Instructions

You are the project lead for this application and a public official or authorized staff member of the organization.

You have completed the **project planning process** by utilizing the NCFS U&CF Financial Assistance webpage and the guidance documents, forms and copy of the application on the U&CF Resources & Specifications webpage under the Financial Assistance banner.

- Use your Project Planner and RFA budget worksheet to answer the following application questions.
- Once you begin the application, you will not be able to save and exit. Be prepared to complete the application in one sitting. Complete the form in its entirety, then click "Submit" at the end to successfully submit the application.
 - A dialogue box will appear confirming the submission of your application.
 - You will receive an email with confirmation of receipt and a copy of your application within 2 business days. Contact us if you do not receive this email confirmation.
- In the application, you will be asked to email PDF copies of all required application documents to the email address
 provided including:
 - Completed project RFA Work Plan and RFA Budget Form
 - Project Team letters
 - Project Partner letters
 - Copies of quotes for consulting services
 - o Documentation of achieved prerequisites for U&CF Practices/Activities

Applicant Information

What is the legal name of your organization? *

Enter your first name. *

Enter your last name. *

Enter your job title. *

Enter your mailing address. *

Enter your email address. *

Enter your phone number: *

Our organization is a: *

- Municipal Government
- County Government
- Tribal Government
- □ 501(c)(3) Not for Profit Public College/University
- □ K-12 Public School

Does your organization have an active Federal Employer Identification Number and Unique Entity ID# (obtained online at SAM.gov)? If no, your application cannot be accepted. You may apply for a future offering once you have acquired a UEI. You will be forwarded to the end of the application and a member of our staff will contact you to learn more about your project.*

- Yes
- No

What is your organization's Unique Entity ID? *

What is your organization's Federal Identification Number? *

Did your organization receive \$750,000 or more of Federal financial assistance in the last year? *

Yes

No

Briefly describe your community, agency or organization and current urban and community forestry program/activities. *

Project Team

Please provide the name, organization and job title of the project lead. *

Please provide the name, organization and job title of the project administrative/finance lead. *

Please provide the name, organization and job title of the urban forestry professional lead. *

Please provide the name, organization and job title of the community engagement lead. *

Please provide the name, organization and job title of the communications professional that will be developing your outreach/educational products and Final Report. *

Please provide the name, job title, and phone number of the municipal official who will be the municipal project team member. (If you are not a municipal applicant, you are required to submit a letter from your municipal team member with your other supporting documents.) *

Please provide the name, organization name and phone number of the local community representative (local resident or neighborhood organization) who will be the community project team member. (You are required to submit a letter from this community team member with your other supporting documents.) *

Please provide the name, organization, job title and role of any additional project team members. Type "N/A" if not applicable. *

Please provide the name of each project partner (organization/entity with a direct role in completing the project). You are required to submit a letter from an authorized representative of each partner acknowledging their role and approval. *

Project Information

What is the name of the municipality where the project will be completed? *

Projects are limited to the completion of practices and activities from a maximum of three (3) practice/activity categories. Outreach is a requirement. Select up to 2 additional project/activity categories that you plan to complete as part of this project. * Please select at most 2 options.

- □ Education & Training
- Inventories & Assessments
- □ Ordinances, Policy, Standards & Specifications
- Plans
- Tree Planting
- Advocacy Group Development
- Outreach is the only category.

If awarded, my organization has the funding available and the authorization to proceed with completion of the project within the following timeframe: *

- Immediately
- Within 6 months
- □ Longer than 6 months

What is your project's duration? *

- □ 6 months
- 9 months
- □ 12 months

What is the total cost to complete this project? *

Project Title *

Statement of Need: Urban forestry and community forestry needs and opportunities you have identified that your project will address (up to 4 sentences). *

Goal Statement (1 sentence): *

Primary Objective: (Select one practice/activity category.) *

- □ Education & Training
- Inventories & Assessments
- Outreach
- Ordinances, Policy, Standards & Specifications
- Plans
- Tree Planting
- Advocacy Group Development

Project Objectives

Objective 1 - Select the practices and activities that will be completed in Objective 1. *

- □ Education & Training Program
- Volunteer Stewardship Program
- □ Workforce Development Program
- □ Education/Training Products
- □ Education/Training Event
- □ Program Assessment/Review
- □ Complete Tree Inventory
- Partial Tree Inventory
- □ Stakeholder Survey
- Outreach Program
- Outreach Products
- Outreach Event
- Ordinance
- U&CF Standards and Specifications
- Management Plan
- □ Community Forestry Plan
- Practice Plan
- Comprehensive U&CF Plan
- Tree Planting

Please provide your Objective 1 statement. (1 sentence) *

Do you have an additional Objective? *

- Yes
- 🗆 No

You may select "Yes" to enter up to six additional objectives or "No" to jump to the next Closing section.

Closing

Provide a short scope of work narrative, based on your Work Plan, summarizing how and when each objective will be completed (4,000 character limit including spaces). *

Please provide the name of the N.C. Forest Service county ranger you have informed of your intention to submit this application. *

Email PDF copies of your required application documentation to <u>ncfsucf@ncagr.gov</u>. Please confirm what you will send to us by selecting the applicable checkboxes below. *

- □ Completed RFA Work Plan
- Completed RFA Budget Form
- Consulting service quotes
- Project Team letters
- Project Partner letters
- U&CF Practice/Activity proof of prerequisite accomplishment documents
- □ Other (please list)

Is there anything else you would like to share with us in closing?

I, full name and job title noted below, hereby certify that, to the best of my knowledge, all information provided herein is true and represents the desires of this community or organization. I further certify that I understand the purpose and rules of the NCFS Urban and Community Forestry Financial Assistance program. *