

## Illinois Department of Natural Resources (USDA Forest Service CFDA#10.675)

## **SFY 2016 GRANT APPLICATION**

## Urban/Community Forestry Assistance Act Grant ILLINOIS URBAN AND COMMUNITY GRANT

LEVEL 3 APPLIED PROJECT APPLICATION

(For implementation from Sept. 1, 2015 to May 31, 2016)



#### PART I – APPLICANT INFORMATION

Unit of Government:			
Unit of Government:(Check one)City ofTown ofVillage ofPark D	istrict School Dis	trictother speci	fy
Chief Government Officer Name/Title:			
Grant Contact Person/Title:			
Address:			
City:	_ State: IL	Zip code:	
Phone:( Fax:(	)		
E-mail address:			
Community Population:			
List the County where the Project is located:			
FEIN:			
State Legislative District (House):			
State Senatorial District (Senate):			
If there are co-applicants list them below and pu ATTACHMENT E – SUPPORT DOCUMENTS	1		
Organization Contact Person Ad-	dress	e-mail	Phone
1)			
2)			
3)			

Please Note: According to the Administrative Rules for the Urban and Community Forestry Assistance Act, the Illinois Department of Natural Resources can only execute contracts with local units of government for the purpose of this grant program.

#### PART I – APPLICANT INFORMATION

Place your local tree care ordinance(s) in **ATTACHMENT A**.

#### **PART II - PROJECT DESCRIPTION**

Provide a short project description below including location within the municipality and population served. Provide a list of local forest management objectives that will be addressed by this project such as species/age diversification, number of trees to be planted, sources for trees and reason for selecting this site(s) for planting.

#### PART III - BUDGET FOR APPLIED URBAN FORESTRY PROJECT

Use the columns on the left to enter the dollar amount for each project component that will be charged to the state grant and for which reimbursement will be requested and use the columns on the right to enter the dollar amount for each project component that will be used as local match amount.

BUDGET		PROGRAM COMPONENT .	
Grant*	/Local Share		
\$	/\$	Urban Forestry Disaster Recovery/Storm Mitigation TREE PLANTING.	
\$	/\$	EMERALD ASH BORER Ash Tree Removal and Replacement Program	
\$	/\$	Tree Risk Management (per a local Urban forestry Management Plan)	
\$	/\$	Inner City Reforestation Project	
\$	/\$	Tree and Utility Conflict strategy for Tree Removal/ Planting	
\$	/\$	Other Applied Urban Forestry Project Please specify below:	
\$	/\$	Total Budget Cost per Column NOTE: These dollar amounts should match the information provided in PART V. Financial Information	
\$		Total Budget Cost These dollar amounts should match the information provided in PART V. Financial Information	

#### PART IV - BUDGET BREAKDOWN AND FINANCIAL INFORMATION

EXPENDITURES	%	GRANT AMOUNT*	LOCAL MATCH	TOTAL AMOUNT
Contractual Personnel	70	OTHER VETERING OT VE		1011121111100111
Services				
In-Kind Services				
Donated Goods				
Supplies				
TREES/vegetation				
Other:				
COLUMN TOTALS	100			
*Must not exceed t	he max	kimum of 50% of the total	al project cost or exc	eed \$12,500.
other (please specifications)  Please place in AT for this project the last and an ATTACHME NEEDS/PLAN/INV	TACH local u  ENT C	IMENT B any current lorban/community forestry  - URBAN AND COMN ORY, please provide a coll by List the top five tree	ocal budget documenty program.  MUNITY FORESTR opy of your municipa	tation showing support  Y MANAGEMENT al forest management
	using t	he table below: (If inform	mation is not known	respond with NA)
LIST SPECIES				LIST %

5) ECONOMIC STIMULUS: (ATTACH INFORMATION UNDER **ATTACHMENT D**) Please indicate below what types of stimulus this grant project will create in your community. (Include any potential hiring of urban forestry personnel, tree care companies, urban forestry consultants, purchases from nurseries and landscape companies, etc.)

NOTE: For tree planting the State will only provide reimbursement for the costs associated with purchase and planting of trees. For tree planting projects, in-kind labor can be used. No improperly planted trees or trees deemed to be in future conflict with utility lines will be reimbursed. For tree care or tree maintenance projects the State will provide 50% reimbursement of the total actual dollar expenditures made to a professional tree care company that utilizes current industry standards. No tree topping will be reimbursed. In-kind costs can only be used as match when deemed as essential to the project and when the use of internal tree care expenditures is not in lieu of routine maintenance expenditures by the local unit of government, and when allowable within fiscal guidelines.

