

15.



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
R-2010-0222	Resolution	Introduced
Resolution authorizing the Director of Public Works/City Engineer to apply for the 2011 Urban Forestry Grant on behalf of the City of West Allis.		
Introduced: 10/19/2010		Controlling Body: Public Works Committee
Sponsor(s): Public Works Committee		

COMMITTEE RECOMMENDATION

Adopt

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<i>10/19/2010</i>			Barczak	✓			
			Czaplewski	✓			
			Kopplin				
			Lajsic				
			Narlock				
			Reinke				
		✓	Roadt	✓			
			Sengstock	✓			
	✓		Vitale				
			Weigel	✓			
			TOTAL				

SIGNATURE OF COMMITTEE MEMBER

[Signature]

Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

Adopt

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<i>10-19-10</i>	✓		Barczak	✓			
			Czaplewski	✓			
			Kopplin	✓			
			Lajsic	✓			
		✓	Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	<i>10</i>	<i>1</i>		

Engineer

**STANDING COMMITTEES OF THE
CITY OF WEST ALLIS COMMON COUNCIL**

ADMINISTRATION & FINANCE

Chair: Kurt E. Kopplin
Vice-Chair: Vincent Vitale
Thomas G. Lajsic
Richard F. Narlock
Rosalie L. Reinke

PUBLIC WORKS

Chair: Gary T. Barczak
Vice-Chair: Martin J. Weigel
Michael J. Czaplewski
Daniel J. Roadt
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Richard F. Narlock
Kurt E. Kopplin
Rosalie L. Reinke
Vincent Vitale

LICENSE & HEALTH

Chair: Michael J. Czaplewski
Vice-Chair: James W. Sengstock
Gary T. Barczak
Daniel J. Roadt
Martin J. Weigel

ADVISORY

Chair: Rosalie L. Reinke
Vice-Chair: Daniel J. Roadt
Kurt E. Kopplin
Richard F. Narlock
Vincent Vitale



City of West Allis

7525 W. Greenfield Ave.
West Allis, WI 53214

Resolution

File Number: R-2010-0222

Final Action:

Sponsor(s): Public Works Committee

OCT 19 2010

Resolution authorizing the Director of Public Works/City Engineer to apply for the 2011 Urban Forestry Grant on behalf of the City of West Allis.

WHEREAS, The City of West Allis is interested in developing an urban forestry management program as described in the Wisconsin Urban Forestry "2011 Application and Guidelines" booklet; and

WHEREAS, given existing budgetary restraints, financial aid is required to carry out the project; and

WHEREAS, the City of West Allis shall incorporate in the 2011 Department of Public Works budget a sum sufficient to complete the entire project; and

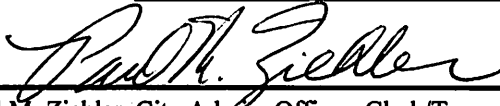
NOW, THEREFORE, BE IT RESOLVED, that the City of West Allis hereby requests financial assistance under s. 20.370, Wis. Stats., Chapters NR 47, Wis. Admin. Code, for the purpose of funding urban and community forestry projects or urban forestry catastrophic storm projects specified in s. 20.370(5)(bw) and (1)(mv), Wis. Stats.

BE IT FURTHER RESOLVED that the City of West Allis will comply with state and federal rules for the programs; will provide or be responsible for 100% of the cost for updating plans or ongoing operations and will obtain from the State of Wisconsin Department of Natural Resources approval, in writing, before any changes are made in the proposed project.

BE IT FURTHER RESOLVED that the City of West Allis hereby authorizes the Director of Public Works/City Engineer, an official or employee of the City of West Allis, to act on its behalf to submit an application to the Department of Natural Resources for financial assistance under s. 20.370, Wis. Stats., Chapter NR 47, Wis. Admin. Code.

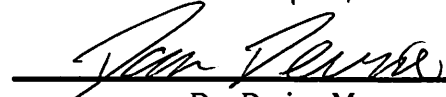
h:\my documents\res-ord.urban forestry grant 2011

ADOPTED OCT 19 2010



Paul M. Ziehler, City Admin. Officer, Clerk/Treas.

