





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

# **Application Deadline: 30 April 2018**

Entity:				
Primary Contact Pers	on:			
Name:		Title:		
Day Phone:		Cell:		
Email:				
Secondary Contact Pe	erson:			
		Title:		
Day Phone:		· ·		
Email:				
Applicant MUST co	person the individual managing this project.  ntact NDFS personn	el to coordinate pro	oject planning effort	s during the
process of complet	ing this application.	See personnel contac	t information at www.	ndsu.edu/ndfs/.
Name of NDFS Comm	unity Forestry Staff: _			
Date(s) of Contact: _				
	nd description of the periods. To assist with y			
County Name	Township Number	Range Number	Section Number	Quarter NE, NW, SE, SW

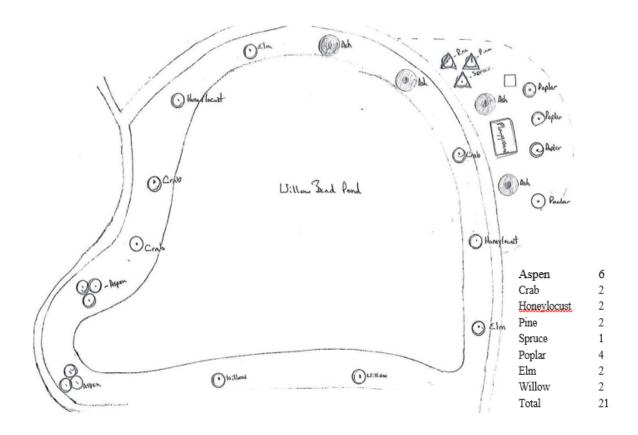
Maximum grant award is \$1500; ND Tree City USA communities may apply for a maximum award of \$2000.

Projects must be on public owned or public controlled property.

To assist in the successful completion of this application reference Supporting Documents: https://www.ag.ndsu.edu/ndfs/documents/2018-supporting-documents.pdf

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 <a href="https://www.ag.ndsu.edu/ndfs/programs-and-services/america-the-beautiful-grant-opportunities">https://www.ag.ndsu.edu/ndfs/programs-and-services/america-the-beautiful-grant-opportunities</a>					
Describe the type of project and clearly outline its purpose and goals. Include a planting plan or design (reference Supporting Documents) which contains existing trees, proposed trees, all utilities, infrastructure, waterways, etc.					
Did you do a soil test at the planting site?	Yes	No	If yes, please include the results.		
How many trees are you planting?					
If you are also planting shrubs, how many sh	າrubs?				

### Design Map



Note: The four ash trees noted were transplanted with a tree-spade in 2013

#### Vicinity Map



# Project Area



How did you choose your tree species?
If any of the trees are not 1-2" caliper for hardwoods or 3' tall for conifers, please explain.
How are you preparing your site? This can include tree removal, stump grinding, and similar activities. Do not include digging the holes for trees. That comes next.
Are you digging the holes by hand? Yes No  If not, please explain how you will dig the holes:
If not planting by hand, please explain how you will prevent the trees from being planted too deeply.

Where will the project be located? Include maps of the community show project site (reference Supporting Do ground and below ground utilities.	_					-
Is the project on public property?	Yes	No	If no, the	project is	not eligible	э.
What entity owns the property?						
If a board or council is responsible, n	ame the	board o	r council			
Are overhead lines in the area where	trees are	e to be p	olanted?	Yes	No	
Will 811 be contacted prior to planting	ng day?			Yes	No	
Why is the project important to the c	rommunil	tv?				
viny is the project important to the c	.ommuni	- y -				

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?

Describe your plans to maintain the project for long-term success.
Who is responsible for watering the trees?
What is the frequency the trees will be watered?
Will trees be staked? Yes No
If trees will be staked, when will the support ties be removed?
How will you mulch your trees and how often will you re-mulch?
Describe the steps you will take to prevent damaging trees during mowing and string trimming:
What additional information would you like to share with the review committee to help them understand the project?

#### **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 X HOURS =	TOTAL HOURS	VALUE X PER/HR. =	GRAND TOTAL
Copy amount to In-Kind La	abor on Project Budget Estima	te - <b>Tot</b>	AL <b>V</b> ALUE	of In-Ki	ND LABOR	

#### **B. In-Kind Equipment**

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

EQUIPMENT USED	# OF HOURS	VALUE X PER HR. =	TOTAL VALUE
	EQUIPMENT USED		

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

**Project Cost Cash Expenses** - grant funds and applicant cash-match expenditures

A. Site Preparation - What is the est				TOTAI
ACITY				IOIA
TOTAL	ESTIMATED COST O	F SITE PI	REPARATION	
<b>B. Supplies</b> - What is the estimated co	ost of non-plant mate	rials need	led for comple	ting this pro
ITEM PURCHASED		QTY	X COST PER	= TOTAL C
	TOTAL ESTIMAT	ED COST	OF SUPPLIES	5
C. List the plant materials to be us  Size examples - 6' Bare Root (BR), 1	<b>sed</b> - Estimate the cost	of plant n	naterials to com	plete your p
C. List the plant materials to be us  Size examples - 6' Bare Root (BR), 1  SPECIES	sed - Estimate the cost	of plant m or, 1½" Ba	naterials to com	plete your proped (B&B)
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Community must follow a three-year maintenance requirement. Reference Supporting Documents.

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).

**D.** Contracted Planting Services.

Estimated Labor Cost for planting services:

**PROJECT BUDGET ESTIMATES** - 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.

PROJECT EXPENSES	APPLICANT IN-KIND MATCH	APPLICANT CASH MATCH B	GRANT FUNDS C	TOTAL
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 Services6		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

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)

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.

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

# Check List lease check appropriate boxes

#### 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.)
- Project planting design plan. (Examples in Supporting Documents.)

#### **Required Maintenance**

e. 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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