



URBAN AND COMMUNITY FORESTRY PROGRAM
2008-09 COMMUNITY FORESTRY GRANT
APPLICATION

This information is required by Authority of Part 5 of Act 451, P.A., 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 (Community or Organization)
Applicant Authorized Representative (individual contact name)
Address
Email
City, State, Zip
County
Telephone
Federal Employer Identification Number (FEIN): (This 9 Digit Number Must be Provided)

TO BETTER HELP US IN DETERMINING APPLICANT'S CAPACITY AND/OR LEVEL OF ASSISTANCE NEEDED TO DELIVER URBAN FORESTRY PROJECTS, PLEASE INDICATE WHICH OF THE FOLLOWING URBAN & COMMUNITY FORESTRY PROGRAM COMPONENTS YOUR COMMUNITY CURRENTLY HAS IN PLACE. (check all that apply)

- Not Applicable (e.g. non-profit organization, educational institution, tribe, etc.)
Urban Forestry Management Plan (Enclose summary page, copy of full plan, or provide website link)
Current Community Tree Inventory (Enclose a summary or sample page)
Tree/Landscaping Ordinance (Enclose copy or provide website link)
Tree Board (Enclose a list of current members and contact information)
Professional Staffing (Should be relevant to urban forestry, planning or natural resources. Can include hired consultants)
TITLE _____

PROJECT BUDGET SUMMARY
GRANT AMOUNT REQUESTED (no more than 50% of total project cost) \$
MATCH AMOUNT (must be at least 50% of the total project cost) \$
TOTAL PROJECT COST \$
Estimated project starting date
Estimated projection completion date: (must be completed by 9/1/2009)

PROJECT TYPE (Check ONLY one project type)
Management & Planning (\$20,000 or less)
Education & Training (\$10,000 or less)
Tree Planting (up to \$4,000 based on number of components achieved. Those checking N/A are eligible for a max. of \$2,000)
\$1,000 (No urban forestry components in place)
\$2,000 (One or more components in place)
\$3,000 (Two or more components in place)
\$4,000 (Three or more components in place)
TYPE OF APPLICANT (Check one)
Local Unit of Government
Non-Profit organization (see * on page 3)
Educational Institution
Tribe
Other (specify)

PROJECT NARRATIVE

Answer the following questions as concisely as possible in the space provided or attach separate sheet(s) as needed.

A. Purpose(s) of Proposed Project (i.e. why are you undertaking this project, what is the need?, etc.)

B. Describe project goals, anticipated outcomes and deliverables

C. Describe what planning has gone into this project. Also, in preparing the budget, has applicant received any quotes or estimates for project? Yes, provide copy No

D. Who will be involved with and/or responsible for the project (individuals/organizations etc.)

E. Upon completion, how will the project be maintained and/or updated?

TREE PLANTING INFORMATION (AS APPLICABLE)

A. TOTAL NUMBER OF TREES TO BE PLANTED:

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B. SIZE (i.e., caliper inches)

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C. TREE PLANTING STOCK TYPE: (Check all that apply)

Balled and Burlap

Bare Root

Container: (indicate size below)

Small – Medium (<10 gal) Large (>10 gal)

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D. TREE SPECIES TO BE PLANTED: (Applicants are strongly encouraged to use a diverse variety of tree species in their planting project.)

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E. LOCATION OF TREE PLANTING PROJECT: (Check all that apply. **Site map and planting diagram must be attached.**)

Public right-of-way

Park/Nature Center

Campus

Other

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F. HOW HAVE OVERHEAD AND UNDERGROUND UTILITIES BEEN ADDRESSED IN THE PROPOSED TREE PLANTING PROJECT?

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CALL MISS DIG AT (800) 482-7171 BEFORE BEGINNING ANY TREE PLANTING OR DIGGING PROJECT.

TREE MAINTENANCE PLAN (if applicable):

All planting projects must have a three (3) year maintenance plan in place. A maintenance plan should address watering, pruning, damage control/management, insect and disease monitoring and other routine and corrective actions. **Attach a copy of the tree maintenance plan that will be used in this tree planting project.**

Indicate who will be responsible for the maintenance activities (i.e., municipality crews, residents, contractors, etc.)

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*The DNR's *Tree Maintenance Guidelines* (IC4108-1) may be used at a minimum if applicant does not have their own.

