



North Dakota Forest Service Community Family Forest Grant Program Spring 2014

Application Deadline: 30 April 2014

Entity: _____

Community: _____

Primary Contact Person:

Name: _____ Title: _____

Mailing Address: _____

Day Phone: _____ Cell: _____

Email: _____

Second Contact Person:

Name: _____ Title: _____

Day Phone: _____ Cell: _____

Email: _____

Applicant MUST CONTACT NDFS personnel prior to submission of application. See personnel contact information at www.ndsu.edu/ndfs/.

Name of NDFS Community Forestry Staff: _____

Date of Contact: _____

Provide the legal land description of project location.

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

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/>

PROJECT DESCRIPTION

1. Please describe your project by answering the following questions.

- a. What is the project? Include a planting or design plan with your application. (Supporting Documents)
- b. 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. (Supporting Documents) Remember to consider the location of above ground and below ground utilities.
- c. Why is the project important to the community?
- d. Who will be involved with the project 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 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: \$10.00 per hour.)

ACTIVITY	VOLUNTEER GROUP'S NAME (IF APPLICABLE)	# OF PEOPLE	# OF HOURS	TOTAL HOURS	VALUE 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	# 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

Project Cost - Cash Expenses

3. 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		3B and/or 3C

B. Supplies - What is the estimated cost of non-plant materials needed for completing this project?

ITEM PURCHASED	QUANTITY OF ITEM	COST PER ITEM	TOTAL COST OF ITEM
TOTAL ESTIMATED COST OF SUPPLIES			4B and/or 3C

Community Family Forest

Emerald ash borer (EAB) is a highly invasive, non-native beetle that attacks and kills all species of ash (*Fraxinus*) trees. Ash is one of the most common trees planted & found in North Dakota communities. The loss of these trees would be devastating from an ecological and economic standpoint.

Given this threat and potential threats of invasive insects or diseases, it is in the long term interest of our state to increase the genetic diversity of the trees we plant. This can be done by planting multiple genera and species within these genera. (Examples of genera: Oak - *Quercus*, Birch - *Betula*, Linden – *Tilia*.)

The use of multiple genera and species will result in higher scores from the review committee.

C. List the plant materials to be used

Estimate the cost of plant materials to complete your project.

(Size examples – 6' Bare Root (BR), 1 1/2" (BR), #5 container, 1 1/2" Balled and Burlapped (B&B))

SPECIES	SIZE	NUMBER	COST PER TREE	TOTAL COST
TOTAL COST OF PLANT MATERIALS				5B and/or 5C

Businesses that sell nursery stock must have a valid nursery license issued by the ND Department of Agriculture (NDCC 4-21.1-06).

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

D. Contracted Planting Services.

Estimated Labor Cost for planting services: \$ _____

6B and/or 6C

Community must follow a three-year maintenance requirement. See Supporting Documents.

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	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
Plant Materials 5		Question-3C	Question-3C	A+B+C=D
Contracted Planting Services 6		Question-3D	Question-3D	A+B+C=D
Other (please specify) 7			NOT ALLOWED	A+B=D
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 award of grant.)

Total Project Cost (D8) \$ _____

NOTE - Applicant must match at least 20% of the grant award. This amount may be cash and/or in-kind contributions. Maximum grant award is \$1500; ND Tree City USA communities may apply for a maximum award of \$2000.

Project expenses for which you will 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.

Check List

Please check appropriate boxes.

1st. Proposed Planting Projects (9 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. Examples in Supporting Documents.)
- d. Project planting design plan.
(Examples in Supporting Documents.)

2nd. Required Maintenance.

- The community will meet or exceed the minimum three year maintenance requirements as described in the Supporting Documents.

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 Community Family Forest Grant Funds for this project if approved by ND Community Forestry Council and the State Forester.

Print Name	Print Title	Authorized Signature	Date
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