2016 Grant Application Wisconsin RPCs and DNR Emerald Ash Borer (EAB) Mitigation

The Wisconsin RPCs and the DNR are offering EAB mitigation grants up to \$20,000 to municipalities, counties, and tribes within an EAB quarantined area <u>and</u> located within the Wisconsin Great Lakes Basin. Funded projects will focus on planting non-host trees to mitigate the impacts of the Emerald Ash Borer and prepare communities for invasion by diversifying their urban and community forests.

Project proposals are due at 4:00 PM on August 17, 2016. Funded projects can begin on or after October 1, 2016 and must be completed by September 29, 2017. To apply for a Wisconsin RPCs and DNR EAB Mitigation grant, **please complete and submit this form in its entirety**.

Submission Instructions: Submit your completed application via e-mail (*preferred*) or mail. If you have any questions, please contact <u>angelaka@baylakerpc.org</u>.

Part I: Applicant Information

Organization Nar	ne:
Organization Typ	e: City Village Town County Tribal Government
Located in the Co	punty of:
Population:	less than 10,000 10,000-50,000 more than 50,000

Applicant Authorized Representative information:

First Name	Last Name		Posi	tion Title
Street Address		Phone nur	mber	Fax Number
City	State	Zip	E-mail	

Project Manager/Primary Contact Person (*if different from Authorized Representative*):

First Name	Last Name		Positi	on Title
Street Address		Phone nui	mber	Fax Number
City	State	Zip	E-mail	

Part II: Project Overview

Briefly describe the project, the schedule, the species to be planted, caliper size, type of rootstock (e.g. seedlings, saplings, bare root, potted, or B&B), and impact to community:

Does your project improve species	diversity within your community?
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No If yes, how?

Is your community currently designated as a Tree City USA?

Yes No

Will plantings take place on public property?

🗌 Yes 🗌 No

If yes, are the plantings planned for a high-use area (e.g. school, park, etc.)?

Is your community a member of a Wisconsin Regional Planning Commission?

Check the ONE box in each category (program level, advocacy, staff, and tree maintenance) that best describes your community forestry program:

Program Level	We have an active, ongoing community tree planting and care program.	
	We have recently begun or re-started a program of community tree planting and care but it is still in a developmental phase.	
	Tree planting and care activities were once a regular part of a community	
	program that ended. We want to start this program again.	
	We are starting a community tree planting and care program for the first time.	
	We have tree planting, care and removal needs but don't plan to start a	
	community tree program at this time.	
	We have a formally established tree advisory group (i.e., committee,	
	commission or tree board) and/or officials that support urban forestry.	
	We have citizens or groups informally involved in community tree planting and	
Advocacy	care activities but no advisory group or board officially charged with	
Advocacy	overseeing a forestry program.	
	The level of involvement and support by boards/committees, organizations	
	and/or elected officials for community tree planting and care activities is low	
	to non-existent.	
	We have professional urban forestry staff (can be part-time position) - OR - a	
	volunteer urban forestry professional(s) - OR - contract with a professional for	
	community tree planting and care. [Professional = forestry degree, certified	
	arborist, CTMI graduate, or comparable formal training.]	
Staff	We have staff, contractors or a volunteer authorized to handle/advise the	
	municipality on tree planting and care but who is neither a certified arborist	
	nor has comparable formal training.	
	We have no staff, contractors or volunteers authorized to handle or advise our	
	community on tree planting and care.	
	We practice systematic, community tree maintenance (i.e., planting, pruning,	
-	pest control, tree removal, etc.) on a regular basis.	
Tree Maintenance	We practice occasional tree maintenance and removal on an as-needed basis.	
Maintenance	We do not practice tree maintenance activities (i.e., planting, pruning, pest	
	control, tree removals, etc.).	

Describe any additional aspects or outstanding features of this project that you would like us to know:

Part III: Budget Amount requested: \$ ______ Matching funds: \$ ______ (Minimum of 25% of total) Describe the sources of matching funds (including volunteer hours, equipment, staff hours and benefits rate, supplies, facilities, contracted services, etc.).

Use the table below to provide an itemized project budget.

				Total
	Funds	Matching	Source of Matching Funds	(Requested +
Deliverables/Items	Requested	Funds		Matching Funds)
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
TOTALS	\$	\$		\$

Note: Matching funds must total 25% of the total project cost.

Part IV: Certification and Submission

To the best of my knowledge, the information contained in this application and application attachments are correct and true.

Applicant's Authorized Representative (print)	Title
Digital Signature of Authorized Representative (if able)	Date

Part V: Attachments

Resolution -- May be sent separate from the application, but is **due no later than SEPTEMBER 15, 2016**.

Community map depicting location(s) of project(s).

Part VI: Submission Instructions

Send completed application with required attachments to:

Electronic format (PREFERRED)	Mail hard copies to:
Save, then click <i>Submit by E-mail</i> . You will be given the opportunity to edit the message and provide attachments to an email addressed to: <u>angelaka@baylakerpc.org</u>	BAY-LAKE REGIONAL PLANNING COMMISSION ANGELA KOWALZEK-ADRIANS 425 S ADAMS ST STE 201 GREEN BAY WI 54301

Electronic submissions must be received, OR hard copies postmarked:00 PM, August 17, 2016

When saving or submitting by e-mail, please rename this PDF and change the e-mail subject to include the name of your organization.