

Urban Forestry Catastrophic Storm Grant Application

Form 8700-321 (R 6/17)

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: <http://dnr.wi.gov/topic/UrbanForests/documents/UFGrantsCombinedResolution.pdf>.
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 of the date the Governor declares a State of Emergency.

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

SECTION 1 – APPLICANT INFORMATION

Project Sponsor Name	County
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- City
 Town
 Village
 County
 Tribal Government
 Non-Profit 501 (c)(3)

Name of Authorized Representative (first, initial, last) – Please print or type	Title
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Mailing Address – Street or Route	City	State	ZIP Code
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Phone Number (include area code)	Best time to call	FAX Number (include area code)	Email Address
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Name of Contact Person (first, initial, last) <i>if different from Authorized Representative</i>	Title
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Mailing Address – Street or Route	City	State	ZIP Code
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Phone Number (include area code)	Best time to call	FAX Number (include area code)	Email Address
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SECTION 2 – ESTIMATE OF URBAN FOREST STORM DAMAGE

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

- Method: Actual count; or
 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? <input type="checkbox"/> Yes
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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 still standing, leaning or tipped that have **50% or more 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 3 – 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. Removing Trees: \$ _____
B. Saving Trees: \$ _____
C. Replacing Trees: \$ _____
Total Costs (A+B+C): \$ _____
- Total Grant Award Requested (cap at \$50,000): \$ _____
- Advance Grant Payment Requested (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 4 – 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