

Copy of NCFS U&CF Inflation Reduction Act 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.

Go to [Next](#)



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

☐ K-12 public school

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

Go to [4. Project Information](#)

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

What was the total cost of the largest project? *

Go to [Next](#)



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. *

Go to [Next](#)



Project Information

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

Please list the Climate and Economic Justice Screening Tool disadvantaged census tract #(s) this project will be working in. (You will need to email PDF copies of screen shots of each of the CEJST tracts the project will be working in to ncfsucf@ncagr.gov) *

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) *

- ☐ 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) *

Project Title *

Go to **Next**



Project Needs Statement, Goal and Objectives

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

Goal Statement (1 sentence): *

What is the primary objective of your goal? *

- | | |
|--|---|
| <input type="radio"/> Education & Training | Go to 35. Objective 1 - Select the p... |
| <input type="radio"/> Inventories & Assessments | Go to 35. Objective 1 - Select the p... |
| <input type="radio"/> Outreach | Go to 35. Objective 1 - Select the p... |
| <input type="radio"/> Ordinances, Policy, Standards & Specifications | Go to 35. Objective 1 - Select the p... |
| <input type="radio"/> Plans | Go to 35. Objective 1 - Select the p... |
| <input type="radio"/> Tree Maintenance | Go to 35. Objective 1 - Select the p... |
| <input type="radio"/> Tree Planting | Go to 35. Objective 1 - Select the p... |
| <input type="radio"/> CEJST Tree Maintenance and Planting Project | Go to Next |

I am applying to complete the following phases in this project term (project months you selected); *

- ☐ Phase 1 - Outreach Plan and Tree Inventory
- ☐ Phase 2 - Tree Maintenance and Planting Planting
- ☐ Phase 3 - Tree Planting

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
- ☐ Tree Canopy Cover Assessment
- ☐ Tree Canopy Cover & Heat Island Assessment
- ☐ Program Assessment/Review
- ☐ Complete Tree Inventory
- ☐ Partial Tree Inventory
- ☐ Sample 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 Maintenance
- ☐ Tree Planting
- ☐ Tree Planting Site Preparation

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

Do you have an additional Objective? *

☐ Yes

☐ No

Go to 41. Provide a short scope of ...

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 Assessment
- ☐ Tree Canopy Cover & Heat Island Assessment
- ☐ Program Assessment/Review
- ☐ Complete Tree Inventory
- ☐ Partial Tree Inventory
- ☐ Sample 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 Maintenance
- ☐ Tree Planting
- ☐ Tree Planting Site Preparation

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

Do you have an additional Objective?. *

- ☐

Yes - Will take you to another Objectives practices and activities selection field (like above), then enter objective statement field (like above) and then a repeat of this question.

Go toNext
- ☐

No - You have entered all your Objectives. This selection will take you to the next question; Provide a short scope of work narrative.

Go to41. Provide a short s...

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 IRA project you are applying for? *

☐ Yes

☐ No

[Go to 45. Please email PDF copies ...](#)

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, CEJST tracts, FAP Work Plan, FAP Budget Worksheet, Municipal and Neighborhood Organization Team Member letters (if applicable) to ncfsucf@ncagr.gov. Have you emailed these files? *

☐ Yes

☐ No

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

Go to **Next**

