







Urban and Community Forestry Program Leaf Out Grant Management (IRA Funding) <u>A PPLIC A TION</u>

PROJECT INFORMATION					
Applicant: Municipality : County :		Application Date:			
Project Name:					
The following descriptions can be brief, with more	details given in the Project Overview				
Project Location: (Eg. main street, whole town)					
Project Street Address: (Indicate block ranges if necessary, eg. 500-600 Block of		Number of trees to be planted:			
Block(s):	Lot(s):	(if known)			
Project Manager : Per RFP Section VI bullet 6	Title:				
Organization:					
Phone:	E-mail:				

Municipal Code Number:	Municipal Code Number: Vendor ID Number:						
Accounting Method: Cash Modified Accrual Accrual Other		Other	Date of Fiscal Year:				
Type of Local Government:					to		
Unique Entity Identifier (UEI Number)	:						
Authorized Official: Title:							
(Local government official authorized by the g either the Mayor, Business Administrator or the		to sign this ap	plication and the grant	agreem	ent. This r	must be	
Municipal Clerk: (This is the person responsible for grant contr	act documents)						
Phone:		E-mail:					
Address: (Must be where contracts are to be delivered))		City:		State:	ZIP:	
Chief Financial Officer:							
Phone:		E-mail:					
Address: (Must be where checks are to be delivered)			City:		State:	ZIP:	
As the authorized official representate that the information provided with Grant proposal and a	in this NJ For	est Service	Urban & Communit			reby certify	
	<u> </u>	•					
Signature Authorized Official Representative	_	ed Name & ed Official F	Title of the Representative	Date			

Municipal information
Provide the following information regarding your municipality. This information will be used in the evaluation of this application
b. Is one local government employee and one community forestry Management Plan: Yes, Expiration Date No b. Is one local government employee and one community volunteer CORE trained: Yes No C. Did the applicant have eighted (8) continuing education units (CEU's) between two people the 2023 calendar year: Yes No
Does the applicant have a tree inventory in place?
Municipal Land Area in Square Miles: 2020 Census Population:
Average Tree Canopy based on NJ Forest Adapt (https://njforestadapt.rutgers.edu/#/map):
Impervious Surface Cover (https://njforestadapt.rutgers.edu/#/map)
Does your municipality include one or more disadvantaged areas (cesnsus tracts) using the Climate and Economic Justice Screening Tool(CEJST) areas (https:// Yes No screeningtool.geoplatform.gov):
Does your municipality include one or more overburdened communities, using the NIDEP Environmental Justice Manning Tool for Overburdened Communities (https://

dep.nj.gov/ej/communities/):

PROJECT OVERVIEW

Provide a clear description of the project your municipality would implement if awarded funding through this grant. Include basic information on those involved in the project and their role, the project location(s), the need for the project, and how it would appropriately fulfill the objectives outlined in the RFP. Projects should generally follow the yearly outline provided in the RFP.

WORKPLAN

Describe in more detail how this project will be carried out. What will happen when, including the major milestones, in completion of the project? Make sure to consider how your timeline comports withthe yearly outline and to include specific information reagrding grant activity as noted in the RFP.

Describe in more detail the project location, the existing conditions of the urban and community forest (to the best of your ability), and how the project will address the needs of the community, including, for example, creating/expanding/upgrading urban and community green space, reducing urban heat island impact, mitigating stormwater issues, improving health and well-being, etc.

Personnel: Identify the municipal staff, shade tree commission volunteers, contractors, consultants, and partners who will be consulted and those responsible for developing and for implementing the project. Make sure to Include those who will manage the grant itself and those who will implement the project. Clearly identify the roles and responsibilities of each person/group involved. Provide resumes/qualifications for all individuals with a significant role in the project, and letters of support for all project partners. Include these as attachments.

COMMUNITY CAPACITY

Describe your municipality's unique strengths, demonstrated past or newly created partnerships wihtin the communitiy, past successful projects (even if not specifically tree related), and commitment to ensuring completion of the project.

MONITORING AND EVALUATION EXPLANATION

Provide a brief description of how you will evaluate progress on the project, measure results, and track milestones to ensure the project objectives are completed within the expected timeline. Include information on how expenses will be tracked and categorized.

ATTACHMENTS

Details on the required attachments are provided in the RFP.

Applicant must submit an ACORD certificate of insurance with this application. See page 5 in the RFP for details. The State of New Jersey must be listed as the certificate holder and the DEP adderss should be what in shown in the RFP.

Resumes and qualifications for all municipal staff, shade tree commission volunteers, contractors, consultants, and partners identified in the workplan as applicable/available

Letters of Support from all Project Partners identified in the workplan, as applicable