

**This is not an application. This is a copy of the application for planning purposes. The link to the application can be found in the respective Request for Applications on our Financial Assistance webpage.**

## Instructions

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

- **Once you begin the application, you will not be able to save and exit. Be prepared to complete the application in one sitting.** Complete the form in its entirety, then click "Submit" at the end to successfully submit the application.
  - A dialogue box will appear confirming the submission of your application.
  - You will receive an email with confirmation of receipt and a copy of your application within 2 business days. Contact us if you do not receive this email confirmation.

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## Applicant Information

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What is the name of your municipality? \*

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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: \*

☐

Municipality

☐

Tribal Government

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, and one of our staff members will contact you to learn more about your project. \*

☐ Yes

☐ No

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What is your Unique Entity ID? \*

What is your Federal Identification Number? \*

Did your organization receive \$750,000 or more in Federal assistance last fiscal year? \*

☐ Yes

☐ No

Briefly describe your community's current urban and community forestry program/activities. \*

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## Urban Forestry Questions

Statement of Needs and Opportunities: See our Financial Assistance Program webpage How to Apply and Requirements section for guidance. \*

Does your municipality have an ordinance directing the management of trees on public property. \*

☐ Yes

☐ No

Does your municipality have a department or board designated to manage U&CF activities? \*

☐ Yes

☐ No

Does your municipality celebrate Arbor Day each year? \*

☐ Yes

☐ No

Does your municipality have a dedicated budget to fund U&CF activities? \*

☐ Yes

☐ No

☐ Other

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## Supporting Application Documentation

Email PDF copies of any relevant documents you would like to share to [ncfsucf@ncagr.gov](mailto:ncfsucf@ncagr.gov). Please check the boxes below to confirm you will send the documents to us. \*

☐ None☐ OtherGo to [Next](#)

## Closing

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

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

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

**I, full name and job title noted below, hereby certify that, to the best of my knowledge, all information provided herein is true and represents the desires of this community or organization. I further certify that I understand the purpose and rules of the NCFS Urban and Community Forestry Financial Assistance program. \***

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