APPROVED 10/29/10



Dan Devine, Mayor



DEPARTMENT OF PUBLIC WORKS

Michael G. Lewis
Director

Michael G. Rushmer
*Superintendent
Forestry Division*

414/302-8811
414/302-8889 (Fax)

Municipal Yards
6300 West McGeoch Avenue
West Allis, Wisconsin 53219

www.ci.west-allis.wi.us

October 1, 2010

Candice Sovinski
Wis. Department of Natural Resources
Urban Forestry Grant Coordinator FR/4
101 S. Webster St., P.O. Box 7921
Madison, WI 53707-7921

Dear Ms. Sovinski:

Enclosed for your review and approval is the 2011 Urban Forestry Grant "West Allis – Emerald Ash Borer Readiness Plan" submitted by the City of West Allis. I used the 2008 Grant Form because we were unable to convert the PDF to a Word document. I used page 10 from the 2011 Grant Form because of the change in the signature format.

If you have any questions please contact me at 302-8826. Thank you.

Sincerely,

Michael G. Rushmer
Superintendent of Forestry & Grounds

Enc.

mgr/mch

Notice: You are required to provide information requested on this form to apply for an Urban Forestry Grant, under U.S. Public Law 95-313, s. 6(b), Wis. Stats. 23.097, Wis Admin. Code, NR47. The Department will be unable to process your application unless you provide complete information as requested. Information will be used to determine grant award lists, provide statistical information and potentially to use as an example for other grant applicants. Personally identifiable information on this form is not intended to be used for other purposes. Information will also be made available to requesters as required under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

COMPLETE ALL QUESTIONS.

Grant is for calendar year 2011

Project Title: City of West Allis Forestry Division - Emerald Ash Borer Readiness Plan

1. Applicant Name(s): City of West Allis, Public Works Department, Forestry & Public Grounds Division
2. Applicant is a (check all that apply):
 City; Village; Town; County; Tribal Government; 501(c)(3) nonprofit organization
3. **Project Description: IMPORTANT! Describe the project and all individual components, using additional sheets if necessary.** The project must be related to urban forestry as defined on page 17 of the application guidelines. (See page 5 of guidelines, "Eligible Projects" for examples of components.)

For each project component **check and describe**: what will be developed, produced, performed and/or implemented?

- Emerald Ash Borer Activities (inventory, plan, education, training)

Develop a readiness plan to guide the City in its preparation and response to the arrival of EAB.

1. Purpose and Scope of Plan:

The purpose of the plan is to reduce the impact of EAB on the City's urban forest, its economy, the environment and quality of life. The plan encompasses the City of West Allis.

2. Public ash tree assessment:

Identify and map the following:

High value ash trees for possible treatment

Size and species of ash trees to determine types of possible pesticide treatments

Estimated dollar value of ash resource

3. Staff training - continue training for:

EAB detection and control strategies

Use of the soft and hardware in house by the City's Information Technology Department.

4. Management:

Prioritize treatments and preemptive removals based on condition and value of ash trees

Develop contract specifications for removals

Develop mutual aid agreements with adjacent communities to share specialized equipment

Locate areas for wood waste, utilization and storage

Determine if tree ordinances are applicable to EAB

Set interval to revise and update plan

Determine and map replacement tree species

5. History and Biology:

The plan will provide a brief history and biology of EAB. Other sources of information on EAB will be provided.

6. Communications:

Utilize the City's newsletter, website and events to continue to provide information about EAB in general

Promote the EAB readiness plan developed through the grant, including the Wisconsin DNR funding statement on all documents and maps

7. Definitions of technical terms

8. Summary of ash tree assessment, costs and recommendations

The following components are included above.

Management

Plan Development (management, strategic, storm response, pest response, planting)

Inventory

Ordinances

Public Awareness/Volunteer Development

Staff Training/Education

Operations (planting, pruning, removals, fertilization, storm damage mitigation, pest control, etc.)

