





North Dakota Forest Service Community Family Forest Grant Program

Community Family Forest is a competitive grant program available to ND communities, administered by NDSU-North Dakota Forest Service, with funding from the "Trees for North Dakota" Trust Fund. 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:

Gerri Makay:Community Forestry ManagerCarrington701.652.2951Gerri.Makay@ndsu.eduJoel Nichols:Community Forestry SpecialistBismarck701.328.9948Joel.Nichols@ndsu.eduMary O'Neill:Community Forestry SpecialistLisbon701-683-4323 ext.12Mary.Oneill@ndsu.edu

PROGRAM OVERVIEW

PROGRAM PURPOSE To honor families in the state by planting trees in ND communities and

to strengthen the tradition of annual tree planting.

ELIGIBLE APPLICANTS Applicant must contact NDFS personnel to coordinate project planning efforts at which

time they will receive an 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 \$1,500.

ND Tree City USA communities are eligible for a maximum grant award of \$2,000.

One application will be accepted per community.

Grant funds will be distributed on a reimbursement basis.

MATCH REQUIREMENTS 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.

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 Avenue, Suite #4

Bismarck, ND 58503-1227

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

NDSU does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, participation in lawful off-campus activity, physical or mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation, spousal relationship to current employee, or veteran status, as applicable. Direct inquiries to Vice Provost, Title IX/ADA Coordinator, Old Main 201, 701-231-7708, ndsu.eoaa@ndsu.edu.







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

Application Deadline: April 30, 2019

| Entity: | | | | |
|---|--|---|---|---------------------------|
| | | | | |
| Primary Contact Pers | on: | | | |
| Name: | | Title: | | |
| Mailing Address: | | City: | | |
| Day Phone: | | Cell: | | · |
| Email: | | | | |
| Secondary Contact Pe | erson: | | | |
| | | Title: | | |
| | | | | |
| Day Phone: | | | | |
| Email: | | | | |
| of the individual managi Applicant MUST cont | erson the individual who ng this project. tact NDFS personnel to ication. See personnel o | o coordinate project p | planning efforts during | |
| Name of NDFS Commu | nity Forestry Staff: | | | |
| Date(s) of Contact: | | | | |
| | | | | |
| Provide the legal land resource reviews. To | d description of the proje assist with your legal lar | ct location. We will use and descriptions: http://m | this information to condu apservice.swc.state.nd.u | uct Class I cultural |
| 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

| Did you use the ND 11P 1001 in planning this project? YES NO 11 YES, explain briefly now it was used. |
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| |
| 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 (reference Supporting Documents) which contains existing trees, proposed trees, all utilities, infrastructure, waterways, etc. |
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| 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 shrubs? |

Add additional pages as needed for any of the questions

| 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. |
| |
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| 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. |
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| 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. |
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| Is the project on public property? Yes No If no, the project is not eligible. |
| What entity owns the property? |
| If a board or council is responsible, name the board or council. |
| Are overhead lines in the area where trees are to be planted? Yes No |
| Will 811 be contacted prior to planting day? YES NO |
| Why is the project important to the community? |
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| Please identify by name and/or title the individuals who will be involved with the project and explain what they will do. |
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| How are volunteers involved with the project? |
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| What is your plan of work and project schedule? |
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| Describe your plans to maintain the project for long-term success. |
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| 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 | y's In-Kind | Contribution |
|----|-----------|-------------|--------------|
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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 2 | # OF X HOURS = | TOTAL HOURS | VALUE X PER/HR. = | GRAND TOTAL |
|----------------------------|---|------------------|-------------------|----------------|----------------------|----------------|
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| Copy amount to In-Kind Lab | or on Project Budget Estimate | - TOTA | L VALUE (| 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.*

| ACTIVITY | EQUIPMENT USED | # OF HOURS | VALUE X PER HR. = | TOTAL VALUE |
|----------------------------------|---|---------------|----------------------|----------------|
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| py amount to In-Kind Equipment o | on Project Budget Estimate - TOTAL VALU | JE IN-KIND EC | UIPMENT | |

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 |
|---|-------|
| | |
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| | |
| Place the value of the in-kind item in the appropriate category on Budget Estimate TOTAL VALUE OTHER IN-KIND CONTRIBUTIONS | |

| ACTI | VITY | | | TOTA |
|--|--|-----------------------------|------------------------------------|--------------------------|
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| ТОТА | L ESTIMATED COST O | F SITE PR | REPARATION | |
| D. Cumpling What is the estimated continuated | t of non plant materials r | andad far | completing this | nucicat? |
| B. Supplies - What is the estimated cost ITEM PURCHASED | t of non-plant materials i | | X COST PER | |
| | | — (| | |
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| C. List the plant materials to be us | TOTAL ESTIMATION sed - Estimate the cost of | | | |
| Size examples - 6' Bare Root (BR), | sed - Estimate the cost of 11/2" (BR), #5 contained | of plant ma r, 1½″ Bali | terials to comp led and Burlapp | lete your p ped (B&B) |
| - | sed - Estimate the cost o | of plant ma r, 1½″ Bali | terials to comp | lete your p ped (B&B) |
| | sed - Estimate the cost of 11/2" (BR), #5 contained | of plant ma r, 1½″ Bali | terials to comp led and Burlapp | lete your p ped (B&B) |
| Size examples - 6' Bare Root (BR), | sed - Estimate the cost of 11/2" (BR), #5 contained | of plant ma r, 1½″ Bali | terials to comp led and Burlapp | lete your p ped (B&B) |
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| Size examples - 6' Bare Root (BR), | sed - Estimate the cost of 11/2" (BR), #5 contained | of plant ma r, 1½″ Bali | terials to comp led and Burlapp | lete your p ped (B&B) |
| Size examples - 6' Bare Root (BR), | sed - Estimate the cost of 11/2" (BR), #5 contained | of plant ma r, 1½″ Bali | terials to comp led and Burlapp | lete your p ped (B&B) |
| Size examples - 6' Bare Root (BR), | sed - Estimate the cost of 11/2" (BR), #5 contained | of plant ma r, 1½" Ball QTY | terials to comp | lete your p ped (B&B) |

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

Estimated Labor Cost for planting services:

D. Contracted 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 | 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 | |

| | 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

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;

- 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 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 Community Family Forest 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 the ORIGINAL application and seven (7) copies (8 TOTAL) of each of the following:

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

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