

**2024 PROJECT CANOPY ASSISTANCE
PLANNING AND EDUCATION**

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

Applicant Name: _____

*Designated Representative: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

Applicant's SAM Registration Number (UEID): _____

Project/Program will take place on non-federal land owned or controlled

by: _____ Population: _____

Previously Received Community Forestry Assistance Funding Yes No

A. Amount of Project Canopy Funds Requested \$ _____

B. Local Match: (See Guidelines) \$ _____

C. Total Project Cost (A + B = C) \$ _____

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

Date certified by State Land Use Planning Commission: _____

Project Title: _____

Brief Description of Project:

(Describe the project, including what is to be developed, produced, performed, and/or implemented. Include project purpose and objectives)

Name of local State Senator _____
Name of local State Representative _____

Grant applications must include:

(Refer to the Project Canopy Planning and Education Grant guidelines for specific instructions)

- **Completed Application Form**
- **Narrative**
- **Detailed Budget**
- **3-Year Maintenance Plan**
- **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

Complete the online application form and then submit the complete application package, as prompted at the end of the online form, to: **PROJECTCANOPYGRANTS.DACF@maine.gov, no later than 11:59 PM, May 15, 2024.** Required information for the proposal should not exceed five (5) pages (excluding budget tables), with a print font size of 12 preferred. Note: the proposal submission inbox can accept message up to 10 MB in size. Multiple messages per proposal may be submitted if necessary. Additional information such as maps, tables, and letters of support may be included in addition to the proposal.

* 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.

Project Canopy 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.

2024 PROJECT CANOPY PLANNING AND EDUCATION GRANT – BUDGET ITEM EXPLANATION

Total Amount of Project Canopy Funds Requested: \$ _____

1. Consultants and Services			Reimbursable Costs	Non-reimbursable Costs	
Name	Title	Work Description	A. Costs Eligible for Reimbursement	B. Applicant's Share (Match)	C. Total Project Cost

2. Educational and Promotional Supplies				Reimbursable Costs	Non-reimbursable Costs	
Item	Description	Cost/Unit	# of Units	A. Costs Eligible for Reimbursement	B. Applicant's Share (Match)	C. Total Project Cost

3. Tree Purchase, Planting and Maintenance				Reimbursable Costs	Non-reimbursable Costs	
Job Description	Cost/Tree	# of Trees	Tree Caliper Size	A. Costs Eligible for Reimbursement	B. Applicant's Share (Match)	C. Total Project Cost

4. Administrative Costs

				Reimbursable Costs	Non-reimbursable Costs	
Employee Name	Title	Cost/ Hour	# of Hours	A. Costs Eligible for Reimbursement	B. Applicant's Share (Match)	C. Total Project Cost
				Not Applicable		
				Not Applicable		
				Not Applicable		
				Not Applicable		

5. Volunteer Labor, Machinery and Equipment

				Reimbursable Costs	Non-reimbursable Costs	
Name	Description	Cost/ Hour	# of Hours	A. Costs Eligible for Reimbursement	B. Applicant's Share (Match)	C. Total Project Cost
				Not Applicable		
				Not Applicable		
				Not Applicable		
				Not Applicable		

6. Donated Materials

				Reimbursable Costs	Non-reimbursable Costs	
Item	Description	Cost/ Unit	# of Units	A. Costs Eligible for Reimbursement	B. Applicant's Share (Match)	C. Total Project Cost
				Not Applicable		
				Not Applicable		
				Not Applicable		
				Not Applicable		

7. Other Costs

7. Other Costs				Reimbursable Costs	Non-reimbursable Costs	
Item	Description	Cost/ Unit	# of Units	A. Costs Eligible for Reimbursement	B. Applicant's Share (Match)	C. Total Pro- ject Cost

A. Total Costs Eligible for Reimbursement: \$ _____

B. Total Costs Not Eligible for Reimbursement: \$ _____

C. Total Project Cost (A+B=C): \$ _____

Note: Amount Eligible for Reimbursement is Limited to \$20,000.
Please attach additional information and explanation of budget items on a separate sheet.