



NJ URBAN & COMMUNITY FORESTRY

SFS use only

STEWARDSHIP GRANT PROPOSAL APPLICATION

PROJECT INFORMATION

Applicant (Check One): <input type="checkbox"/> Municipality Name : <input type="checkbox"/> County Name : <input type="checkbox"/> Other Local Gov't. Agency/Authority Name :		Application Date:
Project Name:		Estimated Start Date:
Project Location: (Municipality, County)		
Grant Category (Check one): <input type="checkbox"/> Resiliency Planning <input type="checkbox"/> Reforestation/Tree Planting		
Project Street Address: (Indicate block ranges if necessary, eg. 500-600 Block of Main Street)		Number of trees to be planted: (if applicable)
Block(s):	Lot(s):	
Project Manager : <small>Per RFP Section VI bullet 6</small>		Title:
Organization:		
Phone:		E-mail:
Grant Request:\$ <small>Note: this autopopulates from the budget table on page 11</small>	Total Match:\$ In-Kind \$ Cash \$ <small>(Points are earned for projects with more than required 50% minimum match, and for projects using volunteer hours as match)</small>	Project Total: \$ <small>(Grant Request +Match=Project Total)</small>

Note: These numbers must match those on the budget form on page 11.

APPLICANT INFORMATION

Is the applicant 2017 NJUCF Accredited? Yes No

To determine NJUCF Accreditation answer the following questions:

1. Is the applicant compliant with the Shade Tree & Community Forestry Assistance Act (N.J.S.A. 13:1L-17.1et. seq.)? Yes No

To be compliant, the applicant must answer yes to the following three (3) questions (NOTE: Applicants in the initial year of CFMP implementation may answer no to "c" below if the number of years in "a" is one (1):

a. Does the applicant have an approved Community Forestry Management Plan: <input type="checkbox"/> Yes, Expiration Date _____ , Total # of Years with an approved plan <input type="checkbox"/> No	b. Is one local government employee and one community volunteer CORE trained: <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Did the applicant have eight (8) continuing education units (CEU's) between two people in the 2017 calendar year: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--

2. Did the applicant submit an Annual Accomplishment Report for the 2017 calendar year? Yes No

Does the applicant have a community tree inventory in place? Yes No

Is the applicant a Tree City USA? Yes No

If Yes, for how many years has the applicant been a Tree City USA?

Is the applicant an impacted community under the No Net Loss Reforestation program? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Refer to the Request for Proposals for a complete list of NNL Impacted communities)</small>			
Is the applicant a New Jersey Redevelopment Authority (NJRA) eligible municipality? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(A list of NJRA eligible municipalities is available at http://www.njra.us/members/)</small>			
Is the applicant Sustainable Jersey Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input type="checkbox"/> Accrual <input type="checkbox"/> Other			Date of Fiscal Year: from to
Type of Government:			
State Vendor ID Number:			
Authorized Official: Title: <small>(Local government official authorized to sign this application and the grant agreement on behalf of the applicant, eg. Mayor, Business Administrator)</small>			
Clerk: <small>(Municipal, County Freeholder, other. This is the person responsible for grant contract documents)</small>			
Phone:		E-mail:	
Address: <small>(Must be where contracts are to be delivered)</small>		City:	State: ZIP:
Chief Financial Officer:			
Phone:		E-mail:	
Address: <small>(Must be where checks are to be delivered)</small>		City:	State: ZIP:
As the authorized official representative of the above named applicant (local government), I hereby certify that the information provided within this NJ Forest Service Urban & Community Forestry Stewardship Grant proposal and application form is complete and true.			
Signature Authorized Official Representative	Printed Name & Title of the Authorized Official Representative	Date	

PROJECT OVERVIEW

Provide a comprehensive but succinct overview of the proposed project that includes basic details of who is doing what, where, and why. Projects should effectively work toward the stated goals of the Community Forestry Management Plan (CFMP) by carrying out specific objectives identified in the CFMP and in accordance with the grant categories defined in the Request for Proposals. Address the project's suitability as the most appropriate method to accomplish this through the use of CSIP Practices identified in the CFMP.

