

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 Tree City USA 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.

- **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.

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

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. *

Application Questions

Briefly describe your community and any current urban and community forestry program/activities you are working on. *

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

Which Funding Program are you applying for? *

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

Our municipality has municipal ordinance that directs the management of trees on public property. *

- ☐ Yes
- ☐ No

Our municipality has a department or municipal board designated as responsible for the management of urban forestry activities. *

- ☐ Yes
- ☐ No

Our municipality holds an Arbor Day celebration each year *

- ☐ Yes
- ☐ No

Our municipality has a annual budget to fund urban and community forestry activities. *

☐ Yes

☐ No

Supporting Documentation

Email PDF copies of any relevant documents you would like to share to ncfsucf@ncagr.gov. Please check the boxes below to confirm you will send the documents to us.

*

☐ None

☐ 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 completing 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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