and present any defenses. If the Applicant has no such claims of noncompliance against any of them, the Applicant shall so attest in the application.

CARB may consider the nature and extent of any alleged or proven noncompliance with U.S. EPA, CARB, or California air district law, or failure to disclose any alleged noncompliance with U.S. EPA, CARB, or California air district laws, including those discovered outside of the application, in evaluating, considering, or scoring the application, and may disqualify the application based on such noncompliance, at CARB's sole discretion.

Applicant represents, warrants, and agrees that all claims of noncompliance, if any, have been disclosed to CARB in the submitted application.

The undersigned declares that he or she is an official/agent of the responding Applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

ORGANIZATION NAME (LEAD APPLICANT and SUB-APPLICANTS): XXX SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVES: XXX NAME AND TITLE OF AUTHORIZED REPRESENTATIVES: XXX DATE OF SIGNATURES: XXX

[NOTE: SUB-APPLICANTS MUST ALSO SIGN THIS DECLARATION]

Attachment 8: Attestation of Readiness

APPLICANT'S ACKNOWLEDGEMENT THAT APPLICANT IS READY, WILLING AND ABLE TO MEET AND COMPLY WITH ALL THE TERMS AND CONDITIONS OF THE GRANT AGREEMENT (APPENDIX B)

Applicant accepts the terms and conditions of the attached Grant Agreement (Appendix B) in the same form, and is ready, willing, and able to comply with all such terms and conditions.

The undersigned declares that he or she is an official/agent of responding entity (the Lead Applicant, Sub-applicants, and Project Teams) and is empowered to represent, bind, and execute contracts and other agreements on behalf of said entity(ies).

The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

ORGANIZATION NAME (LEAD APPLICANT and SUB-APPLICANT(S)): XXX

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVES: XXX

NAME AND TITLE OF AUTHORIZED REPRESENTATIVES: XXX

DATE OF SIGNATURE: XXX

[NOTE: SUB-APPLICANTS MUST ALSO SIGN THIS DECLARATION]

Attachment 9: Insurance Endorsement

Submit proof or evidence of existing insurance that covers the minimum insurance requirements set out in the Sample Grant Agreement (Appendix B).

Attachment 10: Non-Collusion Declaration

All Applicants must provide a signed and dated non-collusion declaration as follows:

I, [insert name of person signing], [insert title of person signing], on behalf of [Insert Name of Applicant], affirmatively state the following to be true and correct: the application is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; the application is genuine and not collusive or a sham; the submittal of the application has not directly or indirectly been induced by or solicited from any other applicant to put in a false or sham proposal; the Applicant has not directly or indirectly colluded, conspired, connived, or agreed with any other applicant or anyone else to put in a sham application; the Applicant has not in any manner directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposed fees or terms of the application or of any other application, or to fix any overhead, profit, or cost elements of the proposed fees or fee structure, or of that of any other applicant, or to secure any advantage against CARB or other applicants; all statements contained in the application are true and correct.

The undersigned declares that he or she is an official/agent of responding Applicant and is empowered to represent, bind, and execute contracts and other agreements on behalf of the Applicant. The undersigned declares under penalty of perjury, under the laws of the State of California, that all statements and responses in this Declaration are true and correct, with full knowledge that all statements and responses are subject to investigation and that any incomplete, unclear, false or dishonest statements or responses may be grounds for rejection of the application, disqualification from this Solicitation process, termination of any or all executed Grant Agreements and/or other legal consequences.

ORGANIZATION NAME (LEAD APPLICANT and SUB-APPLICANTS): XXX

SIGNATURE OF DESIGNATED AUTHORIZED REPRESENTATIVES: XXX

NAME AND TITLE OF AUTHORIZED REPRESENTATIVES: XXX

DATE OF SIGNATURES: XXX

[NOTE: SUB-APPLICANTS MUST ALSO SIGN THIS DECLARATION]

Attachment 11: STD. 204 Payee Data Record

Fill out and submit as a part of this application the STD. 204 Payee Data Record: https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf