

**Supplemental Benefits Fund**

**1735 Montgomery Street**

**Oroville, California 95965**

**Formal Project/Request Application**

**2021 NOFA Offering**

***Important! The Adobe Reader Program is required to use the interactive feature of this application. If you don’t have it click on the following link to install it for free:*** [***https://get.adobe.com/reader/***](https://get.adobe.com/reader/)

*NOTE: (1) Please complete all requested information; (2) If the question is not applicable to your request enter N/A; (3) If additional space is required please attach additional pages with a reference to the section that you are continuing.*

 Name of Applicant and Associated Entity (if any)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. Legal status of organization:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Information

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select the amount, you are applying for:**

**Project Fund: Total funds available in this NOFA offering is $200,000. (Geographical consideration area: Reaches 1-6 as defined by the Feather River Conceptual Plan, A Vision for the Low Flow Channel of the Feather River, map on page 8)**

**Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-------------------------------------------------------------------------------------------------------------**

**1. project description**

 ***(The Project Description may vary widely in length depending on the size and scope of the project that would be funded, and the size of the grant being requested. A useful structure to assist the readers and decision makers is to break the project down into component goals, each with its own heading and complete description. If applicable, comments about project staff experience and how the overall project will be measured and sustained)***

**2. organization description**

**3. consistency with SBF goals**

Place a check-mark next to each of the SBF Goals that are consistent with your request

\_\_\_\_ Provide multiple recreational opportunities that utilize and enhance access to

 existing resources within the boundaries of the Feather River Plan. (SBF 2014)

\_\_\_\_ Encourage secure and managed access for all segments of the populations, with connections to the surrounding community and future development. (SBF 2014)

\_\_\_\_ Ensures the continued success of habitat restoration and improve the ecological health of the river and floodplain in concert with river restoration goals. (SBF 2014)

\_\_\_\_ Ensures proposed projects complement the Department of Water Resources (DWR) Recreation Management Plan (RMP). (RFSP/2010)

\_\_\_\_ Maximizes SBF funding capacity by demonstrating leverage – the project has multiple sources of funding, of which SBF funding is only a part. (RFSP/2010)

\_\_\_\_ Generates other benefits and revenue(s) to the local community.

\_\_\_\_ The request is within the defined area(s) as detailed on pages 7 & 8 of the 2018 NOFA Guidelines.

SBF 2014 = Refined goals approved October 1, 2014

RFSP = Regional Fund Strategic Plan approved April 27, 2010

1. **project selection criteria**

 **a. ability to attract matching funds**

Please quantify the amount of matching funds, or value, of the non-SBF funding as compared to the total project cost. The matching funds amount should be expressed as a dollar and percentage value. Please note that the matching value may include donated time, materials, or other in-kind donations, that are used to complete the project. Please provide documentation to support the matching estimates.

confirmed funds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_

estimated funds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_

confirmed in-kind value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_

estimated in-kind value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_

Comments (optional)

**4. project selection criteria**

 **b. nexus to the feather river**

A project’s nexus to the Feather River will be evaluated using the following criterion.

*(Nexus = connection, link; refer to the SBF Vision Statement for additional clarification)*

1. Physical proximity to the river,

2. Link to river recreation, or

3. Other river nexus, such as riparian restoration.

Please explain how the proposed project has a nexus with the Feather River. You may include maps, other graphic detail, or additional information that demonstrates the project’s nexus with the Feather River.

1. **project selection criteria**

**c. enhance quality of life for local residents**

 **& attract visitors**

Please describe how the proposed project will enhance the quality of life for local residents and how the project will help to attract visitors to the region. SBF approved projects are intended to be recreational & related projects that help stimulate economic development in the Oroville region. Considerations might include:

 1. Availability of the project to local residents.

 2. Increase in levels of service to local residents.

 3. Project uniqueness.

 4. Appeal to visitors (local, regional, and others).

**5. optional additional information**

You may provide pertinent studies, data, or other information that might help the SBF Steering Committee evaluate the value of the proposed project as identified by the evaluation criteria described above and in the SBF Regional Fund Strategic Plan. While additional supplemental information might help with the project evaluation, providing additional information does not guarantee that a proposed project would receive more favorable consideration than if the additional material were not provided.

**note: complete items (6-8)**

**only if they are applicable to your request**

**6. project readiness:**

Status of Project Planning: Anticipated Date Prepared by

Planning Studies \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preliminary Design \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost Analysis \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Design \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Bids Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Construction Period \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First year of Stabilized Operations \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. ceqa clearance**

CEQA Clearance(s) Required & Date Obtained or Anticipated:

 *(CEQA = California Environmental Quality Act)*

 Notice of Exemption \_\_\_\_\_\_\_\_\_\_\_\_

 Negative Declaration \_\_\_\_\_\_\_\_\_\_\_\_

 Environmental Impact Report \_\_\_\_\_\_\_\_\_\_\_\_

 Unknown \_\_\_\_\_\_\_\_\_\_\_\_

**8. funding for operations and maintenance**

Identify the source(s) of funding for the operations and maintenance of the project and indicate whether, or not, the funding has been secured:

primary funding source(S) has funding been secured?

\_\_\_ Public Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Yes \_\_\_ No

\_\_\_ Private Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Yes \_\_\_ No

\_\_\_Other (Provide details)

![MC900391166[1]]() **applicant acknowledgement and signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signature** **Date**

**Name and Title (Please type or print)**

**Send Completed Application and 3 copies To**

**City of Oroville**

**Supplemental Benefits Fund**

**SBF Program Specialist**

**1735 Montgomery Street**

**Oroville, Ca 95965**

**Applications must be received by:**

**4:00 P.M. (PDT)**

**Thursday, March 22, 2021**

**faxed or electronicaly transmitted**

**applications will not be accepted**

**Questions may be directed to:** **SBF@cityoforoville.org**

