

Copy of 2025-1 NCFS U&CF Foundations Application

This is not an application. The application is an online form. The application link can be found in the RFA.

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.
- Depending on your project, you may be asked to email PDF us copies of supporting documents as part of the application process.
- Completed project RFA Work Plan and RFA Budget Form (if applicable)
- Project Team letters (if applicable)
- Project Partner letters (if applicable)
- Copies of quotes for consulting services (if applicable)
- Documentation of achieved prerequisites for U&CF Practices/Activities (if applicable)

Go to Next



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: *

- Municipality
- Tribal Government
- Not-for-profit organization working in partnership with a municipality/tribal government

Does your organization have a Federal Employer Identification Number and Unique Entity ID # (obtained in [SAM.gov](https://sam.gov))? **If no, your application cannot be accepted.** You may apply at a later offering once you have acquired UEI. You will be forwarded to the end of the application, and one of our staff members will contact you to learn more about your project. *

- Yes
- No Goes to the end of the form

What is your Unique Entity ID? *

What is your Federal Identification Number? *

Did your organization receive \$750,000 in Federal assistance last fiscal year? *

Yes

No

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



Project Information

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

Does your municipality have a public tree ordinance?

- Yes
- No
- Maybe

Does your community have an urban forestry standards and specifications document?

- Yes
- No

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

- Immediately
- Within 6 months
- Longer than 6 months

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

What is the total cost to complete this project? *

Which practice or activity are you applying for? *

- Inventory or Assessment Goes to Inventories and Assessments
- Ordinance, Policy, Standards and Specifications Development Goes to Ordinances, Policy and Standards & Specs
- Plans Goes to Plans Project
- N.C. Arbor Day Celebration Goes to N.C. Arbor Day Celebration
- Professional urban forestry staffing or consulting Goes to Professional Staffing or Consulting
- Professional Certifications Goes to Professional Certifications



Inventories and Assessments Project

We are requesting assistance to complete a *

- Canopy Cover Assessment
- Sample Tree Inventory
- Partial Tree Inventory - Risk Trees

Goal Statement *

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

What is your project duration? *

- 6 months
- 9 months
- 12 months

Please provide the name of the consultant who provided your cost quote to complete the inventory/assessment?

Goes to Project Team



Ordinances, Policy and Standards and Specifications Project

We are requesting assistance to develop the following: *

- Public Tree Ordinance
- Development Ordinance
- Legacy Tree Ordinance
- Landscaping Ordinance
- Policy and Standards and Specifications Document

Goal Statement *

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

What is your project duration? *

- 6 months
- 9 months
- 12 months

Please provide the name of the consultant who provided your cost quote to complete the Ordinance/Policy, Standards & Specifications development work.

Goes to Project Team



Plans Project

We are requesting assistance to complete a

- Management Plan
- Community Forestry Plan

We have a professionally completed tree inventory or canopy cover assessment that was completed within the last 2 years by the following consulting firm. *


Goal Statement *

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

What is your project duration? *

- 6 months
- 9 months
- 12 months

Please provide the name of the consultant who provided your cost quote to complete the plan development work.

Goes to Project Team 

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 lead. *

Please provide the name, job title, and phone number of the municipal official who 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 acknowledging their project role and approval of the project.)

*

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

Please provide the name, organization and job title of your communications professional that will be developing your Outreach product/events and Final Report. *

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 acknowledging their project role.) *

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

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

Goes to [Required Application Documentation](#) 

Required Application Documentation

Email PDF copies your required application documentation to ncfsucf@ncagr.gov . Please confirm by selecting the documentation you are sending us.

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

Goes to Closing



N.C. Arbor Day Celebration Project

We would like funding assistance for the following.

- Ceremonial tree and planting supplies
- Tree seedling to give away to event attendees
- Outreach products
- Event tent rental
- Portable restroom rental
- Refreshments
- Other

Goes to Closing



Professional Staffing or Consultant

We are requesting funding for

- Full time urban forestry staff position Goes to #2
- Part-time/split fund a staff position, urban forestry duties and other municipal duties Goes to #1.
- Consultant Goes to #3.

#1. What is the job title and description of the position you would like to share urban forestry job duties with?

Goes to Closing ▼

#2. Do you have a job description for the position?

- Yes and I have emailed a copy of the job description ncfsucf@ncagr.gov Goes to Closing
- No Goes to Closing

#3. Do you have a consultant scope of services and cost quote?

- Yes and I have emailed a copy of the scope of services an cost quote to ncfsucf@ncagr.gov Goes to Closing
- No Goes to Closing

Professional Certifications

We are requesting funding for *

- NC Urban Forest Council Spring 2025 ISA Certified Arborist prep course and exam
- ISA TRAQ Training Course and Exam
- ISA Urban Forestry Professional credential
- SAF Certified Urban and Community Forester Credential exam

What is the name and job title of the staff person who will be attaining the certification? *

Please provide a description of their job duties and urban forestry experience. *

Goes to Closing

Closing

Please provide the name of the NCFS county ranger you have contacted and inform that you are submitting an application. *

What will be the next urban forestry practice and community forestry practice or activity your community will work toward completing after the completion of this practice? *

Enter any additional information you would would like to add 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. *

End of Application

