#  [Name of Project]

**[INSERT DATE HERE]**

## instructions

Delete this paragraph and the written instructions in each section after completing the answer.

## Early Actions Framework

Recommended early action criteria:

1. Grounded in existing Yolo County policies or listed in adopted plans
2. County can complete action independently (early action does not require coordinating with other local governments or agencies)
3. Benefits unincorporated area
4. Sufficient financial resources exist to support early action project

## Background

Briefly describe project purpose and history, including consistency with City Council or Board of Supervisor goals and any other important background information. This should include whether the early action is included in the 2011 Climate Action Plan or the Sustainability Plan adopted by the Yolo County of Supervisors. References to other important policy documents in which the early action is mentioned or included is encouraged.

## Proposed Project/Program

Please provide a description of project scope (e.g., project location, features). Include a design schematic or concept design if available. If you are proposing a program, include who is responsible for implementing the program and whether the entity has agreed to manage the program. Please include any applicable state and federal statutes and regulations, such prevailing wage.

## Permitting

Please describe any permitting required to complete the project.

## Degree of Readiness

Please attach a Gantt chart or other schedule showing the estimated completion dates for project tasks. In addition (or in lieu of a Gantt chart if it has not been developed), please list next steps below with estimated start and completion dates. If you are proposing a program, edit the project steps to reflect the program’s timeline, such as concept proposal, performance measures, MOU, governing entity approval, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project steps | Not Started | In Progress | Completed | Start Date/Completion Date   |
| Concept proposal/ feasibility study |  |  |  |  |
| Design |  |  |  |  |
| Permitting |  |  |  |  |
| Partner Commitments (if applicable) |  |  |  |  |
| Board of Directors approvals, if required |  |  |  |  |
| Construction, if applicable |  |  |  |  |

## Can this project be phased?

Please state if the project has multiple components that can be completed in phases.

## Project Applicant

Provide the agency or organization who will apply for or provide funding and/or staff for this project.

## Project Fiscal Sponsor

Provide the agency or organization who will act as fiscal sponsor for this project if different than the project applicant.

## Site Control

Do you have site control?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, explain next steps to gain site control.

## Concerns

Please list any potential concerns with project implementation here, such as escalating or uncertain costs, lack of community support, lack of detail, permitting issues, site control issues, etc.

## Personnel

In the chart below, please list names, role, and contact information for all project leader(s) and project partners.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role(Lead or Partner) | Email | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |