

**California ReLeaf 2020  
Arbor Week Grant Program**

**APPLICATION**



*Empowering grassroots efforts and building strategic partnerships that preserve, protect, and enhance California's urban and community forests.*

In cooperation with the  
**California Department of Forestry and Fire Protection**



**Application must be postmarked by March 22, 2020**



2020 Arbor Week Extended Grant Program

**Cover Sheet**

**Grant Applicant:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Grant Amount Requested:** \_\_\_\_\_

**Grant Match:** \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_ County: \_\_\_\_\_

Applicant's Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Congress Rep(s): \_\_\_\_\_ Congressional district: \_\_\_\_\_

State Senator(s): \_\_\_\_\_ Senate district: \_\_\_\_\_

Assembly Member(s): \_\_\_\_\_ Assembly district: \_\_\_\_\_

*(To find out who your representatives are, click on Your Legislature at [www.leginfo.ca.gov](http://www.leginfo.ca.gov))*

Is the applicant an incorporated 501(c)(3) nonprofit?  Yes  No Year Founded: \_\_\_\_\_

**Sponsor:** *(Required, if applicant is not an incorporated nonprofit)*

\_\_\_\_\_

Sponsor's Authorized Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Sponsor is:  an incorporated 501(c)(3) nonprofit  a public agency  other



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The majority of trees to be planted are publicly accessible within a DAC, as defined. Yes  No

**ORGANIZATION OVERVIEW.** Briefly describe your organization’s mission, goals, programs, and recent accomplishments related to urban forestry.

**EDUCATION.** Briefly describe the proposed education or outreach activities for the project, including information about the development of materials and how they will be distributed.

**COMMUNITIES SERVED.** List the communities served by the project and why the project is important to them.

**OTHER BENEFITS.** Describe the social, community, economic and environmental benefits, beyond GHG emission reductions, that will be achieved with this project (i.e. heat island mitigation, job training).

**DESCRIPTION/SCOPE OF WORK.** Please describe the project goals, objectives and expected results for the proposed tree planting. Why did your organization use this approach for your project?

## **PLANTING DETAILS AND SPECIFICATIONS**

**Location and Description of the Planting Site(s):** Please describe the project site location, including physical address, census tract number(s) and proximity to disadvantaged communities per CalEnviroScreen 2.0 as applicable. Identify condition of the project site(s), such as presence of overhead wires, soil conditions, tree-well dimensions and other existing elements pertinent to the project. Please attach project map(s), including marked planting locations, and photographs of planting sites to all copies of your proposal.

**Method and Maintenance Plan:** Describe any special site preparations that may be required (i.e. protection against vandals, rodents) for the project tree plantings in addition to proposed methods for planting and staking the trees. Please include the proposed short-term and long-term plans for tree maintenance, including watering, weeding, stake adjustment or removal, and pruning. Identify your source of technical expertise to be utilized for proper planting, and maintaining the project trees.



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### Itemized Budget and Explanation of Expenses

**Grant Applicant:** \_\_\_\_\_

The itemized budget should include the best estimate of costs and matching funds to carry out the proposed project and should include only eligible expenses as set forth in the guidelines (for tree costs, contact nurseries to get estimates).

Matching funds (25% of total project cost) from in-kind donations, volunteer assistance, or monetary contributions other than those derived from the California Climate Investments Program are required. Volunteer assistance in California is currently valued at \$28.46/hour.

The itemized budget form is an Excel spreadsheet that is separate from this application but must be completed and submitted with the application and all relevant attachments. A sample budget is included in the guidelines appendix.

**Briefly explain the anticipated costs for the proposed project.** Include project expenditures for staff and labor from a disadvantaged community. Also detail and justify any single-item expenditures in excess of \$500 each (i.e. concrete cuts, heavy equipment costs).

**Briefly describe how project will meet match requirements as identified above.**



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**Permission for Planting and Maintenance of Trees**

***To be completed in conjunction with the owner of the property (i.e. city, county, school or special district) on which the tree planting and maintenance will take place.***

This is to certify that \_\_\_\_\_ ,  
*(property owner, e.g., city, county, state)*

the legal owner of the property located \_\_\_\_\_  
*(address or location of property)*

\_\_\_\_\_ ,  
hereby grants permission \_\_\_\_\_  
*(organization applying for grant)*

to plant and maintain trees, for at least three years after all project trees have been planted on said property as described in the project proposal entitled

\_\_\_\_\_  
*(Signature of property owner's authorized representative)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Telephone)*

\_\_\_\_\_  
*(Print Name of owner's authorized representative)*



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**Certification by CAL FIRE and Certified Arborist,  
Registered Professional Forester, or Licensed Landscape Architect**

I, \_\_\_\_\_, a \_\_\_\_\_,  
*(name) (title, e.g., certified arborist, R.P.F., landscape architect)*

certify that \_\_\_\_\_ has selected  
*(organization applying for grant)*

trees of a species and size reaching a minimum height of 25 feet (excluding fruit trees) that are appropriate to the site described in the project proposal entitled:

\_\_\_\_\_  
*(project title)*

I have visited the proposed planting site, reviewed the maintenance plan, and certify that, if carried out as proposed, this project will ensure the long-term viability of the trees.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Certified Arborist #)*

\_\_\_\_\_  
*(Telephone )*

or

\_\_\_\_\_  
*(Registered Professional Forester #)*

\_\_\_\_\_  
*(Address)*

or

\_\_\_\_\_  
*(Landscape Architect License #)*

\_\_\_\_\_  
*(City, State, Zip)*