Other

Note: Your Cost Estimate Worksheet on pages 5–6 of this application must include costs for all project components described above. Project components described but not included on the Cost Estimate Worksheet will be excluded from the evaluation and rating of your grant application.

4. Applicant Authorized Representative

Mr. Ms.

Name: Michael Lewis

Title: West Allis City Engineer/Director of Public Works

Address: 6300 W. Mc Geoch Ave.

City: West Allis State: WI Zip: 53219

County: Milwaukee

Phone: 414-302-8372 Fax: 414-302-8366

E-mail: mlewis@ci.west-allis.wi.us

5. Project Manager (if different from Authorized Representative)

Mr. Ms.

Name: Michael Rushmer

Title: Superintendent of Forestry & Public Grounds

Address: 6300 W. Mc Geoch Ave.

City: West Allis State: WI Zip: 53219

County: Milwaukee

Phone: 414-302-8826 Fax: 414-302-8889

E-mail: mrushmer@ci.west-allis.wi.us

6. **Total Project Cost: \$ 24,378**

(Fill in amount from box A on the Cost Estimate Worksheet, page 7 of the application)

7. **Total Grant Request: \$ 12,189**

(Fill in amount from box E on the Cost Estimate Worksheet, page 7 of the application)

FOR THE FOLLOWING QUESTIONS, PLEASE USE ADDITIONAL SHEETS AS NEEDED.

8. Is there any financial assistance from any other state or federal source(s) that have been, are, or may be involved in this project?

Yes No

If yes, list all other state or federal financial assistance, the source(s) of each; and give the dollar amount of each.

9. What is your organization's current level of urban forest program development and planning in the following areas? Please check and describe briefly.

urban forestry planning (strategic plan management plan response planting other)

Please list title(s) and date adopted: _____

tree inventory (type/software Relational-database/Microsoft Access.)

tree board/committee (date established _____)

volunteer organizations/citizens groups who support trees (name Mayor's Beautification Committee)

tree ordinances/policies (date adopted/code/chapter/internet link www.ci.west-allis.wi.us municipal code
(on left))

Section 6.03(10)(a), Removal of Diseased and Infected Trees; Section 11.03(14), Pruning of Trees over Streets;
Section 11.07(7)(a), Pruning of Trees over Walks

professional urban forestry staff* (municipal staff contracted forester)

name and title Michael G. Rushmer - Superintendent of Forestry

Certified Arborists: Anthony Blend, Steven Wasielewski, Patrick Pfohl & Richard Rognsvoog

**professional is defined as having a degree, arborist certification and/or training*

other activities

educational programs (list _____)

Arbor Day

staff training

other (list _____)

Arbor Day - April 30, 2010 - Wilson School

Staff Training - Forestry staff attended DNR/WAA Winter, Summer & Fall Conferences; entire staff attended DNR workshop on Tree Risk Assessment and EAB

10. Describe each of the following public awareness aspects of this project:

a. Citizen involvement in project planning, development and/or implementation

None

- b. Public education (classes, tree walks, seminars, etc.)

Display of actual EAB, beetle, larva and wood with exit holes at City function "Taste of West Allis"

- c. Public information (news articles, videos, brochure or flyer development/purchase, etc.)

Continue to provide information on EAB

Provide information on the City's approach to EAB once the readiness plan is completed

Note: Your Cost Estimate Worksheet on pages 5–6 of this application must include costs for any and all public awareness aspects that you've described above. Public awareness aspects described but not included on the Cost Estimate Worksheet will be excluded from the evaluation and rating of your grant application.

11. Will partners such as civic/business groups, other communities, neighborhoods, utilities, schools, developers, etc. be involved in *this* project? (funding, promoting, planning, implementation)

Yes No

If yes, please answer the following:

a. *What* partners will be involved in *this* grant project? Please list.

Develop mutual aid agreements with adjacent communities

b. Specify whether each is a *new* or *existing* partnership.

New

c. *What* specific service, product, or role will each partner contribute to the project?

