

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.

## 2026-1 Climb to Managing Community Application

*N.C. Forest Service Urban and Community Forestry Financial Assistance Program*

\* Required

### Instructions

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

You have completed the **project planning process** by utilizing the NCFS U&CF Financial Assistance webpage and the guidance documents, forms and copy of the application on the U&CF Resources & Specifications webpage under the Financial Assistance banner.

- **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.
- You will be asked to email us PDF copies of the following supporting documents.
  - Completed project RFA Budget Form
  - Copies of quotes for consulting services

## Applicant Information

What is name of your municipality? \*

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

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

Our community meets the following Tree City USA standards; \*

- ☐ A municipal ordinance that directs the management of trees located on public property.
- ☐ A department or municipal board designated as responsible for the management of urban forestry activities.
- ☐ Celebrates Arbor Day each year
- ☐ Spends \$2 per capita annually on U&CF activities

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

## 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 lead. \*

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

Please provide the name, organization, job title and role of any additional project team members.  
Type "N/A" if not applicable. \*

Please provide the names of each project partner (organization/entity with a direct role in completion of the project). Type "N/A" if not applicable. \*

## Project Information

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

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

An Outreach program is required. What practices are you applying for assistance to complete? \*

Please select at most 2 options.

- ☐ Sample Tree Inventory
- ☐ Partial Tree Inventory - Risk Trees
- ☐ Canopy Cover Assessment
- ☐ Conservation Development Ordinance
- ☐ Practice Plan - Tree Mitigation Plan
- ☐ Practice Plan - Trees & Storms Readiness Plan
- ☐ Management Plan

What is the total amount of financial assistance you are requesting (NCFS/Grant Share)? \*

Which Funding Program are you applying for? \*

- ☐ Consolidated Program Grant
- ☐ Hurricane Helene Supplemental
- ☐ Inflation Reduction Act

## Project Plan

Select the Practices/Activities/Deliverables applicable to your project that will be completed (100%) in Quarter 1. \*

- ☐ Outreach product
- ☐ Outreach Event
- ☐ Tree Inventory
- ☐ Canopy Cover Assessment
- ☐ Ordinance
- ☐ Practice Plan - Tree Risk Mitigation Plan
- ☐ Practice Plan - T&S Readiness Plan
- ☐ Management Plan
- ☐ None

Project Quarter 1 Work Narrative - Write a summary of the work that will be completed, in order of completion and by whom (project team, contractors etc). \*

Select the Practices/Activities/Deliverables applicable to your project that will be completed (100%) in Quarter 2. \*

- ☐ Outreach product
- ☐ Outreach Event
- ☐ Tree Inventory
- ☐ Canopy Cover Assessment
- ☐ Ordinance
- ☐ Practice Plan - Tree Risk Mitigation Plan
- ☐ Practice Plan - T&S Readiness Plan
- ☐ Management Plan
- ☐ None

Project Quarter 2 Work Narrative - Write a summary of the work that will be completed, in order of completion and by whom (project team, contractors etc). \*

Select the Practices/Activities/Deliverables applicable to your project that will be completed (100%) in Quarter 3. \*

- ☐ Outreach product
- ☐ Outreach Event
- ☐ Tree Inventory
- ☐ Canopy Cover Assessment
- ☐ Ordinance
- ☐ Practice Plan - Tree Risk Mitigation Plan
- ☐ Practice Plan - T&S Readiness Plan
- ☐ Management Plan
- ☐ None

Project Quarter 3 Work Narrative - Write a summary of the work that will be completed, in order of completion and by whom (project team, contractors etc). \*

Select the Practices/Activities/Deliverables applicable to your project that will be completed (100%) in Quarter 4. \*

- ☐ Outreach product
- ☐ Outreach Event
- ☐ Tree Inventory
- ☐ Canopy Cover Assessment
- ☐ Ordinance
- ☐ Practice Plan - Tree Risk Mitigation Plan
- ☐ Practice Plan - T&S Readiness Plan
- ☐ Management Plan
- ☐ None

Project Quarter 4 Work Narrative - Write a summary of the work that will be completed, in order of completion and by whom (project team, contractors etc). \*



## Required Application Documentation

Email PDF copies your required application documentation to [ncfsucf@ncagr.gov](mailto:ncfsucf@ncagr.gov) . Please confirm by selecting the documentation you are sending us.

- ☐ Completed RFA Budget Form -Cost Share
- ☐ Consulting services quotes/proposals
- ☐ Other

## Closing

Please provide the name of the NCFS county ranger you have contacted and inform 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 after the completion of this practice? \*

Enter any additional information you would 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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