



2019

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

ATB Program Development Grant is a competitive grant program available to North Dakota communities, administered by NDSU-North Dakota Forest Service in cooperation with the US Forest Service. Associated documents are available at <https://www.ag.ndsu.edu/ndfs/programs-and-services/america-the-beautiful-grant-opportunities>

## Applicant MUST:

Contact one of these NDFS personnel to coordinate project planning efforts and to obtain a grant application:

<b>Gerri Makay:</b>	Community Forestry Manager	Carrington	701.652.2951	Gerri.Makay@ndsu.edu
<b>Joel Nichols:</b>	Community Forestry Specialist	Bismarck	701.328.9948	Joel.Nichols@ndsu.edu
<b>Mary O'Neill:</b>	Community Forestry Specialist	Lisbon	701-683-4323 ext.12	Mary.Oneill@ndsu.edu

## PROGRAM OVERVIEW

### PROGRAM PURPOSE

To stimulate the development of innovative and effective community forestry program development projects.

### ELIGIBLE APPLICANTS

Applicant must contact NDFS personnel to coordinate project planning efforts at which time they will receive the grant application. Public entities that own or control the land where the project will be located must submit the application.

### FUNDS AVAILABLE

A public entity is eligible to receive a maximum grant award of **\$10,000**. Bids or price quotes will be required for successful applicants. Grant funds will be distributed on a reimbursement basis.

### MATCH REQUIREMENTS

**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.

### APPLICATION DEADLINE

**April 30, 2019.** No faxed or emailed applications will be accepted. Applications postmarked after April 30 will not be accepted.

**Mail the ORIGINAL application and seven (7) copies (8 TOTAL) to:**

**Community Forestry Grants  
North Dakota Forest Service  
916 East Interstate Ave Suite 4  
Bismarck, ND 58503-1227**

### PROJECT COMPLETION

Projects must be completed and all reimbursement forms submitted by **October 31, 2020**.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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# 2019 North Dakota Forest Service America the Beautiful Program Development (ATB PD)

**Application Deadline: 30 April 2019**

Entity: \_\_\_\_\_

Community: \_\_\_\_\_

**Primary Contact Person:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

**Secondary Contact Person:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

Is the primary contact person the individual who will manage this project?  Yes  If no, please list the name and title of the individual managing this project. \_\_\_\_\_

Projects must be on publicly owned or publicly controlled property.

Is this project on publicly owned or controlled property?  YES  NO If no, the project is not eligible.

Eligible projects may request up to \$10,000. To assist in the successful completion of this application reference

Supporting Documents: <https://www.ag.ndsu.edu/ndfs/documents/2019-supporting-documents.pdf>

**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/](http://www.ndsu.edu/ndfs/).

Name of NDFS Community Forestry Staff: \_\_\_\_\_

Date(s) of Contact: \_\_\_\_\_

Provide the legal land description of the 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

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

**Please identify your organization's nine-digit DUNS number:** \_\_\_\_\_

**Eligible ATB Program Development projects will be prioritized in the following order:**

- A. Tree inventories
- B. Tree removals
  - Ash trees – implementation of an Emerald Ash Borer (EAB) Community Action Plan;
  - Trees that have a potential risk of failure (dead trees, structural problems) and
  - Dutch elm disease
- C. Development of a Community Forestry Action Plan (include diversity, preparing for EAB)
- D. Master planting plans
- E. Other projects based on benefit to the community

Did you use the ND TIP Tool in planning this project?      YES      NO      If YES, explain briefly how it was used.

Please provide thorough information for the review committee to understand your project. Projects will be ranked according to the quality of the application as a whole and how well the specified scoring criteria are addressed. Refer to the Grant Scoring Guidelines at <https://www.ag.ndsu.edu/ndfs/programs-and-services/america-the-beautiful-grant-opportunities>.

Describe the type of project and clearly outline its purpose and goals. Include a planting plan or design which contains existing trees, proposed trees, all utilities, infrastructure, waterways, etc. (*reference Supporting Documents.*)

*Attach additional pages as necessary for any of the questions.*

How will the project stimulate the development of an effective community forestry program?

Why is the project important to the community?

If removing trees, list the name and title of the individuals who decide which trees should be removed:

How many trees are you removing? \_\_\_\_\_ Include a map showing each tree to be removed.

If removing trees, what are your plans to replant trees?

*Attach additional pages as necessary for any of the questions.*

Please identify by name and/or title the individuals who will be involved with the project and explain what they will do.

How are volunteers involved with the project?

What is your plan of work and project schedule?

*Attach additional pages as necessary for any of the questions.*

America the Beautiful Program Development

Where will the project be located? Include maps of the community showing the location of the project and a detailed map of the project site (*reference Supporting Documents.*) Remember to consider the location of above ground and below ground utilities.

What entity owns the property?