Use of specialized equipment

12. How will you evaluate the success of this project.

This readiness plan should be an updateable working document. We should be able to identify values of ash trees and costs of the impact of EAB. These assessments should assist in formulating recommendations to deal with the impact of EAB.

13. Is your community, or the community where your project will be carried out, a Tree City USA? (*Note: Tree City USA and Growth Awards are defined in Appendix B, page 17 of the grant application guidelines.*)

Yes No

If yes, specify which Growth Award category and eligible activities this project will help satisfy, if any. (List activity codes.)

C4 -Tree inventory and Analysis

14. List any specific urban tree care or tree management training received or conferences attended by your organization's staff or volunteers during the past year. Include any training taken in preparation for undertaking this project.

Date	Course Title	Training Description	Provider	Attendees
5/2010	Pesticide Certification	Pesticide Use	UW - Ext.	Tony Blend, Pat Pfohl, Steve Dobson, Steve Wasielewski

15. Describe any additional significant aspects or outstanding features of this project that you would like us to know about.

The plan should improve the public and local government awareness of the value of the Urban Forest. Once the potential impact of EAB is realized, stronger long term support for an Urban Forest Program may occur.

16. Cost Estimate Worksheet (instructions are on page 11 of the grant application guidelines)

CALCULATIONS

GRANT CALCULATION	Estimated Cost	Total Donation Value
A. Add the Subtotals in Box 3 for ALL PROJECT COMPONENTS. This is your TOTAL Project Cost. Enter this amount in Question 6.	24,378	
B. Add the estimated donation value from Box 2 for ALL PROJECT COMPONENTS:		0
C. Subtract Line B from Line A:		24,378
D. Multiply the amount on Line A x 50% (Don't enter more than \$25,000):		12,189
E. Enter the smaller of Line C or Line D above. This is your GRANT REQUEST. (Must be between \$1,000 and \$25,000.) Enter this amount in Question 7 in the grant application.		12,189
F. Subtract the amount on Line E from the amount on Line A. This is your MATCH.		12,189

17. Resolution for Urban Forestry Grant Program

Provide a signed resolution that has been adopted by the applicant's governing body which gives the name of the applicant, authorizes funding for the project, designates an authorized representative (position title) to act on behalf of the applicant and states that the applicant will provide documentation of work done and follow all relevant state and federal rules. A sample resolution is provided on page 29 of the grant application guidelines.

18. I hereby certify to the best of my knowledge, the information contained in this application and application attachments are correct and true. I understand and agree that any grant monies awarded as a result of this application shall be used in accordance with Chapter 23.097, Wis. Stats., and Chapter 47, Wis. Adm. Code.


SIGNATURE

10/4/2010
DATE

Michael Lewis
PRINTED NAME

Dir. of Public Works/City Engineer
TITLE

* Resolution shall be introduced to the Common Council on October 19th & acted upon that night.

16. Cost Estimate Worksheet (instructions are on page 11 of the grant application guidelines)

COMPONENT PAGE

PROJECT COMPONENT:	Estimated Cost	Donation Value
Labor & Services (specify project tasks on lines below, as appropriate)		
Applicant's staff: Michael Rushmer Supt 240 hrs @ \$35.57 = \$8,537	8,537	
Fringe benefits: 48.45% (on all employees)	7,412	
Clerk II 40 hrs @ \$19.28 = \$771 Arborist 160hrs @ \$22.51 = \$3,602	4,373	
GIS Staff 80 hr @\$16.59 = \$1,327 GIS Coordinator 32 hr @ \$33.18 = \$ 1062	2,389	
Consultants/Contractors/other hired project labor:		
Volunteers/donated services:		
Laborer (\$6.50/hr):		
Other project workers (\$15.40/hr):		
Equipment (specify type of equipment and DOT class code on lines below, as appropriate) See page 13 of application guidelines for a list of commonly used equipment codes.		
Purchased:		
Rented or contracted:		
Provided by applicant: Pick-up DOT Class 101 120 hrs @ \$13.68 / hr = \$ 1,642	1,642	
Donated by third parties:		
Supplies (specify items on lines below, as appropriate)		
Purchased: Paper, binder,dividers	25	
Provided by applicant:		
Donated by third parties:		
Other (specify):		
Estimated Cost/Donation Value for THIS component:	1. 24,378	2.
SUBTOTAL — Add Box 1 and Box 2:	3. 24,378	

Two copies of this component sheet are included here. Please copy this sheet as necessary for additional project components.

