



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 C – 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.

\$ _____ /\$ _____

Develop a local tree board regional urban forestry council (multiple communities or counties) that focuses on urban forestry issues.

\$ _____ /\$ _____

Enhance an existing urban and community forestry tree ordinance, or develop a landscape ordinance (to address tree preservation or construction policies for trees, aesthetics, design, and open space requirements for developments on public and/or private lands).

\$ _____ /\$ _____

Train municipal employees in proper tree care practices such as planting, pruning, fertilizing, cabling and bracing.

\$ _____ /\$ _____

Develop an education, information, awareness and/or appreciation program for the general public such as door hanger brochures, flyers, information on not topping trees.

\$ _____ /\$ _____

Develop an insect and disease management strategy. (Ex. Develop a management plan for a specific problem such as Emerald ash borer, Asian Long Horn Beetle, Gypsy moth, Dutch elm disease, pine root nematode, oak wilt, ash/elm yellows).

\$ _____ /\$ _____

Create an urban residual wood utilization program that can address but is not limited to: recycling of wood products and Christmas trees, mulching programs that utilize both wood chips and compost, or developing alternative uses or markets for woody landscape waste.

\$ _____ /\$ _____

Develop a tree risk management program to inventory high risk nuisance trees and/or dead trees on public property and develop a risk reduction management plan.

\$ _____ /\$ _____

Urban Forestry Disaster Recovery Plan or Storm Mitigation Plans.

\$ _____ /\$ _____

Urban Sprawl planning documents addressing conservation, green area management for the preservation and protection of local forest resources.

\$ _____ /\$ _____

Total Budget Cost NOTE: These dollar amounts should match the information provided in PART V. Budget Breakdown and Financial Information

\$ _____

Total Budget Cost These dollar amounts should match the information provided in PART V. Budget Breakdown and Financial Information

PART IV - BUDGET BREAKDOWN AND FINANCIAL INFORMATION

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

*Must not exceed the maximum of 50% of the total project cost or exceed \$12,500.

- 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 B** 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 C)**
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 will only be reimbursed 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 VI - DOCUMENTATION OF SUPPORT AND PROJECT NEED

Under the cover of **ATTACHMENT E**, 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 VII - 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 VII (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 VIII - 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 the applicant in this application are 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

The 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 applications 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 –Economic Stimulus from Page 4 #4

- _____ Attachment D – Local Program Information

- _____ Attachment E –Documentation of the Need and Other Supportive Documents such as letters of partnership/cooperation. (This is used to document support for and need for the proposed urban forestry project.)

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 –ECONOMIC STIMULUS** from Page 4 #4
- 4) **ATTACHMENT D – LOCAL PROGRAM INFORMATION** From Part V – Local Program Information
- 5) **ATTACHMENT E –DOCUMENTATION OF NEED** from PART V I 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

ECONOMIC STIMULUS

from Page 4 #4

ATTACHMENT D

LOCAL PROGRAM INFORMATION

From Part V – Local Program Information

ATTACHMENT E

DOCUMENTATION OF NEED from PART V I and Other Supportive Documents such as letters of partnership/cooperation