



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 V - TREE PLANTING AND/OR APPLIED URBAN FORESTRY PROJECTS

- 1) Project Title: _____
- 2) Under cover of **ATTACHMENT E**, 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 **ATTACHMENT F**)
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? Yes___ NO___ or by FEMA? Yes___ NO___ (if yes, provide documentation in **ATTACHMENT F**)
- 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 **Attachment E**.)
- 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 OF TREE SPECIES BY SIZE AND LOCATION

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 and 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 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) 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 IX (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 XI - 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

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)**