



Measure Q Grant Proposal Application

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Project Overview

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Application Section

1. Project Overview

Application Record ID

19

This is the unique Record ID of your application.

Project Type *

Select...



Your selection will control which application questions are displayed.

Project Title (max 30 words) *0 / 30 words**Applicant Organization ***

Select...



If "Not listed", complete the next field.

Primary Contact Name ***Primary Contact Title *****Primary Contact Phone ***

(123) 456-7890

Format: (123) 456-7890 or 123-456-7890

Primary Contact Email *

email@example.com

Format: email@example.com

Additional Portal Users

Add additional users who should have access to this application portal.

Project Location *

Start typing an address...

Add closest address

Parcel Number

Enter parcel number (APN)

Map Pin Location

Click on the map to drop a pin (or drag the pin). Latitude/Longitude will auto-fill to 14 decimal places.

Latitude: 36.97411710000000 | Longitude: -122.03079630000001

Project Latitude (14 decimal places)

36.97411710000000

Project Longitude (14 decimal places)

-122.03079630000001

Districts & Representation

Pick the project jurisdiction first. Then select the matching district/representatives for the project location.

Project Jurisdiction / City (must select at least one, check all that apply) *

- City of Santa Cruz
- City of Watsonville
- City of Capitola
- City of Scotts Valley
- Unincorporated Santa Cruz County
- Multiple jurisdictions / Countywide
- Other / Not sure

Santa Cruz County Supervisor District (check all that apply)

[View Supervisor District Map →](#)

- District 1 — Manu Koenig
- District 2 — Kimberly De Serpa
- District 3 — Justin Cummings
- District 4 — Felipe Hernandez
- District 5 — Monica Martinez

Please describe where in City or County proposed project will serve *

CA State Assembly District / Representative *

Select...



CA State Senate District / Representative *

Select...



Is this project in a defined DAC (Disadvantaged Community) / SDAC (Severely Disadvantaged Community)?

Select...



"Disadvantaged community" means either of the following two definitions:

- (1) A census tract that ranks within the top 40 percent highest scoring census tracts in the County as identified in the current State's [CalEnviroScreen](#), or
- (2) A census tract identified as disadvantaged in the United States Council on Environmental Quality [Climate and Economic Justice Screening Tool](#).

Environmental Compliance and Permitting Status (check all that apply)

What is the status of the environmental documentation for this project, check the most appropriate box? Please provide documentation of environmental compliance if applicable. Environmental permits are not required prior to grant award.*

- No CEQA/NEPA work initiated
- Initial Study Completed, date of completion:
- Negative Declaration, date of certification:
- Categorically Exempt, date of certification:
- CEQA/NEPA in process, expected date of completion:
- CEQA/NEPA completed, date of completion:

Permits Necessary for Project Implementation *

AGENCY	YES	NO	NA	NOT SURE	COMMENT	STATUS
identify permits necessary for project implementation						
California Fish and Wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enter comment	Enter status
State Water Control Resources Board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enter comment	Enter status
US Fish and Wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enter comment	Enter status
City/County Construction Permits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enter comment	Enter status
Coastal Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enter comment	Enter status
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Enter comment	Enter status

Please describe any permit preparations or relevant experience with this type of permit process *

Estimated Project Duration Unit *

Select...



Duration Amount *

Enter number

Can project start upon grant award? *

Select...



Please describe project readiness delays or dependencies (max 300 words) *

0 / 300 words

Project Effectiveness Metric *

Select...



Estimated Effectiveness Value *

Funding Request and Budget

Category	Measure Q Funds Requested (USD)	Match (Cash) (USD)	In-Kind (USD)	Total (USD)
Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Contractual / Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Other Direct Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Indirect Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

Total Funding Requested (USD) *

0

Total Funding Requested must be greater than \$0 to save and submit.

Total Project Cost (USD)

0

Executive Summary (250 words) *

0 / 250 words