



**2020-2021 Grant Program Application-  
Fuels & Forest Health Projects**  
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:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this application associated with a separate capacity building grant application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to the above, is the proposed capacity building project contingent upon funding of this fuels & forest health project?

**B. Eligibility**

Note: If "no" is selected for any of the items below, the application will be considered ineligible

Is the project area within the wildland urban interface (WUI) of Colorado and have you attached a <b>required</b> 1-page map showing the project area from the Colorado Forest Atlas 2020 Forest Action Plan* with the Subwatershed Priority Composite map visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you included a <b>required</b> map with project location identified from the Colorado Forest Atlas Wildfire Risk Viewer* with the Areas of Fewer Economic Resources index (SVI) visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contacted forest products or wood utilization businesses or incorporated wood utilization as <b>required</b> and do you have a plan for utilizing forest products/woody materials generated by the project? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you consulted with county officials on this project and attached a <b>required</b> letter of support? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have <b>required</b> formal commitment for matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the information in this application accurate to the best of your knowledge and do you agree to contracting requirements, including reporting and monitoring requirements, as outlined in the Request for Applications? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*The Colorado Forest Atlas with Wildfire Risk Viewer and Forest Action Plan apps is located at <https://coloradoforestatlas.org/>

## C. Project Summary

All information for the project must fit into the allotted character spaces below.

Approximate number of homes directly affected by this project.	
Total number of acres* to be treated:	
Estimated cost/acre:	
Is this project identified through a community-based collaborative process such as a Community Wildfire Protection Plan (CWPP) or similar? If yes, please list plan name(s).	
Will this project involve a contract with an accredited Colorado Youth or Veterans Corps Association? If yes, please name the group.	
Will this project result in the protection of water supplies? If yes, please describe water supplies in Section H. <i>Project Area Description and Current Conditions</i> .	

\***Total number of acres** identified should only be treated acres within project boundaries and should not include areas that are inoperable, inaccessible, or untreated “reserves” within project areas.

## D. Project Objectives

All information for the project must fit into the allotted 1,500-character space. **Characters include letters, numbers, spaces and punctuation.**

## E. 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 or 25 percent of total project cost if located in an Area of Fewer Economic Resources.

Contributors: (Please specify)							<b>TOTAL</b>
Cash Match (Dollars):							
In-kind Match: Hourly rate cannot exceed \$28.02							
<b>TOTAL:</b>							

## F. Total Project Budget

	Grant Share (\$ Amount requested)	Match (carry over from Block C above)		TOTAL
		Dollars	In-Kind	
Personnel / Labor:				
Supplies / Materials:				
Contractual Services:				
Indirect Costs*:				
<b>TOTAL PROJECT BUDGET</b>				

Anticipated Project Revenue (from wood or biomass utilization)	
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\* Grant share indirect costs may not exceed 10% of grant total

Please be sure the totals in **green** match *and* the totals in **red** match.

## G. Budget Narrative

All information for the project must fit into the allotted 2,000-character space. **Characters include letters, numbers, spaces and punctuation.**

## H. Project Area Description and Current Conditions

All information for the project must fit into the allotted 2,000-character space. **Characters include letters, numbers, spaces and punctuation.**

## I. Project Prescription and Scientific Foundation

All information for the project must fit into the allotted 2,500-character space. **Characters include letters, numbers, spaces and punctuation.**

## J. Strategic Value of Project

All information for the project must fit into the allotted 1,500-character space. **Characters include letters, numbers, spaces and punctuation.**



## K. Forest Product Utilization

All information for the project must fit into the allotted 1,500-character space. **Characters include letters, numbers, spaces and punctuation.**

## L. Partners and Supporters

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

## M. Timeline

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

## N. Maintenance Sustaining Project Longevity

All information for the project must fit into the allotted 1,500-character space. **Characters include letters, numbers, spaces and punctuation.**

**Note: Additional support materials beyond the allowable support letters, maps and contract bids will not be considered.**