Please visit <http://www.mi.gov/dnrucf> - MI UCF Resource Library section

BUDGET INFORMATION

A budget chart must be included (see sample budget in *Grant Application Information*, IC4107-1). Budget detail must specify total project costs, grant amount requested and matching funds. Grant amount request can be no more than 50% of the total project costs. Budgets must identify matching funds (cash, value of in-kind contributions etc.). Matching funds may not be federal monies and must be directly related to proposed project.

In-kind contributions include in-house or volunteer labor costs, goods and services. Volunteer labor/services should be valued as: adults at \$16.50/hour, youths up to age 16 at \$8.25/hour. Professional or technical services contributed by consultants, businesses or companies may be estimated at commercial/professional rates that are reasonable and customary, but must be documented.

Some acceptable sources of match may include:

- Labor (in-house, volunteer, contract)
- Supplies (i.e., books, brochures, tools, mulch, food, etc.)
- Program administration (up to 20% of requested grant funds)
- Facility rental fees
- Equipment (rented, in-house, purchased)
- Travel / Delivery costs
- Tree Maintenance (1st year only)
- Donations

EXAMPLE BUDGET CHART (attach separate budget sheet as needed)

Project Title: _____ Total Project Cost: \$ _____

Expenses	Requested Grant Funds	Match	Budget Detail
Personnel/Fringe	\$ _____	\$ _____	_____
Overhead	\$ _____	\$ _____	_____
Volunteer	\$ _____	\$ _____	_____
Trees	\$ _____	\$ _____	_____
Travel	\$ _____	\$ _____	_____
Equipment	\$ _____	\$ _____	_____
Supplies	\$ _____	\$ _____	_____
Contractual Services	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
TOTAL	\$ _____	\$ _____	_____

Identify the legal authority, responsible department, board, committee or commission charged with carrying out and administration of this project.

Does the legal authority support this proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received written permission from the landowner (if applicable)? <input type="checkbox"/> Yes, Provide copy <input type="checkbox"/> No, A copy must be supplied before beginning project
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*Non-Profit Organizations: Copy of IRS determination indicating non-profit status attached? Yes No

Are you currently debarred or suspended for participation in Federal Assistance Programs? Yes No
(See *Grant Application Information*, IC4107-1)

As designated representative of above-named Applicant, I hereby agree to implement this project according to the application and to abide by the provisions of the Community Forestry Grant Program, including compliance with all applicable federal and state laws and regulations.

Applicant's Designated Representative (please print) _____ Signature _____ Date _____

APPLICATIONS MUST BE RECEIVED BY AUGUST 29, 2008

DO NOT ENCLOSE MATERIALS IN FOLDERS OR BINDERS.

Please return completed application (original and two signed copies) to:

Mailing Address:
**COMMUNITY FORESTRY GRANT PROGRAM
 FOREST, MINERAL AND FIRE MANAGEMENT
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 PO BOX 30452
 LANSING MI 48909-7952**

Street Address:
**COMMUNITY FORESTRY GRANT PROGRAM
 FOREST, MINERAL AND FIRE MANAGEMENT
 MICHIGAN DEPARTMENT OF NATURAL RESOURCES
 530 W ALLEGAN STREET
 LANSING MI 48933**

APPLICATION CHECKLIST

Use the following checklist to ensure that your grant application is complete.

- Have you made three (3) copies of the application to submit?
- Did you include copies of any quotes or bids you received for the project (*as applicable*)
- Have you verified your budget figures and correctly calculated any required matching funds?
- Did you provide copies of any Urban Forestry Program components as described on page 1? (*as applicable*)
- Did you include a site map where the project will be taking place? (*Tree planting grants only*)
- Did you include a tree planting diagram? (*Tree planting grants only*)
- Did you include a tree maintenance plan? (*Tree planting grants only*)
- Have you obtained written approval from landowners? (*as applicable*)
- Have you obtained all of the necessary required signatures?
- Are there any letters of support that you would like to include (*not required*)
- Have you attached a copy of your IRS Letter of Determination? (*nonprofit organizations only*)

For questions and additional information, contact Kevin Sayers, Urban Forestry Coordinator, Michigan DNR, (517) 241-4632 or sayersk@mi.gov