

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.
- You be required to email us PDF copies of supporting documents to complete application.
 - Supervisor letter
 - Training/exam event information

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Applicant Information

What is the legal name of your organization? *

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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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Professional Staff Development

We are requesting funding for *

- ☐ ISA Urban Forestry Professional credential
- ☐ ISA TRAQ Training Course and Exam
- ☐ SAF Certified Urban and Community Forester credential
- ☐ Other

Does your community currently have a credentialed urban and community professional on staff? *

- ☐ Yes
- ☐ No
- ☐ Other

Statement of Need: Urban forestry and community forestry needs you have identified that justify the need for professional urban and community staff (4000 character limit). *

What is the name and job title of the staff person who will be attaining the certification? *

Please provide a description of their current job duties. *

Please provide a description of the urban and community forestry job duties the staff person will perform once they receive the certification. *

You have reviewed the qualifications to obtain the certification and the staff member is qualified. *

☐ Yes

☐ No

Please provide the planned exam/training dates, times and location. *

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Required Application Documentation

Email PDF copies of your required application documentation to ncfsucf@ncagr.gov. Please check the boxes below to confirm you will send the documents to us.

☐ Supervisor's authorization and commitment letter

☐ PDF copy of the planned exam/training event.

☐ Other

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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 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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