

Healthy Soils Application



EXCELSIOR/KINGS RIVER
Resource Conservation District

LEGAL NAME OF APPLICANT/ENTITY

TAX ID - SSN OR EIN

PRIMARY CONTACT NAME

ENTITY TYPE

☐ PARTNERSHIP ☐ LLC ☐ CORP ☐ OTHER

PRIMARY CONTACT EMAIL

PRIMARY CONTACT PHONE

MAILING ADDRESS

CITY/STATE/ZIP CODE

FARM LOCATION (APN)

TOTAL PROJECT ACREAGE

COUNTY: ☐ Kings ☐ Fresno ☐ Tulare

TOTAL ACREAGE OWNED

PROPOSED PROJECT PRACTICE

☐ Compost ☐ Cover Crop ☐ Mulching ☐ Other

APPLICANT BELONGS TO A SOCIALLY
DISADVANTAGED GROUP:

☐ YES ☐ NO

\$ _____
TOTAL PROJECT AMOUNT *(Must match amount
on RePlan Report)*

☐ African American

☐ Alaskan Native

☐ Asian American

☐ Hispanic

☐ Native American

☐ Native Hawaiian

☐ Pacific Islander

Applicant is at least 18 years of age

☐ YES ☐ NO

Applicant is a California Farmer/Rancher

☐ YES ☐ NO

Applicant received Technical Assistance

☐ YES ☐ NO

If yes, from who _____

APPLICATION CHECKLIST

☐ Application

☐ Project Description *(Not to Exceed 1000 words)*

☐ CDFA RePlan Tool Excel & PDF file

☐ Letter of Commitment

☐ Lease Letter and Lease *(If Applicable)*

The applicant acknowledges that they have not 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 EKRCd's Request for Grant Applicants and CDFA'S Request for Grant Applications, which can be found at www.ekrcd.org/healthy-soils-grant-program.

Application and required documents for the Healthy Soils Program must be emailed to info@ekrcd.org or submitted in-person at the KCFB office: 870 Greenfield Ave. Hanford, CA 93230 by 8am PST on June 30, 2025.

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

Signature

Name

Date