



**2021 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:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this application associated with a separate Fuels & Forest Health Project grant application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to the above, is this proposed Capacity Building Project contingent upon funding of the 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 required 1-page map showing the project area from the Colorado Forest Atlas with the Subwatershed Priority Composite map visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you included a required map with project location identified from the Colorado Forest Atlas with the Areas of Fewer Economic Resources index (WFSVI) visible? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contacted the Colorado Timber Industry Association (CTIA) or the Colorado State Forest Service (CSFS) Colorado Wood Utilization and Marketing (CoWood) program? Enter the date of correspondence. <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Correspondence:
Have you contacted forest products or wood utilization businesses or incorporated wood utilization as required 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 required letter of support? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have required 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

C. Project Summary

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

Estimated number of homes directly affected by this project/year.	
Estimated number of acres* to be treated/year:	
Estimated cost/acre:	
Are projects utilizing the purchase(s) 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 future projects utilizing purchase(s) involve a contract with an accredited Colorado Youth or Veterans Corps Association? If yes, please name the group.	
Will future projects utilizing purchase(s) result in the protection of water supplies?	

***Estimated number of acres** should only include 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)							TOTAL
Cash Match (Dollars):							
In-kind Match: Hourly rate cannot exceed \$29.50							
TOTAL:							

F. Total Project Budget

	Grant Share (\$ Amount requested)	Match (carry over from Block C above)		TOTAL
		Dollars	In-Kind	
Personnel / Labor:				
Equipment:				
Indirect Costs*:				
TOTAL PROJECT BUDGET				

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. Capacity Building

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 and Care of Purchases

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.