

# U&CF 2015 APPLICATION FORM

## North Carolina Urban and Community Forestry Grant

**Project Title:** \_\_\_\_\_

**Project Location (City):** \_\_\_\_\_ **(County):** \_\_\_\_\_

**Applicant (Organization) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Contact Person/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Employer Identification Number (EIN) (Required):** \_\_\_\_\_

**Fiscal Year End (month/day):** \_\_\_\_\_ / \_\_\_\_\_

**DUNS Number:** \_\_\_\_\_

**Brief List of Project Objectives:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Grant Funds Requested \$</b> _____	<b><u>Project Type (check one that best applies)</u></b>
	_____ <b>U&amp;CF Program Development</b>
<b>Cash Match \$</b> _____	_____ <b>U&amp;CF Program Improvement</b>
<b>In-Kind Match \$</b> _____	_____ <b>Education &amp; Information/Training</b>
<b>Total Amount of Project \$</b> _____	_____ <b>Non-Profit Program Development</b>
	_____ <b>Tree Planting</b>
	_____ <b>Demonstration &amp; Site Specific</b>

**Applicant Description**  
 \_\_\_\_\_ **local govt.**      \_\_\_\_\_ **non-profit 501(c)(3)**      \_\_\_\_\_ **educational institution**  
 \_\_\_\_\_ **state govt.**      \_\_\_\_\_ **other (describe)** \_\_\_\_\_

**Is this community a Tree City USA?** \_\_\_\_\_ **Community population** \_\_\_\_\_

**Is the organization a member of the NC Urban Forest Council?** Yes \_\_\_ No \_\_\_ Pending \_\_\_

**Has this organization received a U&CF grant in the past?** Yes \_\_\_ No \_\_\_

**If yes, what grant year(s)?** \_\_\_\_\_

As a duly authorized representative of the organization making this application, I hereby certify that, to the best of my knowledge, all information provided herein is true and represents the desires of this organization. I further certify that I understand the purpose and rules of the program as outlined in the Application Package.

\_\_\_\_\_  
**Printed Name of Authorized Representative**

\_\_\_\_\_  
**Title/Position**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**