## PART V - TREE PLANTING AND/OR APPLIED URBAN FORESTRY PROJECTS

1)	Project Title:
2)	Under cover of <b>ATTACHMENT E</b> , attach an 8½ x 11 map with specific locations of tree planting or maintenance activity. Also include a species list by street address or location description for parks. Applications will not be considered without this information.
3)	What specific objectives are you trying to solve with this project? For example: energy savings, wind protection, beautification, vegetation noise barrier, open space enhancement, manage insect or disease problems, mitigate storm damage.
4)	For tree planting, please indicate how the species is matched to the site.
5)	WAS YOUR COMMUNITY IMPACTED BY A MAJOR WINDSTORM OR TORNADO WITHIN THE LAST TWO YEARS? Yes No
6)	If YES, what was the extent of the wind damage to trees? (if yes, provide documentation in <b>ATTACHMENT F</b> ) DON'T KNOW, \$0-\$1,000, \$1,000-\$5,000, \$5,000-\$100,000, \$100,000-\$1,000,000, \$1,000,000,
7)	Was your community within an area designated as a natural disaster by IEMA? YesNO or by FEMA? Yes NO (if yes, provide documentation in <b>ATTACHMENT F</b> )
8)	Is there a known EAB infestation within your municipal boundary?yes no or Are you within an EAB quarantine zone?yes no (Provide the APHIS or IDA verification/map with your community located on it place in <b>Attachment E</b> .)
9)	What is the anticipated maximum loss to the community from the EAB? \$0-\$50,000\$50,000-\$100,000, \$100,000-\$1,000,000, \$1,000,000 - 2,000,000, \$2,000,000 - \$5,000,000, >\$5,000,000

## PART VI - DESCRIBE TREE PLANTING PROJECTS

THIS TABLE MUST BE USED AND SHOULD BE DUPLICATED AS NEEDED. Fill out the form. Do not substitute lists. Provide species by size and street address. Information must be complete for grant grading else the application will be disqualified. Information/species listed below for this grant application/project should be a final list not subject to change. Failure to adhere to the list provided could lead to temporary debarment for future grants. Place tree location maps behind ATTACHMENT E.

TABLE O	F TREE SPI	ECIES BY	SIZE AND L	OCATION	
STREET ADDRESS	SPECIES	DBH/height	*UTILITIES	**SOIL DESC.	COST

PLACE A "YesA" for Above Ground UTILITIES and "YesU" for Underground Utilities OR "N" for No UTILITIES EX. SANDY, SILTY, OR LOAM OR BY SOIL CLASSIFICATION NAME

## **PART VII - PLANTING, CARE AND MAINTENANCE PROGRAM** (FOR TREE PLANTING PROJECTS ONLY (cont.)

- 1. Plant materials used in tree planting must meet the American Standard for Nursery Stock.
- 2. For tree planting projects, describe the tree planting techniques and tree selection criteria to be used.
- 3. For tree planting projects please abide by the Illinois Department of Natural Resources Office of Resource Conservation Urban and Community Forestry Program Tree Planting Standards (attached) or comparable standards approved by the State Forester, or his designee. Include these standards with your sub-contracts.
- 4. Projects involved in tree protection and maintenance must meet American National Standard Institute (ANSI) Standards.
- 5. Include schedules for tree care activities such as: watering, staking, fertilization, mulching, insect and disease monitoring etc. Better details provided will improve the applicant's chances for funding.
- 6. For both tree planting <u>and</u> tree care projects, identify the pruning standards and Arboricultural specifications used to care for the trees. (Attach additional information/list of references available.) **PLEASE NOTE:** Department will not provide reimbursement for projects utilizing improper pruning techniques.
- 7. Read the IDNR TREE PLANTING SPECIFICATIONS IN APPENDIX 3 plus the information below.

