

# ***N.C. Arbor Day 2026 Celebration Assistance Application***

*2025 N.C. Forest Service Urban and Community Forestry Financial Assistance Request for Applications*

## **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 the name of your municipality or tribe? \*

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

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

## Project Information

Statement of Need: Please provide the urban and community forestry needs this Arbor Day celebration will address in your community (up to four sentences, see FAP Guidance and Instructions for U&CF Project and Application Development document for guidance. ). \*

Where will the celebration be held (name of the property)? \*

Event Narrative: Please provide an short narrative of your work to date describing your plans, partners and outcomes for the event. \*

## Project Team

Please provide the following information about the project team and community partners that will support your project.

Project Lead (name, organization, job title, email address and phone number) \*

Administrative/Finance Lead (name, organization, job title, email address and phone number) \*

Urban Forestry Lead (name, organization, job title, email address and phone number) \*

Communications/Outreach Lead (name, organization, job title, email address and phone number) \*

Community Representative (local resident/community organization name, email address and phone number) \*

Additional Project Team Members (names, email addresses and phone numbers). Type "N/A" if not applicable. \*

Additional Project Partners (names of any organization/entity that will play a direct role in completion of the project). \*

## 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 event? \*

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. \***

---

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



Microsoft Forms