

# Urban Forestry Catastrophic Storm Grant Application

Form 8700-321 (R 8/21)

**Notice:** You are required to provide information requested on this form to apply for an Urban Forestry Catastrophic Storm Grant, under Wis. Stats. 23.097 and Ch. NR 47, 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. Submit an original signed application, typed or in ink. Keep a copy for your reference.
2. Respond to all questions. If a question is not applicable, enter "N/A" or "0".
3. An authorizing resolution designating a representative to file this application and handle all grant actions is required. A sample resolution is provided at: <https://dnr.wisconsin.gov/sites/default/files/topic/UrbanForests/UFGGrantsCombinedResolution.doc>.
4. Map of community with area(s) of impact outlined; street layer and scale must be provided.
5. Return the application to the address listed above. Applications must be postmarked or sent electronically (received by midnight) no later than 60 days after the date of the Governor-declared State of Emergency.

DNR Use Only	
Storm Date	
Date Governor declared State of Emergency	
Application Postmark Date	

**Section I: Applicant Information**

**A. Applicant Organization**

Applicant Organization Name \_\_\_\_\_

Organization Address (same as Treasurer or W9)	City	State	ZIP Code
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Applicant organization is a (check one)

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

Located in the county of: \_\_\_\_\_

**DNR USE ONLY:**

**B. Applicant Authorized Representative**

Last Name	First Name	MI	Position Title
Phone Number	FAX Number	Email	

**C. Project Manager (if different from Authorized Representative)**

Last Name	First Name	MI	Position Title
Address	City	State	ZIP Code
Phone Number	FAX Number	Email	

**Section II: Estimate of Urban Forest Storm Damage**

1. Estimate the total number of street miles within the damaged area.

- Method:  Actual count  
 Evenly distributed random samples to equal 10% of damaged area in 0.1 street mile plots

Required: Submit community map with application that indicates damaged area relative to total area; GIS map or aerial photograph with damaged area highlighted preferred.

Total community area (square miles): \_\_\_\_\_ Damaged area (square miles): \_\_\_\_\_ Total street miles: \_\_\_\_\_ Damaged street miles: \_\_\_\_\_  Map enclosed? Yes

2. Provide the number of trees per size class that will require removal in the designated damaged area within the community boundaries. Measure the diameter at 4½ feet above ground using a D-tape. If using a regular tape measure, the circumference or perimeter of the tree at 4½ feet, then divide that measurement by 3.14 to determine the diameter. Trees that have fallen, are leaning, or have had at least **50% of their branches removed or damaged are eligible for removal.**

NOTE: Diameter information may be needed when applying for FEMA funding.

Diameter of Tree Trunk			Total
0 – 12"	12 – 24"	24" or more	
Number of Trees Requiring Removal by Diameter:			

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## Section III: Grant Request for Urban Forestry Storm Damage and Other Financial Support

**INSTRUCTIONS:** Estimate expenses by categories shown. Advance payment of 50% of grant award available.

1. A. Tree Removal: \$ \_\_\_\_\_
- B. Tree Restoration: \$ \_\_\_\_\_
- C. Tree Replacement: \$ \_\_\_\_\_
- Total Costs (A+B+C): \$ \_\_\_\_\_
- Total Grant Award Requested (cap at \$50,000) : \$ \_\_\_\_\_
- Advance Grant Payment Requested (up to 50%): \$ \_\_\_\_\_

2. List other funding sources requested or received for tree damage as a result of this storm event, i.e., FEMA, State Agencies, Public or Private Insurance.

## Section IV: Certification

I hereby certify that, to the best of my knowledge, the information contained in this application and 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 section 23.097, Wis. Stats., and Chapter NR 47, Wis. Adm. Code. I further certify that a valid authorizing resolution is on file with the DNR or one is submitted with this application.

Signature of Authorized Representative

Date Signed

Printed or Typed Name of Authorized Representative

Title