



## 2017 Grant Program Application- Capacity Building

Forest Restoration and Wildfire Risk Mitigation  
Grant Program  
Established by SB 17-050

### A. Applicant Information

Name of Project:	
Applicant/Fiscal Agent:	
Type of Organization:	
Contact Person/Title:	
Mailing Address:	
City/Zip Code:	
Phone (Work/Cell):	
Email:	

### B. Eligibility

<p>Is the project area within the wildland urban interface (WUI) of Colorado? Attach to your application a 1-page map showing the project area in CO-WRAP* with the risk layer (fire intensity scale) highlighted.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Have you consulted with county officials on this project and attached a letter of support?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Do you have a formal commitment for matching funds that you can provide with the application materials?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Do you agree to contracting requirements, including reporting and monitoring requirements, as outlined in the Request for Applications?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p>Is this application associated with a separate fuels &amp; forest health project grant application?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, to the above, is this proposed capacity building project contingent upon funding of the fuels &amp; forest health project?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

\*CO-WRAP may be accessed at: <https://www.coloradowildfirerisk.com/>

### C. Matching Contributions

**(Applications will be disqualified if sufficient match is not identified.)** Please specify the name of each match contributor and the dollar amount of each contribution. **DO NOT** show grant-requested funds in this table. This is for matching share only, which is a minimum of 50 percent of total project cost.

Contributors: (Please specify)							<b>TOTAL</b>
Cash Match (Dollars):							
In-kind Match: Hourly rate cannot exceed \$25.96							
<b>TOTAL:</b>							

D. Total Project Budget	Grant Share (\$ Amount requested)	Match (carry over from block C above)		TOTAL
		Dollars	In-Kind	
Equipment:				
<b>TOTAL PROJECT BUDGET</b>				

Anticipated Project Revenue (from wood or biomass utilization)	
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Please be sure the totals in **green** match *and* the totals in **red** match.

## E. Budget Narrative

All information for the project must fit into the allotted 1,000-character space. **Characters include letters, numbers, spaces and punctuation.**

Describe the budget line items listed in Sections *C. Matching Contributions* and *D. Total Project Budget*. Describe the nature of in-kind contributions, assumptions used to determine anticipated project revenue, and ability to leverage grant funds with other funding sources. If you have received project bids please include them in Section *H. Partners and Supporters*. **1,000 characters max.**

## F. Brief Project Description

All information for the project must fit into the allotted 1,000-character space. **Characters include letters, numbers, spaces and punctuation.**

Describe the project, its objectives, and anticipated outcomes as related to the grant purpose criteria and budget. Clearly describe how the project fits into the specific goals of the Colorado State Forest Action Plan\* and specific Community Wildfire Protection Plan goals and objectives. Describe the applicant's ability to utilize the equipment for hazardous fuels removal. **Please note that all projects funded in this cycle must be completed by April 20, 2021.** **1,000 characters max.**

\* The Colorado State Forest Action Plan is available at: <http://csfs.colostate.edu/forest-action-plan/>.

## G. Capacity Building

All information for the project must fit into the allotted 1,800-character space. **Characters include letters, numbers, spaces and punctuation.**

Explain how the requested purchase of equipment will enhance local capacity to implement hazardous fuels reduction, slash disposal and related mitigation actions. Explain how the requested purchase(s) will be cared for and utilized beyond the life of the project. (The expectation is that equipment will be used and maintained by the awardee for a minimum of five years following the grant.) If possible, quantify the annual anticipated use. **1,800 characters max.**

## H. Partners and Supporters

All information for the project must fit into the allotted 1,000-character space. **Characters include letters, numbers, spaces and punctuation.**

Describe the specific coordination that will occur with participating groups/organizations. Specify coordination conversations/correspondence with county officials, and describe how individuals participating in Youth Corps or Veteran Corps, if any, will be included in the project. A letter of support from a relevant county official must be included. For purposes of this grant, accepted county officials include county commissioners, representatives from the sheriff's office or county wildfire coordinators. Formal commitments from financial institutions or landowners also are encouraged. Additional letters of support from relevant organizations are accepted. **1,000 characters max.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_