I certify that the local unit of government will comply with the above standards and Specifications relating to tree planting and tree care as identified in this document.
(initial here in ink/non-electronically)
Name of person initialing page

## PART VIII - LOCAL PROGRAM INFORMATION (Use only this page for answers)

1.		se describe your organizations current level of urban forestry planning and indicate this project will help you reach future program goals.
2.	Descr	ribe what impact this project will have on the urban forestry resources.
3.	Expla	in how the proposed projects and actions will meet the objectives of the applicant.
4.	com	de a statement describing how the project will develop or promote a local urban and nunity forestry program on a long-term basis. Indicate the next step in meeting your urban/community forestry management goals.
5.		ribe how the project will be maintained. For project producing plans, inventories and ing describe how they will be evaluated and updated.
6.	a)	Identify the department, board, committee or commission that has the legal authority to develop and administer the program.
	b)	Does the department, board, committee or commission support this proposal? YES NO

#### PART IX - DOCUMENTATION OF SUPPORT AND PROJECT NEED

Under the cover of **ATTACHMENT G**, with attachments, please document the need for the proposed urban and community forestry project. Need can be identified by citizen support, business and organization support, management plan documented needs and other supporting documents you feel will strengthen your proposal. If you have consulted with an IDNR forester, urban forestry consultant or equivalent, please place a letter of assessment within this section. Other examples include: letters from organizations, news releases with supportive information highlighted, minutes from meetings with supportive information highlighted and pertinent sections of a planning documents and letters from local businesses or citizen groups.

## PART X - FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) REQUIREMENTS

In accordance with the Federal Funding Accountability and Transparency Act (FFATA), since the scope of services under this agreement is funded, in part, with federal funds other than from the American Recovery and Reinvestment Act, the Contractor must provide the following information,

A) Comple	ete Legal Name of Contractor's Orga	anization
B) Contrac	ctor's Dun & Bradstreet Number (D	UNS)
		tractor Registration System Number (CCR),
D) Contrac	ctor Location:	
	City	U.S. Congressional District
E) Primary	y Location of Performance under the	e Award (if different from Contractor Location):
	City	U.S. Congressional District
Please check or	ne or more of the following exemptions	, if applicable:
any bus	* *	a Federal award as a natural person (i.e. unrelated to she may own or operate in his or her name) <i>See</i>
	an entity that had a gross income, from previous tax year <i>See</i> FFATA § 2(e);	m all sources, of less than \$300,000 in the entity's
	any award if the required reporting wo	ould disclose classified information. See FFATA § 3.

For each exemption you believe applies, <u>please submit written documentation to the Department in support of your position as an Attachment to this Agreement.</u>

## PART IX (Continued)

If you <u>did not</u> check an exemption above, please complete the following if the Contractor's Organization, in the preceding fiscal year, received 80% or more of its annual gross revenues in Federal awards; AND \$25,000,000 or more in annual gross revenues in Federal awards; AND the public does not have access to this information about the compensation of the senior executives of the Contractor's Organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. \$8 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA \$ 2(b)(1).

Name(s) and Total Compensation of the Five (5) most highly Compensated Officers in the Contractor's Organization:

(1)	Name	_ and Total Compensation \$
(2)	Name	_ and Total Compensation \$
(3)	Name	_ and Total Compensation \$
(4)	Name	and Total Compensation §
(5)	Name	_ and Total Compensation \$

#### PART XI - APPLICANT SIGNATURE AND ASSURANCES PAGE

Instructions: The authorized person mu	ust initial all sections below as instructed:
I certify that the entity applying grant funds from any other state entity	for this grant has not been debarred from applying for state or any other IDNR program.
according to the attached application. provided by the applicant in this ap	said applicant, I hereby agree to implement this project. To the best of my knowledge and belief, all information oplication are true and correct. The application has been applicant. The applicant will accommodate inspections and atural Resources or its representatives.
Signature of Authorized Person	Date
Type Authorized Person's Name	E-mail or Phone number if no e-mail is available
Type Authorized Person's title	Phone number

### Your APPLICATION MUST BE RECEIVED by the close of business on August 5, 2015.

Illinois Department of Natural Resources Office of Resource Conservation -Urban and Community Forestry Program One Natural Resources Way Springfield, IL 62702-1271

The Illinois Department of Natural Resources receives federal financial assistance and therefore must comply with federal anti-discrimination laws. In compliance with the Illinois Human Rights Act, Illinois Constitution, Title IV of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 as amended, and the U.S. Constitution, the Illinois Department of Natural Resources does not discriminate on the basis of sex, color, race, religion, ancestry, military status, political affiliation, national origin, age, disability, or other non-merit factors including but not limited to sexual orientation, marital or parental status and/or physical stature. If you believe you have been discriminated against in any program, activity or facility, please contact the Equal Employment Opportunity Officer, Illinois Department of Natural Resources, One Natural Resources Way, Springfield, Illinois, 62702-1271, (217) 785-0067. -TTY number (217) 782-9175; Relay number (800) 526-0844

