

2009 PROJECT CANOPY ASSISTANCE TREE PLANTING AND MAINTENANCE

USDA FOREST SERVICE-URBAN AND COMMUNITY FORESTRY CFDA 10:675

Applicant (Entity Name): _____

*Designated Representative: _____

Title: _____

Address: _____

Phone Number: _____ Email Address: _____

Applicant's Federal Identification Number: _____

Previously Received Community Forestry Assistance Funding Yes No

Does your community have a comprehensive plan, which includes forestry? Yes No

Date certified by State Planning Office: _____

Short Project Title: _____

Budget:

(Refer to the Project Canopy Planting and Maintenance Grant guidelines)

GRANT REQUEST					LOCAL MATCH	
Tree Species	Dia.	No.	\$/ tree	Total cost	Matching Items	\$ Value
					Trees	
					1 Year Maintenance	
					Mulch, supplies, other materials	
Other Reimbursable Costs				\$ Value		
Labor (pruning, planting, removal)					Volunteer labor, administration, equipment (hourly rate \$ ____ X #hrs ____) =	
Maintenance						
Mulch, supplies, other materials						
TOTAL GRANT REQUEST			\$		TOTAL MATCH (> or = grant request)	\$

Name of State Senator _____

Name of State Representative _____

Grant applications must include:

(Refer to the Project Canopy Planting and Maintenance Grant guidelines)

- **Completed Application Form**
- **Narrative**
- **3-Year Maintenance Plan**
- **Project Map**
- **Letters of Support**

*As designated representative of said applicant, I hereby agree to implement this project according to the attached cost and technical proposals and to abide by all local ordinances and restrictions that apply.

Signature _____ Date _____

**As official representative of said applicant, I hereby authorize the project submitted for the proposed Project Canopy Grant.

Signature _____ Date _____

An original application and **four copies** must be in our office by **5 PM, April 10, 2009**. Please send applications to: Maine Forest Service, 22 State House Station, Augusta, ME 04333.

* Designated representative refers to the person authorized by the applicant to submit a grant application, sign documents and take necessary actions to undertake, direct and complete the approved project.

**Official representative refers to the Mayor or Town Board Official for a municipality; a Superintendent or Principal for a school; and the Board Director or President in the case of a non-profit organization.

Note: Amount Eligible for Reimbursement is Limited to \$8,000.



Community Capacity Checklist

Please rate your community's capacity for urban and community forestry management. Put a check mark next to each capacity component that applies to your community.

1. Inventories and management plans: _____

Community has a tree and forest management plan developed from professionally-based resource assessments and inventories.

2. Professional staff: _____

Community employs or has written agreement with professional forestry staff who possess at least one of the following credentials: degree in forestry or related field, and ISA certified arborist or equivalent professional certification.

3. Tree care ordinance: _____

Community has local ordinances or policies that focus on planting, protecting, and maintaining urban and community trees and forests.

4. Local advisory /advocacy organization: _____

Community has local advocacy/advisory organizations such as active tree boards, commissions, or non-profit organizations that are formalized or chartered to advise and/or advocate for the planting, protection, and maintenance of urban and community trees and forests.