

Healthy Soils Application



Please complete all required information and attached documents to be considered for award.

LEGAL NAME OF APPLICANT/ENTITY

TAX ID - SSN OR FEIN

PRIMARY CONTACT NAME

ENTITY TYPE

Partnership Corporation
 LLC Other: _____

PRIMARY CONTACT PHONE

PRIMARY CONTACT EMAIL

MAILING ADDRESS

APPLICANT IS A CALIFORNIA FARMER/RANCHER

Yes No

CITY/STATE/ZIP CODE

APPLICANT BELONGS TO A SOCIALLY DISADVANTAGED GROUP

Yes No If yes, which one

APPLICANT IS AT LEAST 18 YEARS OF AGE

Yes No

TOTAL AGRICULTURAL ACREAGE

TYPES OF PRACTICES IN PROPOSED PROJECT

Compost Cover Crop Mulching Other

RATES/TYPES/OTHER PRACTICE

APPLICATION CHECKLIST

Application RePlan Tool Letter of Commitment Lease Letter and Lease (if applicable)

APPLICANT RECEIVED TECHNICAL ASSISTANCE

Yes No If yes, from who:

TOTAL AWARD REQUESTED

\$

COUNTIES INCLUDED IN PROPOSED PROJECT

The applicant acknowledges that they have not previously received a grant award to implement these practices on the included APNs. They acknowledge that this is a three-year reimbursement program and funds will not be dispersed until practices are completed and verified. All rules and grant beneficiary responsibilities must be adhered to according to CDFA's Request for Grant Applications, which can be found at https://www.cdfa.ca.gov/oefi/healthsoils/docs/HSP_Block_Grant_2023RGA.pdf

By signing here, I certify all information is correct and true to the best of my knowledge,

Signature

Name/Title

Date