



FOREST STEWARDSHIP PROGRAM OUTREACH AND EDUCATION PROJECTS GRANT APPLICATION

This information is required by authority of Part 501 of Act 451, PA 1994, as amended, and the U.S. Cooperative Forestry Assistance Act of 1978, CFDA 10.664, in order to be considered for a grant.

Applicant Name (Organization or Individual)		Applicant Contact Person (Individual Contact Name)	
Address		Contact Person Telephone	
City, State, ZIP		Contact Person Email Address	
Telephone		Federal Employer Identification Number (FEIN): (REQUIRED)	
Type of Applicant (<i>check one</i>) <input type="checkbox"/> School <input type="checkbox"/> Local Government <input type="checkbox"/> Tribe <input type="checkbox"/> Other: _____		<input type="checkbox"/> Conservation District <input type="checkbox"/> Non-Profit 501(c)3	
County _____		Project Budget GRANT AMOUNT REQUESTED (FEDERAL) \$ _____ MATCH AMOUNT (NON-FEDERAL) <i>(not required, but grant may not cover cost)</i> \$ _____ TOTAL PROJECT COST \$ _____	
		Estimated Project Starting Date Estimated Project Completion Date (must be completed by September 30 each year)	
Project Description, Location and Objectives (<i>check one</i>) <input type="checkbox"/> Forest Stewardship Plan Preparation (up to \$2,500) <input type="checkbox"/> Demonstration Areas (up to \$2,500) <input type="checkbox"/> Outreach and Education Projects (up to \$2,500) <input type="checkbox"/> Ecosystem Projects (up to \$2,500)			
Description of project including purpose, objectives, location, short and long-term impact, people involved and responsible for project, evaluation and other related items, include technical information, describe the location and include a map. All projects must be on public land or land open to the public for educational purposes. Projects must also include educational components for private family forest landowners (attach additional pages if needed). _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			

How does this project benefit private forest landowners in Michigan or those in the local area?

Identify the legal authority, responsible department, board, committee or person(s) charged with the development and administration of the program:

Does the legal authority support this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Written permission of the landowner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permission Pending	
City	Township	State	Tribe

Are you currently debarred or suspended for participation in Federal Assistance programs?
See application Information 4248 (Rev. 06/xx/06). Yes No

As designated representative of said Applicant, I hereby agree to implement this project according to the application and to abide by the provisions of the Forest Stewardship Grant Program, including compliance with all applicable Federal and State Laws and Regulations.

Applicant Signature _____
Date

- **Applications can be submitted year round.**
- **Please do not enclose materials in folders or binders.**

Please email a signed and scanned pdf of this application to smalliganm@michigan.gov

OR return completed application to:
Forest Stewardship Program
 DNR Forest resources Division
 PO Box 30452
 Lansing MI 48909-7952