16. Cost Estimate Worksheet (instructions are on page 11 of the grant application guidelines)

COMPONENT PAGE

PROJECT COMPONENT:	Estimated Cost	Donation Value
Labor & Services (specify project tasks on lines below, as appropriate)		
Applicant's staff:		
Fringe benefits:		
Consultants/Contractors/other hired project labor:		
Volunteers/donated services:		
Laborer (\$6.50/hr):		
Other project workers (\$15.40/hr):		
Equipment (specify type of equipment and DOT class code on lines below, as appropriate) See page 13 of application guidelines for a list of commonly used equipment codes.		
Purchased:		
Rented or contracted:		
Provided by applicant:		
Donated by third parties:		
Supplies (specify items on lines below, as appropriate)		
Purchased:		
Provided by applicant:		
Donated by third parties:		
Other (specify):		
Estimated Cost/Donation Value for THIS component:	1.	2.
SUBTOTAL — Add Box 1 and Box 2:	3.	

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CALCULATIONS

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F. Subtract the amount on Line E from the amount on Line A. This is your MATCH.		12,189

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NOTE: Joint applicants—It is recommended that only one applicant act as fiscal agent. A resolution must be submitted by each applicant's governing bodies. Information above the dashed line in the sample resolution should be identical for all applicant's resolutions with the applicant acting as fiscal agent listed first. Information below the dashed line should be specific to the individual applicants.

18. As authorized representative of said applicant, I hereby agree to implement this project according to this application and attached cost estimate and to abide by provisions of the Wisconsin Administrative Code NR 47 for this program. To the best of my knowledge all information provided is true and correct.

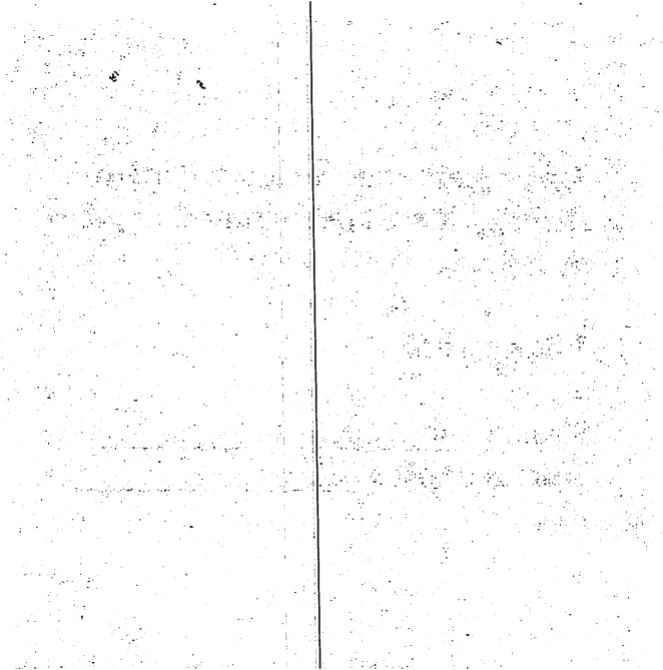
SIGNATURE _____

DATE _____

Please send an executed copy to
the Clerk's Office with this note
attached.

Thank you.

Res. No. R-2010-0222
Date Adopted 10-19-10



Notice: You are required to provide information requested on this form to apply for an Urban Forestry Grant, under U.S. Public Law 95-313, s. 6(b), Wis. Stats. 23.097, Wis Admin. Code, NR47. The Department will be unable to process your application unless you provide complete information as requested. Information will be used to determine grant award lists, provide statistical information and potentially to use as an example for other grant applicants. Personally identifiable information on this form is not intended to be used for other purposes. Information will also be made available to requesters as required under Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

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Estimated dollar value of ash resource
3. Staff training - continue training for:
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Inventory

Ordinances

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Staff Training/Education

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City: West Allis State: WI Zip: 53219

County: Milwaukee

Phone: 414-302-8372 Fax: 414-302-8366

E-mail: mlewis@ci.west-allis.wi.us

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Mr. Ms.

