

**2024 PROJECT CANOPY ASSISTANCE  
PLANNING AND EDUCATION**

USDA FOREST SERVICE-URBAN AND COMMUNITY FORESTRY CFDA 10:675

Applicant Name: \_\_\_\_\_

\*Designated Representative: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's SAM Registration Number (UEID): \_\_\_\_\_

Project/Program will take place on non-federal land owned or controlled

by: \_\_\_\_\_ Population: \_\_\_\_\_

Previously Received Community Forestry Assistance Funding  Yes  No

A. Amount of Project Canopy Funds Requested \$ \_\_\_\_\_

B. Local Match: (See Guidelines) \$ \_\_\_\_\_

C. Total Project Cost (A + B = C) \$ \_\_\_\_\_

Does your community have a comprehensive plan that includes forestry?  Yes  No

Date certified by State Land Use Planning Commission: \_\_\_\_\_

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

**Brief Description of Project:**

(Describe the project, including what is to be developed, produced, performed, and/or implemented. Include project purpose and objectives)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of local State Senator \_\_\_\_\_  
Name of local State Representative \_\_\_\_\_

**Grant applications must include:**

(Refer to the Project Canopy Planning and Education Grant guidelines for specific instructions)

- **Completed Application Form**
- **Narrative**
- **Detailed Budget**
- **3-Year Maintenance Plan**
- **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, May 15, 2024.** 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.

# 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 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.

## 2024 PROJECT CANOPY PLANNING AND EDUCATION GRANT – BUDGET ITEM EXPLANATION

Total Amount of Project Canopy Funds Requested: \$ \_\_\_\_\_

| 1. Consultants and Services |       |                  | Reimbursable Costs                  | Non-reimbursable Costs       |                       |
|-----------------------------|-------|------------------|-------------------------------------|------------------------------|-----------------------|
| Name                        | Title | Work Description | A. Costs Eligible for Reimbursement | B. Applicant's Share (Match) | C. Total Project Cost |
|                             |       |                  |                                     |                              |                       |
|                             |       |                  |                                     |                              |                       |
|                             |       |                  |                                     |                              |                       |
|                             |       |                  |                                     |                              |                       |

| 2. Educational and Promotional Supplies |             |           |            | Reimbursable Costs                  | Non-reimbursable Costs       |                       |
|---|-------------|-----------|------------|-------------------------------------|------------------------------|-----------------------|
| Item                                    | Description | Cost/Unit | # of Units | A. Costs Eligible for Reimbursement | B. Applicant's Share (Match) | C. Total Project Cost |
|   |             |           |            |                                     |                              |                       |
|   |             |           |            |                                     |                              |                       |
|   |             |           |            |                                     |                              |                       |
|   |             |           |            |                                     |                              |                       |

| 3. Tree Purchase, Planting and Maintenance |           |            |                   | Reimbursable Costs                  | Non-reimbursable Costs       |                       |
|--|-----------|------------|-------------------|-------------------------------------|------------------------------|-----------------------|
| Job Description                            | Cost/Tree | # of Trees | Tree Caliper Size | A. Costs Eligible for Reimbursement | B. Applicant's Share (Match) | C. Total Project Cost |
|  |           |            |                   |                                     |                              |                       |
|  |           |            |                   |                                     |                              |                       |
|  |           |            |                   |                                     |                              |                       |
|  |           |            |                   |                                     |                              |                       |

4. Administrative Costs

| 4. Administrative Costs |       |            |            | Reimbursable Costs                  | Non-reimbursable Costs       |                       |
|-------------------------|-------|------------|------------|-------------------------------------|------------------------------|-----------------------|
| Employee Name           | Title | Cost/ Hour | # of Hours | A. Costs Eligible for Reimbursement | B. Applicant's Share (Match) | C. Total Project Cost |
|                         |       |            |            | Not Applicable                      |                              |                       |
|                         |       |            |            | Not Applicable                      |                              |                       |
|                         |       |            |            | Not Applicable                      |                              |                       |
|                         |       |            |            | Not Applicable                      |                              |                       |

5. Volunteer Labor, Machinery and Equipment

| 5. Volunteer Labor, Machinery and Equipment |             |            |            | Reimbursable Costs                  | Non-reimbursable Costs       |                       |
|---|-------------|------------|------------|-------------------------------------|------------------------------|-----------------------|
| Name  | Description | Cost/ Hour | # of Hours | A. Costs Eligible for Reimbursement | B. Applicant's Share (Match) | C. Total Project Cost |
|   |             |            |            | Not Applicable                      |                              |                       |
|   |             |            |            | Not Applicable                      |                              |                       |
|   |             |            |            | Not Applicable                      |                              |                       |
|   |             |            |            | Not Applicable                      |                              |                       |

6. Donated Materials

| 6. Donated Materials |             |            |            | Reimbursable Costs                  | Non-reimbursable Costs       |                       |
|----------------------|-------------|------------|------------|-------------------------------------|------------------------------|-----------------------|
| Item                 | Description | Cost/ Unit | # of Units | A. Costs Eligible for Reimbursement | B. Applicant's Share (Match) | C. Total Project Cost |
|                      |             |            |            | Not Applicable                      |                              |                       |
|                      |             |            |            | Not Applicable                      |                              |                       |
|                      |             |            |            | Not Applicable                      |                              |                       |
|                      |             |            |            | Not Applicable                      |                              |                       |

7. Other Costs

| Item | Description | Cost/<br>Unit | # of<br>Units | Reimbursable Costs                  | Non-reimbursable Costs       | C. Total Project Cost |
|------|-------------|---------------|---------------|-------------------------------------|------------------------------|-----------------------|
|      |             |               |               | A. Costs Eligible for Reimbursement | B. Applicant's Share (Match) |                       |
|      |             |               |               |                                     |                              |                       |
|      |             |               |               |                                     |                              |                       |
|      |             |               |               |                                     |                              |                       |
|      |             |               |               |                                     |                              |                       |

A. Total Costs Eligible for Reimbursement: \$ \_\_\_\_\_

B. Total Costs Not Eligible for Reimbursement: \$ \_\_\_\_\_

C. Total Project Cost (A+B=C): \$ \_\_\_\_\_

Note: Amount Eligible for Reimbursement is Limited to \$20,000.  
Please attach additional information and explanation of budget items on a separate sheet.