If a board or council is responsible, name the board or council:

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 In-Kind Contributions

### 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: \$18.00 per hour .*

ACTIVITY	VOLUNTEER GROUP'S NAME (IF APPLICABLE)	# OF PEOPLE	# OF HOURS	TOTAL HOURS	VALUE PER/HR.	GRAND TOTAL
Copy amount to In-Kind Labor on Project Budget Estimate - <b>TOTAL VALUE OF IN-KIND LABOR</b>						

#### B. In-Kind Equipment

What donated equipment will be used to complete this project? See *Equipment Values in Supporting Documents.*

ACTIVITY	EQUIPMENT USED	# OF HOURS	VALUE PER HR.	TOTAL VALUE
Copy value into In-Kind Equipment on Project Budget Estimate - <b>TOTAL VALUE IN-KIND EQUIPMENT</b>				

#### 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 on Project Budget Estimate <b>TOTAL VALUE OTHER IN-KIND CONTRIBUTIONS</b>	

**2. Community's In-Kind Contribution** *(continued from page 6)*

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.

**C. In-Kind Space Rental** (Example: meeting room)

SPACE RENTAL	VALUE
Place the value of the in-kind item in the appropriate category on Budget Estimate	
<b>TOTAL VALUE OF OTHER IN-KIND CONTRIBUTIONS</b>	

**Project Cost Cash Expenses**

**Grant Funds and Applicant Cash Match Expenditures**

**3. Cash expenses for your project.**

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

ACTIVITY	TOTAL
<b>TOTAL ESTIMATED COST OF SITE PREPARATION</b>	

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

ITEM PURCHASED	QTY	X COST PER	= TOTAL COST
<b>TOTAL ESTIMATED COST OF SUPPLIES</b>			

**C. Contracted Services** - What is the estimated Labor Cost for services

6B and/or 6C  
PROJECT BUDGET ESTIMATES  
on pg 8

*No person may engage in the business nor act in the capacity of a contractor within the State of North Dakota when the cost, value, or price per job exceeds the sum of four thousand dollars without first having a license. (NDCC 43-07-02).*



## PROJECT BUDGET ESTIMATES

At least 50% of the total cost of the project must be contributed by the applicant in the form of cash, services, and/or in-kind contributions.

PROJECT EXPENSES	APPLICANT IN-KIND MATCH A	APPLICANT CASH MATCH B	GRANT FUNDS C	TOTAL D
Labor 1	Question-2A		NOT ALLOWED	A+B=D
Equipment 2	Question-2B		NOT ALLOWED	A+B=D
Site Preparation 3		Question-3A	Question-3A	A+B+C=D
Supplies 4	Question-2C	Question-3B	Question-3B	A+B+C=D
Contracted Services 5		Question-3C	Question-3C	A+B+C=D
Rental Space 6	Question-2D		NOT ALLOWED	A+B=D
Other (please specify) 7				A+B+C=D
<b>TOTAL 8</b>	Sum A1-A7	Sum B1-B7	Sum C3-C7	Sum D1-D7=Sum A8+B8+C8

Applicant's In-Kind Match Contribution (A8) \_\_\_\_\_

Applicant's Cash Match Contribution (B8) \_\_\_\_\_

Grant Funds Requested (may not be more than maximum allowable grant award) (C8) \_\_\_\_\_

Total Project Cost (D8) \_\_\_\_\_

### CHECK LIST - Please check appropriate boxes

Include 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 page 9 at the asterisk\* located above the signature line. (Not required for Tree City USAs, we have one on file.)

Please indicate here if you are a **Tree City USA**

#### Proposed Projects

**Mail the ORIGINAL application and seven (7) copies (8 TOTAL) of the following:**

Completed application.

Photographs of proposed project site.

Vicinity maps indicating location of project;

1. A map identifying project location within the city; and
2. A map of the project location identifying highways, streets, and properties surrounding the project (residential, business, education, etc. Examples in Supporting documents.)

Project design plan. (Examples in Supporting Documents.)

Project grant funds are distributed on a reimbursement basis. Reimbursement requests must be submitted for payment at the completion of the project and only upon passing inspection by NDFS Community Forestry Staff. Proof of payment in the form of cleared checks or receipts showing payment by a credit card are required to be submitted with reimbursement documents. All reimbursement documents must be received by NDFS no later than October 31, 2020.

**Project expenses for which you seek reimbursement  
must be incurred AFTER a contract is signed by the State Forester.**

**AUTHORIZING SIGNATURE**

*By signing below, I certify that to the best of my knowledge the information is true. I acknowledge that I am authorized to commit funding and accept America the Beautiful Program Development Grant Funds for this project if approved by 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*

**Mail ORIGINAL application and seven (7) copies (8 TOTAL) of the following:**

1. Completed application
2. Photographs of proposed project site
3. Vicinity maps indicating location of project
4. Project design plan

Include **one (1) copy** of your community's **Tree Ordinance** with the original application only. No need to include with the seven copies of the application.

**Application must be postmarked no later than Tuesday, April 30, 2019.**

**Mail to:**

Community Forestry Grants  
North Dakota Forest Service  
916 East Interstate Ave Suite 4  
Bismarck, ND 58503-1227

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America the Beautiful Program Development