

## Copy of NCFS U&CF Cost and Match Share Program Application

**This is not an application. This is a copy of the electronic application to help applicants prepare for applying.**

### Notice to Person Submitting this Application

You are the project lead for this application and a public official or authorized staff member of the organization.

For this application to be submitted, it must be completed in its entirety, and the **Submit** button must be clicked at the end of the application. **Be prepared to complete the application by completing a project planning process**, reviewing a copy of the application and information available on the NCFS U&CF Financial Assistance webpages.

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### Applicant Information

What is the legal name of your organization? \*

Enter your first name. \*

Enter your last name. \*

Enter your job title. \*

Enter your mailing address \*

Enter your email address. \*

Enter your phone number. \*

Our organization is a: \*

- Municipal government
- County government
- Tribal Government
- 501c3 Not for Profit
- Public College/University

Does your organization have an active Federal Employer Identification Number and Unique Entity ID # (obtained in [SAM.gov](https://sam.gov))? **If no, your application cannot be accepted.** You may apply at a later offering once you have acquired UEI. You will be forwarded to the end of the application where you can enter an objective statement of your project and staff will contact you to offer assistance. \*

- Yes
- No

[Go to End of the form](#)

What is your organization's Unique Entity ID? \*

What is your organization's Federal Identification Number? \*

Briefly describe your community, agency or organization and current urban and community forestry program/activities. \*

Has your organization successfully completed a federally funded grant project in the past? \*

- Yes
- No

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How many projects? Were any of them an urban or community forestry project? \*

What was the total cost of the largest project? \*

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### Project Team

Please provide the name, organization and job title of the project lead. \*

Please provide the name, organization and job title of the project administrative/finance lead. \*

Please provide the name, organization and job title of the urban forestry professional who will be providing arboricultural/urban forestry consultation and/or services. \*

Please provide the name, organization and job title of the community forestry professional who will be providing community outreach and engagement consultation and/or services. \*

Please provide the name, job title, and phone number of the municipal official who be the municipal project team member. (If you are not a municipal applicant, you will need to email a letter from your municipal team member as required) \*

Please provide the name, organization name and phone number of the local community representative (local resident or neighborhood organization) who will be the community project team member. (You will need to email a letter from this community team member as required) \*

Please provide the name, organization, job title and role of each additional project team member. \*

Please provide the name of the organization of each project partner. \*

Please provide the name, organization and job title of each project supporter. \*

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### Project Information

What is the name of the municipality where the project will be completed? \*

If awarded, my organization has the funding available and the authorization to proceed with completion of the project within the following timeframe; \*

- Immediately
- Within 6 months
- Longer than 6 months

What is your project duration? (You will need to **email** a **PDF** copy of your completed project FAP Work Plan document to [ncfsucf@ncagr.gov](mailto:ncfsucf@ncagr.gov)) \*

- 6 months
- 9 months
- 12 months

What is the total cost to complete this project? (You will need to **email a PDF** copy of your completed project FAP Budget document to [ncfsucf@ncagr.gov](mailto:ncfsucf@ncagr.gov)) \*

Project Title \*

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### Project Needs Statement, Goal and Objectives

Statement of Need: Urban forestry and community forestry needs and opportunities you have identified that your project will address (up to 4 sentences). \*

Goal Statement (1 sentence): \*

What is the primary objective of your goal? \*

- Education & Training
- Inventories & Assessments
- Outreach
- Ordinances, Policy, Standards & Specifications
- Plans
- Tree Planting
- Advocacy Group Development

Objective 1 - Select the practices and activities that will be completed in Objective 1. \*

- Education & Training Program
- Volunteer Stewardship Program
- Workforce Development Program
- Education/Training Products
- Education/Training Event
- Program Assessment/Review
- Complete Tree Inventory
- Partial Tree Inventory
- Stakeholder Survey
- Outreach Program
- Outreach Products
- Outreach Media Campaign
- Outreach Event
- Ordinance
- U&CF Standards and Specifications
- Management Plan
- Community Forestry Plan
- Practice Plan
- Comprehensive U&CF Plan
- Tree Planting

Please provide your Objective 1 statement. (1 sentence) \*

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Do you have an additional Objective? \*

Yes

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No

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Objective 2 - Select the practices and activities that will be completed in Objective 2. \*

- Education & Training Program
- Volunteer Stewardship Program
- Workforce Development Program
- Education/Training Products
- Education/Training Event
- Tree Canopy Cover & Heat Island Assessment
- Program Assessment/Review
- Complete Tree Inventory
- Partial Tree Inventory
- Stakeholder Survey
- Outreach Program
- Outreach Products
- Outreach Media Campaign
- Outreach Event
- Ordinance
- U&CF Standards and Specifications
- Management Plan
- Community Forestry Plan
- Practice Plan
- Comprehensive U&CF Plan
- Tree Planting

Please provide your Objective 2 statement. (1 sentence) \*

Provide a short scope of work narrative, based on your Work Plan, summarizing how and when each objective will be completed (4,000 character limit including spaces). \*

Is this project connected with another 2024-2 Cost and Match Share Program project you are applying for? \*

Yes

No

Go to 41. Please provide the name of the N.C. Forest Service cou...

What is the project name and how is it connected? \*

Please provide the name of the N.C. Forest Service county ranger you have contacted to inform you are submitting an application. \*

Please email **PDF copies** of your FAP Work Plan, FAP Budget Worksheet, Municipal and Neighborhood Organization Team Member letters (if applicable) to [ncfsucf@ncagr.gov](mailto:ncfsucf@ncagr.gov). Have you emailed these files? \*

Yes

No

Is there anything else you would like share with us in closing?

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