

Proposal questions:

Applicants must answer every question. If a question is not applicable, please write "n/a" in response.

1. Applicant type (city; county; city and county; nonprofit):
2. Applicant contact information, including legal name of organization or entity, address, website, email and phone number:

Main contact for this grant:
Name:
Organization:
Professional title:
Email:
Phone:
3. Describe the population you will serve through this program: include estimated number of people reached (i.e., customers of the corner stores or small businesses); location(s) including neighborhood income information; demographics; grocery store availability; and any other relevant details, such as traffic or foot traffic patterns or other.
4. Please describe your experience with healthy small retail work and/or energy-efficiency programming; OR, if a new project is envisioned, describe your project plan. If this is a new program without established relationships in the field, please identify an organization or a person with expertise to provide peer support.
5. Describe the partnerships in place to accomplish this project and each entity's role. If you will be developing new partnerships, describe the relevant relationships that facilitate this effort, such as with other community-based organizations and/or with corner stores or small businesses.
6. Please describe your organizational approach to diversity, equity, and inclusion. For the proposed project, describe any efforts you are making to address equity in program delivery for historically underserved groups.
7. Please list all stores and/or small businesses and/or food donation programs you intend to work with for this project, including names, addresses, contact information and whether they accept SNAP/CalFresh/EBT or are in process to

become certified to accept nutrition benefits. Include information about business or program size, number of years in operation, and whether owners are from socially disadvantaged backgrounds, etc., as described in the RFA. If a business or program operates within the jurisdiction of federally recognized Tribal lands, include that information as well. Describe your current relationships with each site. If you intend to conduct new outreach, please explain how you will conduct outreach.

8. If applying to provide technical assistance, describe the services you will offer.
9. Where will stores or small businesses procure the items to be stocked in their new units? (See RFA for guidelines on allowable items.) Please describe any existing procurement/distribution methods and/or the plan for this project.
10. If this project fits into a broader scope of related work for your organization, please briefly describe the overall scope and goals, other sources of funding, and any plans for evaluation. Include whether your organization can access other funding for refrigeration equipment besides this program.
11. If requesting multiple types of units, explain the location and purpose for each (for example: two units to sell produce in a corner store; one cart to sell from a farm stand; and one refrigerated truck to bring produce from a farm to corner stores).
12. Detail refrigeration equipment requested, specifying type, make, model and refrigerant used as well as number of units requested. Each type of equipment should be a different line item. Include any energy efficiency add-ons such as night covers. *Uploaded using Excel template

Note that applicants must work with sites to determine the exact types of units desired. Applicants who plan new outreach if awarded a grant must provide their best projection of the units they intend to use and projected cost – and any future equipment changes must be vetted by CDFA in advance.

For guidance on eligible units, see guidelines in the RFA; Appendix A for pre-vetted units; Appendix B for a list of equipment previous grantees purchased; and the [Energy Star database](#). Note that written justification may be requested if the price of the unit exceeds the average cost of similar units.

EQUIPMENT REQUESTED - DETAIL

Type of equipment (e.g.: standalone unit; remote condensing produce case, etc.)	Make	Model	Refrigerant Used	# of units	Cost Per Unit	Total Equipment Cost
TOTALS	n/a	n/a	n/a		n/a	

13. Are you seeking a one-year grant or a multi-year grant (ending by December 2026)?

14. Where did you learn about this opportunity? **Answers to this question will not affect award decisions.*

15. Did you receive assistance with this application from one of the program's technical assistance providers? If yes, please list the name of the organization.
**Answers to this question will not affect award decisions.*

16. Other Support from Federal or State Grant Programs (*unscored*):

Activities funded under the Healthy Refrigeration Grant Program cannot duplicate activities funded by another federal or state grant program. If the proposal has been or will be submitted to or funded by another federal or state grant program, all of the following must be addressed:

- Identify the federal or state grant program and the agency administering the program.
- List the amount of grant funds requested or awarded by the program.
- Describe how the proposed project supplements rather than duplicates efforts funded by the other federal or state grant program.

