



2017

North Dakota Forest Service Community Family Forest (CFF) Grant Program

Application Deadline: 30 April 2017

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 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

PROJECT DESCRIPTION

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

a. What is the project? Include a planting plan or design (supporting documents) with your application.

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?

Attach additional pages as necessary for any of the questions.

Community Family Forest

PROJECT DESCRIPTION

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 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: \$15.00 per hour.

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

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
TOTAL ESTIMATED COST OF SITE PREPARATION	

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

ITEM PURCHASED	Qty Of ITEM ^x	COST PER ITEM ⁼	TOTAL COST
TOTAL ESTIMATED COST OF SUPPLIES			

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 Match Contribution (B8) _____

Applicant's Cash Match Contribution (B8) _____

Grant Funds Requested (C8) _____

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

Total Project Cost (D8) _____

NOTE:

- Applicant must contact NDFS personnel to coordinate project planning efforts in the course of completing the application.
- At least 20% of the total cost of the project must be contributed by the applicant in the form of cash, services, 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 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. 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.

Check List

Please check appropriate boxes.

1st. Proposed Planting Projects (ORIGINAL and 7 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

NDSU

"North Dakota State University does not discriminate on the basis of age, color, disability, gender expression/identity, genetic information, marital status, national origin, public assistance status, race, religion, sex, sexual orientation, or status as a U.S. veteran. Direct inquiries to: Vice Provost for Faculty and Equity, Old Main 201, 701-231-7708 or Title IX/ADA Coordinator, Old Main 102, 701-231-6409."

This publication is available in alternative formats upon request by calling (701) 328-9944.