Name: Michael Rushmer

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Address: 6300 W. Mc Geoch Ave.

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6. Total Project Cost: \$ 24,378

(Fill in amount from box A on the Cost Estimate Worksheet, page 7 of the application)

7. Total Grant Request: \$ 12,189

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FOR THE FOLLOWING QUESTIONS, PLEASE USE ADDITIONAL SHEETS AS NEEDED.

8. Is there any financial assistance from any other state or federal source(s) that have been, are, or may be involved in this project?

Yes No

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Please list title(s) and date adopted: _____

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volunteer organizations/citizens groups who support trees (name Mayor's Beautification Committee)

tree ordinances/policies (date adopted/code/chapter/internet link www.ci.west-allis.wi.us municipal code (on left))

Section 6.03(10)(a), Removal of Diseased and Infected Trees; Section 11.03(14), Pruning of Trees over Streets; Section 11.07(7)(a), Pruning of Trees over Walks

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**professional is defined as having a degree, arborist certification and/or training*

other activities

educational programs (list _____)

Arbor Day

staff training

other (list _____)

Arbor Day - April 30, 2010 - Wilson School

Staff Training - Forestry staff attended DNR/WAA Winter, Summer & Fall Conferences; entire staff attended DNR workshop on Tree Risk Assessment and EAB

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- b. Public education (classes, tree walks, seminars, etc.)

Display of actual EAB, beetle, larva and wood with exit holes at City function "Taste of West Allis"

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c. *What* specific service, product, or role will each partner contribute to the project?

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If yes, specify which Growth Award category and eligible activities this project will help satisfy, if any. (List activity codes.)

C4 -Tree inventory and Analysis

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Date	Course Title *	Training Description	Provider	Attendees
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A. Add the Subtotals in Box 3 for ALL PROJECT COMPONENTS. This is your TOTAL Project Cost. Enter this amount in Question 6.	24,378	
B. Add the estimated donation value from Box 2 for ALL PROJECT COMPONENTS:		0
C. Subtract Line B from Line A:		24,378
D. Multiply the amount on Line A x 50% (Don't enter more than \$25,000):		12,189
E. Enter the smaller of Line C or Line D above. This is your GRANT REQUEST. (Must be between \$1,000 and \$25,000.) Enter this amount in Question 7 in the grant application.		12,189
F. Subtract the amount on Line E from the amount on Line A. This is your MATCH.		12,189

17. Resolution for Urban Forestry Grant Program

Provide a signed resolution that has been adopted by the applicant's governing body which gives the name of the applicant, authorizes funding for the project, designates an authorized representative (position title) to act on behalf of the applicant and states that the applicant will provide documentation of work done and follow all relevant state and federal rules. A sample resolution is provided on page 29 of the grant application guidelines.

18. I hereby certify to the best of my knowledge, the information contained in this application and application attachments are correct and true. I understand and agree that any grant monies awarded as a result of this application shall be used in accordance with Chapter 23.097, Wis. Stats., and Chapter 47, Wis. Adm. Code.



SIGNATURE

10/4/2010

DATE

Michael Lewis

PRINTED NAME

Dir. of Public Works/City Engineer

TITLE

* Resolution shall be introduced to the Common Council on October 19th & acted upon that night.