Be aware that while HRGP allows leveraging of multiple funding sources including other state grant and incentive programs – not all state programs allow this. Applicants must verify the rules of each funding program to be sure combining funding sources will be allowed.

**The application will also require submission of a budget, using the template provided and will include space to provide any written budget justifications.*

EQUIPMENT BUDGET TEMPLATE

Category	Amount Requested
Total Cost of Refrigeration/Freezer Equipment – enter the total number from the ‘Equipment Requested – Detail’	
Contractor/All-in-One Equipment Provider services – if relevant.	
<ul style="list-style-type: none"> • Provide name of contractor: 	
<ul style="list-style-type: none"> • Describe contractor expertise and services offered 	
<ul style="list-style-type: none"> • Contractor rate & estimated number of hours: 	
Total Cost of Contractor	
Installation/Unloading/Placement – if relevant, as separate cost	
Electrical Work – if relevant, as separate cost	
Recycling/Removal – if relevant, as separate cost	
Contingency Reserves – 10% reserve for unexpected and/or unanticipated increases from original project quote	
Grand Total Requested	

TECHNICAL ASSISTANCE BUDGET TEMPLATE

If applying for technical assistance, please detail the line items (applicants may also submit an Excel spreadsheet to accompany their narrative). As a reminder, technical assistance for this grant can total up to 20% of the total grant amount requested.

The baseline indirect rate for CDFA grant programs is 10% of total direct costs. If the applicant organization's indirect rate is higher and the baseline rate would pose a great hardship or barrier to application, applicants may include an indirect rate of up to 30% of total direct costs. If the organization's indirect rate exceeds 10%, please also submit the organization's indirect rate policy as a separate attachment, showing the costs included and the basis for the indirect rate calculation.

All organizations with a federally negotiated indirect cost rate may use that rate instead and supply documentation of the rate.

Applicants from the University of California or California State University may claim the negotiated rate for funding that originates from CDFA (30% current rate; 35% effective July 1, 2023).

Category	Amount Requested
Personnel – list title, salary and % FTE or wage range and # of hours dedicated to the project, and total costs requested for each employee/position title	
Fringe Benefits – include the fringe benefit rate and total dollar amount requested for each included employee/position title	
Travel – specify destination, number of employees traveling, type of travel and purpose. Show how the total amount is calculated. Please note that reimbursement for travel within California shall not exceed the maximum allowable rates and amounts established by the California Department of Human Resources . Travel costs may include transportation, lodging, and meals. Allowable subject to Section 322 of the CDFA Grant Administration Regulations	

Application Questions for Cities/Counties/Nonprofits

Consultants/Sub-Contracts – indicate why a consultant or sub-contract is needed, the expertise and services that will be provided, name of contractor if known, number of hours and rate planned as well as total requested.	
Publication/Printing Costs – specify types of publications and, if applicable, describe what this will consist of, how many units, and rate per unit as well as total cost	
Supplies and Materials – list supplies and materials and their purpose (materials and supplies are defined as costing less than \$5,000 per unit)	
Non-Refrigeration Equipment – Equipment is defined as costing \$5,000 or more per unit, with a useful life of more than one year. Equipment proposed will be considered on an individual basis and must be justified	
Other – explain other costs and give a brief justification of why each cost is needed	
Indirect – 10-30% of total direct program costs unless there is a negotiated rate that originates from CDFA (UCs and CSUs)	
Grand Total Requested	

While not required, cost sharing is encouraged, and can be considered in scoring. Provide a list of proposed matching funds, indicating whether it is in-kind or financial support, the source and amount.

Matching Fund Amount	Type	Source	Description
Example: \$500	In-kind (labor)	ABC Store	Store manager's time training cashiers on how to implement the program
Example: \$1000	Cash	XYZ Foundation	Money to purchase program marketing materials