

**2026 PROJECT CANOPY EAB MITIGATION ASSISTANCE
TREE REMOVAL AND TREATMENT**
USDA FOREST SERVICE-URBAN AND COMMUNITY FORESTRY CFDA 10:675

Applicant (Entity Name): _____

*Designated Representative: _____

Title: _____

Address: _____

Phone Number: _____ Email Address: _____

Applicant's SAM Registration number (UEID): _____

Previously Received Community Forestry Assistance Funding ☐ Yes ☐ No

Does your community have a comprehensive plan? ☐ Yes ☐ No

Date certified by Department of Agriculture, Conservation, and Forestry: _____

Short Project Title: _____

Budget:

(Refer to the Project Canopy EAB mitigation guidelines)

GRANT REQUEST				LOCAL MATCH	
Tree removal (number, road miles of removals, other)	\$/ Dia.	\$/ tree/road mile	Total cost	Matching Items	\$ Value
				Tree removal	
				Ash treatment	
				Supplies and other materials	
Ash Treatment			\$ Value		
Tree treatment (number, road miles of trees treated, other)	\$/ dia.			Volunteer labor, administration, equipment (hourly rate \$ X #hrs) =	
TOTAL GRANT REQUEST		\$ 0		TOTAL MATCH (> or = grant request)	\$ 0

Name of local State Senator(s) _____

Name of local State Representative(s) _____

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

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, December 17, 2026**. 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.

Note: Amount Eligible for Reimbursement is Limited to \$20,000.

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 updated within the last 5 years 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.