# **Urban and Community Forestry Assistance Act Grant CHECKLIST**

Before	mailing your application, check to see if you have included all the necessary information.
	The official URBAN AND COMMUNITY FORESTRY GRANT application form with all sections completed? Incomplete applications will not be graded.
	Did you have an authorized signature on the applications? Unsigned applications will not be considered or graded.
	Did you provide at least a 50/50 or dollar for dollar match? Projects that do not provide the legally required match will not be funded.
	Did you place all the SUPPLEMENTAL INFORMATION after the ATTACHMENT SHEETS provided so the grant review committee can easily find the information? Misplaced information is not the responsibility of the review team to find.
	Attachment A – Tree Care Ordinance.  Did you include a recent Tree Care Ordinance or equivalent?
	Attachment B – Municipal Budget Highlighting the Local Project or Urban Forestry Expenditures for Trees/Forestry.
	Attachment C-Urban and Community Forestry Management Plan and/or Urban/Community Forestry Plan and/or Tree Inventory
	Attachment D – Economic Stimulus Information per page 3 of the application
	Attachment E - Project Information and/or Tree Planting List/Map (Tree Planting Maps and Listing (For tree planting projects, provide maps with a listing of tree locations by species. Include one map showing general project area, one map showing specific tree species and locations when possible by street address. Projects without this information will be disqualified. Soil types and location of utilities must also be identified.)
	Attachment F - APHIS OR IEMA – Documentation of Tree Damage from APHIS/IDOA or IEMA/FEMA
	Attachment G - Documentation of the Need and Other Supportive Documents such as letters of partnership/cooperation.

## APPLICATIONS MUST BE RECEIVED BY: the close of business on August 5, 2015

Return your application to:

IL Department of Natural Resources ORC, Urban and Community Forestry Program One Natural Resources Way Springfield, IL 62702-1271

## Urban/Community Forestry Assistance Act Grant SUPPLEMENTAL INFORMATION

#### OPTIONAL TITLE SHEETS FOR ORGANIZING THE COMPLETED GRANT APPLICATION

Please provide an Attachment cover page and label the attachments to your application as follows:

- 1) ATTACHMENT A TREE CARE ORDINANCE OR EQUIVALENT
- 2) ATTACHMENT B MUNICIPAL BUDGET Highlighting Project Funding or Fund Allocation
- 3) ATTACHMENT C URBAN and COMMUNITY FORESTRY MANAGEMENT DOCUMENTS And/or URBAN/COMMUNITY FORESTRY PLANS And/or MUNICIPAL TREE INVENTORY
- 4) ATTACHMENT D ECONOMIC STIMULUS INFORMATION per page 3 of the application
- 5) ATTACHMENT E PROJECT DESCRIPTION and/or TREE PLANTING LIST/MAPS(Tree Planting Maps and Listing (For tree planting projects, provide maps with a listing of tree locations by species. Include one map showing general project area, one map showing specific tree species and locations when possible by street address. Projects without this information will be disqualified. Soil types and location of utilities must also be identified.)
- 6) **ATTACHMENT F DOCUMENTATION OF TREE DAMAGE** from APHIS/IDOA or IEMA/FEMA
- 7) **ATTACHMENT G DOCUMENTATION OF NEED** and Other Supportive Documents such as letters of partnership/cooperation.

## **ATTACHMENT A**

## TREE CARE ORDINANCE OR EQUIVALENT (Place behind this Page)

## ATTACHMENT B

## MUNICIPAL BUDGET Highlighting Project Funding or Fund Allocation (Place behind this Page)

## ATTACHMENT C

# URBAN and COMMUNITY FORESTRY MANAGEMENT DOCUMENTS And/or URBAN/COMMUNITY FORESTRY PLANS And/or MUNICIPAL TREE INVENTORY

(Place behind this Page)

## ATTACHMENT D

## ECONOMIC STIMULUS INFORMATION

per page 3 of the application

## **ATTACHMENT E**

# PROJECT INFORMATION and TREE PLANTING LIST/MAPS (Place behind this Page)

(Tree Planting Maps and Listing (For tree planting projects, provide maps with a listing of tree locations by species. Include one map showing general project area, one map showing specific tree species and locations when possible by street address. Projects without this information will be disqualified. Soil types and location of utilities must also be identified.)

## ATTACHMENT F

# DOCUMENTATION OF TREE DAMAGE from APHIS/IDOA or IEMA/FEMA

## ATTACHMENT G

## **DOCUMENTATION OF NEED** and Other Supportive Documents such as letters of partnership/cooperation. (Place behind this Page)