

## 2019 Wisconsin RPCs and DNR Great Lakes Basin Tree Planting Grant Program

The Wisconsin RPCs and the DNR are offering Tree Planting grants up to \$20,000 to municipalities, counties, and tribes within the Wisconsin Great Lakes Basin. Funded projects will focus on planting trees to mitigate the impacts of the Emerald Ash Borer and reduce runoff in urban communities.

**Project proposals are due at 4:00 PM on September 10, 2018.** Funded projects can begin on or after October 9, 2018 and must be completed by November 9, 2019. To apply for a Wisconsin RPCs and DNR Great Lakes Basin Tree Planting 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 [angelaka@baylakerpc.org](mailto:angelaka@baylakerpc.org).

### Part I: Applicant Information

Applicant Name:

Organization Type:     City     Village     Town     County     Tribal Government

Located in the County of:

Is your community within the Wisconsin Great Lakes Basin (see Attachment A)?     Yes     No

Population:     less than 10,000     10,000 – 50,000     more than 50,000

Total number of trees to be planted (including both grand funded and match)?

Name of Representative Authorized to Act on Behalf of Applicant	Title
Street or PO Box	City, State, Zip
Email	Phone Number

**Project Manager – Primary Contact (If different from Authorized Representative):**

Name	Title
Street or PO Box	City, State, Zip
Email	Phone Number

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Part II: Project Overview

1. Describe the project:

2. Describe project timeline from planting to maintenance (project MUST be complete by November 9, 2019):

3. List the tree genus and species, quantities, caliper size, and rootstock (saplings, bare root, potted, or B&B) to be planted (attached additional sheets if necessary):

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4. Describe the impact of this project to your community:

5. Describe any outstanding features, the significance of the project, partnerships proposed, other related activities you have done:

6. Does your project improve species diversity within your community?

Yes  No If yes, how?

7. Is your community within a targeted watershed (see Attachment B)?

Yes  No

8. Is your community a member of a Regional Planning Commission (see Attachment C)?

Yes  No

9. Is your community within an AOC (see Attachment D)?

Yes  No

10. Is your community currently designated a Tree City USA (see [tinyurl.com/TreeCityUSA](http://tinyurl.com/TreeCityUSA))?

Yes  No

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**11. 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.	<input type="checkbox"/>
	We have recently begun or re-started a program of community tree planting and care but it is still in a developmental phase.	<input type="checkbox"/>
	Tree planting and care activities were once a regular part of a community program that ended. We want to start this program again.	<input type="checkbox"/>
	We are starting a community tree planting and care program for the first time.	<input type="checkbox"/>
	We have tree planting, care and removal needs but don't plan to start a community tree program at this time.	<input type="checkbox"/>
Advocacy	We have a formally established tree advisory group (i.e., committee, commission or tree board) and/or officials that support urban forestry.	<input type="checkbox"/>
	We have citizens or groups informally involved in community tree planting and care activities but no advisory group or board officially charged with overseeing a forestry program.	<input type="checkbox"/>
	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.	<input type="checkbox"/>
Staff	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.]	<input type="checkbox"/>
	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.	<input type="checkbox"/>
	We have no staff, contractors or volunteers authorized to handle or advise our community on tree planting and care.	<input type="checkbox"/>
Tree Maintenance	We practice systematic, community tree maintenance (i.e., planting, pruning, pest control, tree removal, etc.) on a regular basis.	<input type="checkbox"/>
	We practice occasional tree maintenance and removal on an as-needed basis.	<input type="checkbox"/>
	We do not practice tree maintenance activities (i.e., planting, pruning, pest control, tree removals, etc.).	<input type="checkbox"/>

**12. Where will the trees be planted and in what percentages (approximate)?**

% Parks/Parkway

% Terrace

% Natural Areas

% Other; **please explain:**

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**Part III: Budget**

Use the table below to provide an estimated, itemized project budget. Funds may not be requested for municipal/county equipment or staff time.

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

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

Describe the sources of matching funds (including volunteer hours, equipment, staff hours and benefits rate, supplies, facilities, contracted services, etc.) (use the rates provided in the grant guidance).

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**Part IV: Certification and Submission**

Grant Request:

Applicant Match:

*(Minimum of 25% OF TOTAL PROJECT COST)*

**Total Project Cost:**

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

<b>Applicant's Authorized Representative</b>	<b>Title</b>
<b>Signature of Authorized Representative (may be typed)</b>	<b>Date</b>

**Part V: Attachments**

- Resolution -- May be sent separate from the application, but is **due no later than SEPTEMBER 29, 2018.**
- Community map(s) depicting location(s) of project(s).

**Part VI: Submission Instructions**

Send completed application with required attachments to:

<b>Electronic format (PREFERRED)</b>	<b>Mail hard copies to:</b>
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:  <a href="mailto:angelaka@baylakerpc.org">angelaka@baylakerpc.org</a>	BAY-LAKE REGIONAL PLANNING COMMISSION ANGELA KOWALZEK-ADRIANS 425 S ADAMS ST STE 201 GREEN BAY WI 54301

**Electronic submissions must be received, OR hardcopies postmarked by 4:00 PM, SEPTEMBER 10, 2018**

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