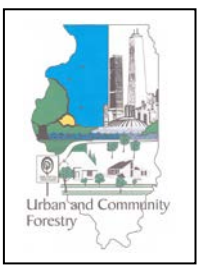




Illinois Department of Natural Resources  
 (USDA Forest Service CFDA#10.675)  
**SFY 2016 GRANT APPLICATION**  
**IL Urban/Community Forestry Assistance Grant**  
**Level 1 - TREE CARE ORDINANCE DEVELOPMENT**  
 (For implementation from Sept. 1, 2015 to May 31, 2016)



**INSTRUCTIONS: Please begin here and fill in the information below. Please pay close attention to the instruction and NOTES in the boxes throughout the application.**

**PART I – APPLICANT INFORMATION**

Unit of Government: \_\_\_\_\_  
 (Check one) \_\_\_ City of \_\_\_ Town of \_\_\_ Village of \_\_\_ Park District \_\_\_ School District \_\_\_ other specify \_\_\_\_\_

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 put Letters of cooperation/mutual commitment in the ATTACHMENT E – SUPPORT DOCUMENTS and/or DOCUMENTATION OF NEED.

	Organization	Contact Person	Address	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 III - BUDGET BREAKDOWN AND FINANCIAL INFORMATION**

EXPENDITURES	%	GRANT AMOUNT*	LOCAL MATCH	TOTAL AMOUNT
Contractual Personnel Services				
In-Kind Services				
Donated Goods				
Supplies				
TREES/vegetation				
Other: _____				
<b>COLUMN TOTALS</b>	<b>100</b>			

\*Must not exceed the maximum of 50% of the total project cost.

- 1) Check below that you are aware that no federal or state funds can be used to match grant funds for this proposal and project.

\_\_\_\_ I have read and understand the statement above.

- 2) Please indicate the sources of funds for the initial expenditures or the applicant’s share of the project. \_\_\_\_ local appropriation, \_\_\_\_ local bonds, \_\_\_\_ in-kind contributions, \_\_\_\_ donations, \_\_\_\_ other (please specify \_\_\_\_\_)
- 3) Please place in **ATTACHMENT E** any local budget documentation relating to the support of this project and other urban/community forestry program elements within your current and/or future budgets.
- 4) **ECONOMIC STIMULUS: (ATTACH INFORMATION UNDER ATTACHMENT F)**  
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.)



**PART V - DOCUMENTATION OF SUPPORT AND PROJECT NEED**

Under the cover of **ATTACHMENT H**, 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 that 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 VI - 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) Complete Legal Name of Contractor’s Organization \_\_\_\_\_

B) Contractor’s Dun & Bradstreet Number (DUNS) \_\_\_\_\_  
\_\_\_\_\_

C) If applicant has a Contractor’s Central Contractor Registration System Number (CCR), please provide: \_\_\_\_\_

D) Contractor Location: \_\_\_\_\_  
City U.S. Congressional District

E) Primary Location of Performance under the Award (if different from Contractor Location):  
\_\_\_\_\_  
City U.S. Congressional District

Please check one or more of the following exemptions, if applicable:

NA an individual who applies for or receives a Federal award as a natural person (i.e. unrelated to any business or non-profit organization he or she may own or operate in his or her name) *See* FFATA § 2(a)(1)(C);

an entity that had a gross income, from all sources, of less than \$300,000 in the entity’s previous tax year *See* FFATA § 2(e);

any award if the required reporting would disclose classified information. *See* FFATA § 3.

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

**PART V (Continued)**

If you *did not* 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. §§ 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 VII - APPLICANT SIGNATURE AND ASSURANCES PAGE**

Instructions: The authorized person must initial all sections below as instructed:

\_\_\_\_ I certify that the entity applying for this grant has not been debarred from applying for state grant funds from any other state entity or any other IDNR program.

\_\_\_\_As designated representative of said applicant, I hereby agree to implement this project according to the attached application. To the best of my knowledge and belief, all information provided by applicant in this application is true and correct. The application has been approved by the governing body of the applicant. The applicant will accommodate inspections and audits by the Illinois Department of Natural 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/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** - Need and impact the development of a local tree care ordinance
- 2) **ATTACHMENT B** - Urban/Community Forestry Plan of Action
- 3) **ATTACHMENT C** - Letter of intent from the mayor, local tree care authority plus added supporting letters
- 4) **ATTACHMENT D** - Documentation about Emerald Ash
- 5) **ATTACHMENT E** - Local budget documentation
- 6) **ATTACHMENT F** – Economic Stimulus
- 7) **ATTACHMENT G** – Local Program Information
- 8) **ATTACHMENT H** – Documentation of Support and Project Need



# **ATTACHMENT A**

**Need for and anticipated impact of the proposed  
local tree care ordinance**

# **ATTACHMENT B**

## **Urban/Community Forestry Plan of Action**

## **ATTACHMENT C**

**Letter of intent from the mayor, local tree care  
authority plus general letters of support**

# **ATTACHMENT D**

## **Documentation about Emerald Ash**

# **ATTACHMENT E**

## **Local budget documentation**

# **ATTACHMENT F**

## **Economic Stimulus**

# **ATTACHMENT G**

## **Local Program Information**

# **ATTACHMENT H**

## **Documentation of Support/Project Need**