

# **Effectiveness Monitoring Committee Full Project Proposal Form**

**Full Project Proposals will be requested directly from Applicants by email with the due date clearly identified. In general, applicants will have one (1) month after notification to return the Full Project Proposal.**

**Project #:**

**Date Submitted:**

**Project Title:**

**Principal Investigator(s),  
Affiliation(s), and Contact  
Information (email, phone):**

**Collaborator(s)  
and Affiliation(s):**

**Project Duration and Dates  
(MM/YY - MM/YY):**

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## **Written Proposal Requirements:**

*Please build upon the information provided in the Initial Concept Proposal, addressing each of the following for consideration by the EMC. For further information please see the Request for Proposals or consult sections 2.4, 4.0, and 5.0 of the EMC's Strategic Plan. Include figures, tables, or photos as needed.*

### **1. Project Description**

- a. **Background and Justification**
- b. **Research Questions, including Objectives and Scope**

### **2. Research Methods**

### **3. Scientific Uncertainty and Geographic Application, including monitoring locations**

*Please consult section 4.4 of the EMC's Strategic Plan for further information. Indicate the specific geographic locations, counties, or regions of the state to which this project may have benefits; if benefits are anticipated to apply across the state, indicate "Statewide". If the benefits are also anticipated to occur outside of the state, please explain.*

### **4. Critical Questions and Forest Practice Regulations Addressed**

*Please identify the Critical Questions by number and letter (as identified in the EMC's Strategic Plan), and any associated regulations by number. Please also describe how your project will address these questions and assess the efficacy of each regulation.*

### **5. Roles, Collaborations, and Project Feasibility**

*Please describe the roles of the Principal Investigators and collaborators and how the collaboration and affiliations will benefit the project and increase project feasibility.*

## 6. Project Deliverables

Describe in a table the anticipated products that would be produced as a result of this research, including presentations, scientific papers, technical reports, analytical methods, or other products utilized to provide scientific translation of the research results. Include a timeline for when each item would be delivered to the EMC. See example table below:

ACTIVITY OR DELIVERABLE	TYPE		Year 1 07/22–06/23				YEAR 2 MM/YY– MM/YY				YEAR 3 MM/YY– MM/YY				ONGOING MM/YY– MM/YY			
	Act.	Del.	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
	Establish Study Sites	X		9														
Sampling	X			4			4				4							
Sample Processing	X			5			5				5							
Sample Analysis	X			6			6				6							
Project Update to funders/collaborators*		X				12	6		12		6		12					
Project Presentation to funders/collaborators*		X						8				8						
Final Project Presentation funders/collaborators*		X									6							
Completed Research Assessment (CRA) presentation to EMC*		X									6		12					
CRA presentation to the Board*		X									6		12					
Conference presentation(s)		X						9			2							7
Submission of manuscripts to peer-refereed journals		X										7					6	
Graduate project(s) report submission(s)		X					5				6				3			

Key: A = Fiscal Year (FY) Quarter 1 (Jul 1–Sept 30); B = FY Quarter 2 (Oct 1–Dec 31); C = FY Quarter 3 (Jan 1–Mar 31); D = FY Quarter 4 (Apr 1–Jun 30)

Act = Activity; D = Deliverable

Include Month in the cell, if known; Identify months as numbers 1–12, Jan–Dec.

\* REQUIRED CATEGORIES

## 7. Requested Funding

Please provide the total requested amount of funding along with a line item budget for each fiscal year of the project (see page 2). Please ensure that all "Categories" below are addressed in your budget. This will ensure that all information required by the state contracting process is present. You may break each "Category" into as many sub-categories as needed to fully describe your budget. Provide supporting documentation if desired. See sample table below:

Category	Description	Year 1	Year 2	Year 3	TOTAL
Personnel					
Salaries and Wages					
Fringe Benefits					
Contractual Expenses					
Operating Expenses					
Travel					
Other					
Indirect Costs					
EMC FUNDING REQUESTED*					
Matching or In-Kind Contributions					
Total Budget					

\* REQUIRED

## 8. Additional Required Forms

- a. **Employer Identification Number (EIN).** Non-profit applicants shall provide Articles of Incorporation including the Seal from the Secretary of State. Business applicants shall provide proof of active business registration with the California Secretary of State.
- b. **Letters of Support.** If collaborations or partnerships are noted in the proposal, letter of support or other forms of evidence that partners are aware of and in support of the proposed project should be provided.
- c. **Sample Resolution.** If nonprofit or local agency, please provide a Sample Resolution (see example at [https://www.fire.ca.gov/media/10181/calfire\\_fhgrants\\_resolution19\\_20.pdf](https://www.fire.ca.gov/media/10181/calfire_fhgrants_resolution19_20.pdf)).
- d. **Nondiscrimination Compliance Statement – Form Std 19** (<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std019.pdf>)
- e. **Drug-Free Workplace Certification – Form Std 21** (<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std021.pdf>)
- f. **Payee Data Record – Form Std 204** (<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>)