16. Cost Estimate Worksheet (instructions are on page 11 of the grant application guidelines)

COMPONENT PAGE

PROJECT COMPONENT:	Estimated Cost	Donation Value
Labor & Services (specify project tasks on lines below, as appropriate)		
Applicant's staff: Michael Rushmer Supt 240 hrs @ \$35.57 = \$8,537	8,537	
Fringe benefits: 48.45% (on all employees)	7,412	
Clerk II 40 hrs @ \$19.28 = \$771 Arborist 160hrs @ \$22.51 = \$3,602	4,373	
GIS Staff 80 hr @\$16.59 = \$1,327 GIS Coordinator 32 hr @ \$33.18 = \$ 1062	2,389	
Consultants/Contractors/other hired project labor:		
Volunteers/donated services:		
Laborer (\$6.50/hr):		
Other project workers (\$15.40/hr):		
Equipment (specify type of equipment and DOT class code on lines below, as appropriate) See page 13 of application guidelines for a list of commonly used equipment codes.		
Purchased:		
Rented or contracted:		
Provided by applicant: Pick-up DOT Class 101 120 hrs @ \$13.68 / hr = \$ 1,642	1,642	
Donated by third parties:		
Supplies (specify items on lines below, as appropriate)		
Purchased: Paper, binder,dividers	25	
Provided by applicant:		
Donated by third parties:		
Other (specify):		
Estimated Cost/Donation Value for THIS component:	1. 24,378	2.
SUBTOTAL — Add Box 1 and Box 2:	3. 24,378	

Two copies of this component sheet are included here. Please copy this sheet as necessary for additional project components.

16. Cost Estimate Worksheet (instructions are on page 11 of the grant application guidelines)

COMPONENT PAGE

PROJECT COMPONENT:	Estimated Cost	Donation Value
Labor & Services (specify project tasks on lines below, as appropriate)		
Applicant's staff:		
Fringe benefits:		
Consultants/Contractors/other hired project labor:		
Volunteers/donated services:		
Laborer (\$6.50/hr):		
Other project workers (\$15.40/hr):		
Equipment (specify type of equipment and DOT class code on lines below, as appropriate) See page 13 of application guidelines for a list of commonly used equipment codes.		
Purchased:		
Rented or contracted:		
Provided by applicant:		
Donated by third parties:		
Supplies (specify items on lines below, as appropriate)		
Purchased:		
Provided by applicant:		
Donated by third parties:		
Other (specify):		
Estimated Cost/Donation Value for THIS component:	1.	2.
SUBTOTAL — Add Box 1 and Box 2:	3.	

Two copies of this component sheet are included here. Please copy this sheet as necessary for additional project components.

16. Cost Estimate Worksheet (instructions are on page 11 of the grant application guidelines)

CALCULATIONS

GRANT CALCULATION	Estimated Cost	Total Donation Value
A. Add the Subtotals in Box 3 for ALL PROJECT COMPONENTS. This is your TOTAL Project Cost . Enter this amount in Question 6.	24,378	
B. Add the estimated donation value from Box 2 for ALL PROJECT COMPONENTS:		0
C. Subtract Line B from Line A:		24,378
D. Multiply the amount on Line A x 50% (Don't enter more than \$25,000):		12,189
E. Enter the smaller of Line C or Line D above. This is your GRANT REQUEST . (Must be between \$1,000 and \$25,000.) Enter this amount in Question 7 in the grant application.		12,189
F. Subtract the amount on Line E from the amount on Line A. This is your MATCH .		12,189

17. Resolution for Urban Forestry Grant Program

Provide a signed resolution that has been adopted by the applicant's governing body which gives the name of the applicant, authorizes funding for the project, designates an authorized representative (position title) to act on behalf of the applicant and states that the applicant will provide documentation of work done and follow all relevant state and federal rules. A sample resolution is provided on page 31 of the grant application guidelines.

NOTE: Joint applicants—It is recommended that only one applicant act as fiscal agent. A resolution must be submitted by each applicant's governing bodies. Information above the dashed line in the sample resolution should be identical for all applicant's resolutions with the applicant acting as fiscal agent listed first. Information below the dashed line should be specific to the individual applicants.

18. As authorized representative of said applicant, I hereby agree to implement this project according to this application and attached cost estimate and to abide by provisions of the Wisconsin Administrative Code NR 47 for this program. To the best of my knowledge all information provided is true and correct.

SIGNATURE _____

DATE _____