



APPLICATION FOR COMMUNITY AND URBAN FORESTRY GRANTS

State Form 55857 (R3 / 7-24)

Indiana Department of Natural Resources
Division of Forestry



Please read the guidelines thoroughly before completing this application at dnr.IN.gov/forestry/8303.htm

APPLICATION INFORMATION			
Applicant <i>(Agency or Organization - this is the entity that will manage the funds, not the person)</i>			
Name of applicant official			Title
Address <i>(number and street or PO Box)</i>			
City	State	Zip	County
Phone Number		Fax Number	
E-mail Address			
Community Population	U.S. Congressional District		Federal Identification Number

PROJECT COORDINATOR CONTACT INFORMATION			
The Project Coordinator is the principal contact for carrying out the project and delivering financial activity and match information to the Applicant. The CUF program will send all documents regarding this proposal to the Project Coordinator via E-mail or Postal mail.			
Name of project coordinator			Title
Address <i>(number and street or PO Box)</i>			
City	State	Zip	County
Phone Number		Second Phone Number	
E-mail Address			

PROJECT ASSISTANT CONTACT INFORMATION			
Grant projects MUST HAVE one person IN ADDITION to the Project Coordinator assisting with the project or aware of its progress. This is to ensure if one person leaves the project can carry on. Information will be checked; if not valid, application will be returned or dismissed.			
Name of project assistant			Title
Address <i>(number and street or PO Box)</i>			
City	State	Zip	County
Phone Number		Second Phone Number	
E-mail Address			

GRANT PREPARATIONThis grant was prepared by: *(First & Last Name)*

Phone Number

Second Phone Number

E-mail Address

PROJECT INFORMATION

Title of project

Project Summary *(Please include a brief summary including project location - 100 words or less.)*

Match must equal or exceed the total grant amount requested. These numbers must agree with the budget.

Grant Dollar Request

Cash Match

In-Kind Match

Federal Grant Rules: *the Transparency Act, now requires the names and salaries of the top three (3) executives of the applicant entity (this includes municipal government, county government, state government, non-profit, college or university.) Project proposals who are awarded funds are required to provide this information upon award. Sub-recipients are held to 2 CFR 200.331 www.gpo.gov/fdsys/granule/CFR-2014-title2-vol1/CFR-2014-title2-vol1-sec200-331 (requirements for pass through entities.)*

SIGNATURES

To the best of my knowledge, the information supplied in this application and in the attachments is complete and correct. The governing body of the applicant duly authorizes the document.

Signature of applicant official*

Date Signed

Printed name of applicant official

Title

City

State

Zip

County

Phone Number

Second Phone Number

E-mail Address

*This official is the legal governing body of the applicant. For example: Mayor, Town Board President, or Park Board President. The Board President should sign in the case of a not-for-profit organization. **The person signing this application must have the authority to sign the final grant agreement upon award.**

PLEASE ATTACH**PROJECT NARRATIVE** - see guidelines.

The following items should be included in the application as Labeled Appendix items. (ex: Appendix A - Narrative)

PROJECT TIMELINE - see guidelines.**PROJECT BUDGET** - see guidelines.

Please follow the template provided in the guideline.

PUBLIC COMMENT FORMS - see guidelines.

State form 55862 is provided as a separate document. A total of six (6) are required.