1. COMMUNITY FORESTRY MANAGEMENT PLAN (CFMP) IMPLEMENTATION (35 points)

Identify the grant category for this project as defined in the Request for Proposals and describe how the project addresses one or more of the CSIP practices identified in the Community Forestry Management Plan. Explain how this work supports the goals, objectives, and statement of plan implementation defined in the CFMP, and how it benefits your community.

2. WORKPLAN (25 points)

Succinctly describe how this project will be carried out. Refer to the RFP for specific information required for each grant category.

Project Location, Existing Conditions, and Need: Describe the project location and existing conditions of the urban and community forest, if known. Describe the need to carry about the work. Describe how this project relates to the CFMP

9 points

Methods & Deliverables: Explain the methods to be employed. Identify the deliverable that will be produced (e.g. tree inventory report, as-built landscape plan).

4 points

Personnel: Identify the municipal staff, shade tree commission volunteers, contractors, consultants, and partners who will be responsible for implementation of the project. Include the people who will manage the grant itself and the people who will implement the project. Clearly identify the roles and responsibilities of each of the project partners. Provide resumes, qualifications, and letters of supports for all project partners as an attachment.

6 points

Project Timeline: Provide a narrative or a diagram that clearly illustrates project tasks and milestones within the defined work period. Significant project milestones must be included.

6 points

3. COMMUNITY CAPACITY (20 points)

Describe the local government's unique strengths and past demonstrated commitment to managing the community forest resource.

4. MEASURABLE OUTCOMES (10 points)

Referencing your CFMP goals and objectives, identify measurable outcomes applicable to each CSIP practice that applies under each CFMP goal or objective addressed through this project.

SAMPLE

CFMP Goal or Objective	CSIP Practice	Outcome (number of units expected)
<i>Example: Conduct an inventory to understand the present state of the Community Forest resource to prioritize maintenance activities, identify planting locations, and locate ash trees.</i>	<i>Tree inventory</i>	<i>1 complete inventory of all the community trees; OR 1 sample inventory; OR 1 partial inventory of the central business district</i>
	<i>Public education and awareness</i>	<i>1 press release</i>
	<i>Insect and disease management</i>	<i>1 ash mitigation plan prepared</i>
<i>Example: Reforestation of Broad and Oak Streets</i>	<i>Tree planting</i>	<i>50 trees planted</i>
	<i>Storm water mitigation</i>	<i>100 of cu. feet per year of stormwater intercepted</i>
CFMP Goal or Objective	CSIP Practice	Outcome (number of units expected)

MONITORING AND EVALUATION EXPLANATION

Provide a brief description of the project’s monitoring and evaluation plan. Explain how these outcomes demonstrate your progress toward achieving the above CFMP goals and objectives.
Example: CFMP Goal 1 is to plant 350 trees over 5 years. This project will result in 100 trees planted towards the 350 goal.

5. BUDGET AND PROJECT LEVERAGE (10 points)

Budget Form

	GRANT CSIP Request	MATCH ¹						Total Project Cost (TPC) (TPC = CSIP Request + Match)
		Federal	State (Not CSIP)	Local Govern- ment	Private Foundations or Non- profits	Volunteers	Other	
Grantee Employee Salary/Wages								
Fringe Benefits								
Consultants and Subcontractors								
Other (specify below)								
•								
•								
•								
•								
•								
TOTAL								

Budget Narrative

Clearly specify purpose and accounting for each cost listed above. Describe source of matching funds and how this grant supplements the applicant's existing local and community forestry program budget

¹ The amount and kind of match are criteria for proposal selection. See the Request for Proposals for more information.

ATTACHMENTS

Details on the required attachments are provided in the RFP.

Resumes and qualifications for all municipal staff, shade tree commission volunteers, contractors, consultants, and partners identified in the workplan

Letters of Support from all Project Partners identified in the workplan

Proof of Certification - Tree City USA, Sustainable Jersey