

Notice: You are required to provide information requested on this form to apply for an Urban Forestry Grant, under U.S. Public Law 95-313, s. 6(b), Wis. Stats. 23.097, Ch. NR47, Wis. Adm. Code. The Department will be unable to process your application unless you provide complete information as requested. Information will be used to determine grant award lists, provide statistical information and potentially to use as an example for other grant applicants. Personally identifiable information on this form is not intended to be used for other purposes. Information may also be made available to requesters as required under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Instructions:

1. Please refer to the document titled *Wisconsin Urban Forestry Startup Grants* and follow the three-step questionnaire to determine if you are eligible to apply for a Startup grant. The document is provided at: <http://dnr.wi.gov/forestry/UF/grants/>
2. An authorizing resolution designating a representative to file this application and handle all grant actions is required. A sample resolution is provided at: <http://dnr.wi.gov/forestry/UF/grants/>

COMPLETE ALL QUESTIONS

Grant is for calendar year 2012.

1 Project Title: _____

2 Applicant Name(s): _____

3 Applicant is a: (check one)

City Village Town County Tribal Government 501(c)(3) nonprofit organization

4 Applicant Authorized Representative

Mr. Ms.

Name: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

County: _____

Phone: _____ Fax: _____

E-mail: _____

5 Project Manager (*if different from Authorized Representative*)

Mr. Ms.

Name: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

County: _____

Phone: _____ Fax: _____

E-mail: _____

6. Please indicate project component(s) by checking one or two boxes below:

- Tree planting
 Tree pruning
 Tree removal
 Tree inventory/management plan
 Public outreach*

(*Public outreach may include forming a tree board, writing an ordinance, training staff or improving public awareness on the value of community trees and their management)

- Briefly describe your project. How does this project meet the needs of your community?

- How will this project increase involvement in forestry related activities by your community?
(Please be brief and limit to 700 words)

- Who will participate in this project?

- Describe any additional aspects or outstanding features of this project that you would like us to know.

7. Estimate of Project Costs

A	B	C		D = (B-C)
Project Type*	Total Cost Estimate	Applicant match		Grant Request
		Cash/In-kind	Donations	
Total				

(\$2,000 min – \$10,000 max)

(\$1,000 min – \$5,000 max)

*Tree planting, tree pruning, tree removal, tree inventory/management plan, or public outreach

For each category, check the box that best describes your community’s tree care and management program.

New Applicants are encouraged to contact their regional urban forestry coordinator for guidance regarding project eligibility and completing the program evaluation. A regional staff list is available at: <http://dnr.wi.gov/forestry/UF/staff/>

For 501(c)(3) organizations only - please contact the urban forest program manager for the community you serve to complete the table below. Also provide the urban forest program manager name and title below. Submit a copy of the by-laws and articles of incorporation for your organization.

Name: _____ Title: _____

Program Activity	We have an active and on-going tree care and maintenance program.	
	Our tree care and maintenance activities were once regular and part of a community-wide program that ended. We want to start this program again.	
	We are starting a community-wide tree care and maintenance program for the first time.	
Advocacy	We have a formally established tree advisory group (i.e. committee, commission, or tree board) and/or officials that support(s) forestry related activities.	
	We have citizens or non-formal groups interested and involved in forestry related activities.	
	The level of involvement and support by boards/committees, organizations and/or elected officials for our tree care and maintenance activities is low to non-existent.	
Staff	We have professional urban forestry <u>staff</u> [certified arborist or relevant formal training] for our tree care and maintenance. <i>Note: this can be a part-time position.</i>	
	We <u>contract</u> urban forestry professional(s) [certified arborist or relevant formal training] for our tree care and maintenance.	
	We have a staff member(s) or volunteer who handles/advises the municipality on tree care and maintenance.	
Management	We practice systematic tree maintenance (i.e. planting, pruning, fertilization program, pest control actions) that follows a written strategic/management plan.	
	We practice <u>routine</u> maintenance activities but we do not necessarily follow a management plan.	
	We do not practice <u>routine</u> maintenance activities (i.e. planting, pruning, removals).	

I hereby certify to the best of my knowledge, the information contained in this application and application attachments are correct and true. I understand and agree that any grant monies awarded as a result of this application shall be used in accordance with Chapter 23.097, Wis. Stats., and Chapter 47, Wis. Adm. Code.

Signature: _____

Authorized Representative

Date: _____

POSTMARK DEADLINE to apply – October 3, 2011

Applicants sign; return application and authorizing resolution to:

Dept. of Natural Resources

Urban Forestry Grant Coordinator, FR/4

101 S. Webster Street

PO Box 7921

Madison, WI 53707-7921