

Copy of 2024-2 NCFS U&CF Sample Tree Inventory and Canopy Cover Assessment 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 with the municipality or an authorized staff member of a not-for-profit organization working in partnership with the municipality.

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 reviewing a copy of the application and information available on the NCFS U&CF Financial Assistance webpages. Contact your NCFS county ranger for assistance.

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Applicant Information

What is the legal name of your organization? *

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Enter your first name. *

Enter your last name. *

Enter you job title. *


Enter your email address. *

Enter your phone number. *

Enter your mailing address. *

Our organization is a: *

- Municipality
- Tribal entity
- Not-for-profit organization

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Project Information

Does your organization have a 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 **24. Enter any additional infor...**

Please provide your Unique Entity ID. *

Please provide your Federal Identification Number. *

Which practice are you applying for? *

- Tree Canopy Cover Assessment
- Sample Tree Inventory

Enter the cost estimate provided by a qualified consulting firm to complete the work. *

Please provide the name of the qualified consulting firm that provided the cost estimate. *

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

- Immediately
- Within 6 months
- Longer than 6 months

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. *

If your organization is not the municipality where the project will be completed please provide the name, organization, and job title, and phone of the municipal official who will be the municipal project team member. *

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

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

Please provide the name of the NCFS county ranger you have contacted and inform that you are submitting an application. *

Briefly tell us why completion of this practice is important to your community. *

What will be the next urban forestry practice and community forestry practice or activity your community will work toward after the completion of this practice? *

Enter any additional information you would would like to add in closing.

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