



2016

North Dakota Forest Service America the Beautiful (ATB) Program Development

Application Deadline: 30 April 2016

Entity: _____

Community: _____

Primary
Contact Person:

Name: _____ Title: _____
 Mailing Address: _____ City: _____ Zip: _____
 Day Phone: _____ Cell: _____
 Email: _____

Secondary
Contact Person:

Name: _____ Title: _____
 Mailing Address: _____ City: _____ Zip: _____
 Day Phone: _____ Cell: _____
 Email: _____

<p>Applicant MUST contact NDFS personnel to coordinate project planning efforts during the process of completing this application. See personnel contact information at www.ndsu.edu/ndfs/.</p>
Name of NDFS Community Forestry Staff:
Date(s) of Contact:

Provide the legal land description of project location.
 We will use this information to conduct Class I cultural resource reviews.
 To assist with your legal land descriptions: <http://mapservice.swc.state.nd.us/>

County Name	Township Number	Range Number	Section Number	Quarter NE, NW, SE, SW

d. Who are the project personnel and what will they do?

e. How are volunteers involved with the project?

f. What is your plan of work and project schedule?

g. What additional information would you like to share with the review committee to help them understand the project?

Attach additional pages as necessary for any of the questions.

Project Cost Estimate In-kind Contribution

2. Community's In-Kind Contribution

Donated items must be used for the project; no peripheral expenses can be used as match, such as food, refreshments, or other items outside the scope of the project.

A. In-Kind Labor – Volunteers

Estimate the community's "In-Kind Labor Contribution" to complete this project.

Suggested Volunteer Labor Value: \$15.00 per hour.

ACTIVITY	VOLUNTEER GROUP'S NAME (IF APPLICABLE)	# OF PEOPLE	# OF HOURS	TOTAL HOURS	VALUE X PER/HR.	GRAND = TOTAL
(Copy amount into In-Kind Labor on Project Budget Estimate.)						1A
TOTAL VALUE OF IN-KIND LABOR						

B. In-Kind Equipment

What donated equipment will be used to complete this project?

Suggested Values: Small Equipment \$15 - \$20 per hour, Large Equipment \$50 - \$70 per hour)

ACTIVITY	EQUIPMENT USED	# OF HOURS X	VALUE PER HOUR	= TOTAL VALUE
(Copy amount into In-Kind Equipment on Project Budget Estimate.)				2A
TOTAL VALUE OF IN-KIND EQUIPMENT				

C. In-Kind Supplies

What supplies or other donated items of value will be used to complete your project?
(Food and refreshments are not eligible.)

SUPPLIES	VALUE
(Place the value of the in-kind item in the appropriate category of the Budget Estimate.) TOTAL VALUE OF OTHER IN-KIND CONTRIBUTIONS	4A

D. In-Kind Space Rental

(Example: meeting room)

SPACE RENTAL	VALUE
(Place the value of the in-kind item in the appropriate category of the Budget Estimate.) TOTAL VALUE OF OTHER IN-KIND CONTRIBUTIONS	6A

Project Cost Cash Expenses

Grant Funds and Applicant Cash Match Expenditures

3. Estimate Cash Expenses for your Project

A. Site Preparation: What is the estimated cost of preparing the site for the project?

ACTIVITY	COST	TOTAL
TOTAL ESTIMATED COST OF SITE PREPARATION		<small>3B and/or 3C</small>

B. Supplies: What is the estimated cost of supplies needed for completing this project?

ITEM PURCHASED	QUANTITY OF ITEM	COST PER ITEM	TOTAL COST OF ITEM
TOTAL ESTIMATED COST OF SUPPLIES			<small>4B and/or 4C</small>

C. Contracted Services

Estimated cost of contracted services: \$ _____
5B and/or 5C

PROJECT BUDGET ESTIMATES

PROJECT EXPENSES	APPLICANT IN-KIND MATCH A	APPLICANT CASH MATCH B	GRANT FUNDS C	TOTAL D
Labor 1	Question-2A		NOT ALLOWED	A1+B1=D1
Equipment 2	Question-2B		NOT ALLOWED	A2+B2=D2
Site Preparation 3		Question-3A	Question-3A	A3+B3+C3=D3
Supplies 4	Question-2C	Question-3B	Question-3B	A4+B4+C4=D4
Contracted Services 5		Question-3C	Question-3C	A5+B5+C5=D5
Rental Space 6	Question-2D		NOT ALLOWED	A6+B6+C6=D6
Other (please specify) 7				A7+B7+C7=D7
TOTAL 8	Sum A1-A7	Sum B1-B7	Sum C3-C7	Sum D1-D7 = Sum A8+B8+C8

Budget Summary Applicant's In-kind Contribution (A8) _____

Applicant's Cash Contribution (B8) _____

Grant Funds Requested (C8) _____

(Grant funds requested may not be more than maximum allowable grant award.)

Total Project Cost (D8) _____

- NOTE:**
- Eligible projects may request up to \$10,000
 - Applicant must contact NDFS personnel to coordinate project planning efforts in the course of completing the application
 - At least 50% of the total cost of the project must be contributed by the applicant from sources other than federal funds, in the form of cash and/or in-kind contributions

Project expenses for which you seek reimbursement must be incurred AFTER a contract is signed.

Project grant funds are distributed on a reimbursement basis. Reimbursement requests must be submitted for payment at the completion of the project by the due date listed, and only upon passing inspection by NDFS Community Forestry Staff.

Check List

Please check appropriate boxes.

1st. Tree Ordinance

- a. One (1) copy of your community's tree ordinance. If your community does not have a tree ordinance, a pledge is required to develop one. See below at the asterisk *above the signature line. (Not required for Tree City USAs, we have one on file.)
- b. Please indicate here if you are a Tree City USA

2nd. Proposed Projects (**original and 8 copies of each of the following**)

- a. Completed application
- b. Photographs of proposed project site
- c. Vicinity maps indicating location of project;
- A map identifying project location within the city; and
 - A map of the project location identifying highways, streets and properties surrounding the project (residential, business, education, etc.)

The federal government has adopted the use of DUNS numbers to track how federal grant money is allocated. **Failure to provide a DUNS number will result in disqualification of the grant application.** (If you do not know your organization's DUNS number, call 1-866-705-5711 or visit the Dun & Bradstreet webpage at <http://fedgov.dnb.com/webform/displayHomePage.do>.)

Please identify your organization's DUNS number: _____

AUTHORIZING SIGNATURE

By signing below, I certify to the best of my knowledge the information is true. I acknowledge that I am authorized to commit funding and accept America the Beautiful Grant Funds if this project is approved by the ND Community Forestry Council and the State Forester.

*Our community does not have a tree ordinance; we pledge to develop one and present it for approval to the appropriate local government officials. Once approved, a copy of the ordinance will be sent to the ND Forest Service. This must be done before reimbursement will be made to the community.

Print Name	Print Title	Authorized Signature	Date
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