



**NEVADA DIVISION OF FORESTRY
URBAN AND COMMUNITY FORESTRY PROGRAM
GRANT APPLICATION, MUNICIPAL FORESTRY INSTITUTE 2018**

1. ADMINISTRATIVE INFORMATION

a. Applicant organization/agency:

Mailing address:

City:

Zip:

Administrator name and title: _____

Telephone:_____ Cell:_____ Fax:_____ Email:_____

Tax ID:_____ State Vendor Number: _____ DUNS# _____ SMA expiration date:_____

2. PROJECT SUMMARY

a) Municipal Forestry Institute 2018. Wisdom House Retreat and Conference Center. Litchfield, Conn.

February 18th - 23th, 2018.

b) MFI serves to improve leadership and managerial abilities for individuals involved in Urban Forestry. The courses will offer leadership training, strategical planning, working effectively and managing relationships with Boards, Coalitions and Non-Profit Organizations.

3. PROJECT LOCATION

a) Communities served:

4. BUDGET SUMMARY

a) U&CF grant funding being requested \$_____

b) Applicant's grant match (must be equal to, or exceed the funding request) \$ _____

c) Total Cost of Project, a) + b) \$_____

5. TERMS AND CONDITIONS

Whereas, It is understood and agreed upon by the undersigned that:

- a. PROPOSED CHANGES TO THIS PROJECT as approved, shall require pre-approval for budget category changes greater than 10% of the grant award and major changes to the scope of the project. Pre-approval may be requested in writing by the applicant to the Nevada Division of Forestry (NDF) Urban Forestry Coordinator, and, upon notification of approval by NDF, shall be deemed incorporated into and become part of this agreement.
- b. Funds that are granted as a result of this request are to be expended for the purposes set forth herein and in accordance with all State and Federal regulations and restrictions.
- c. The undersigned shall comply with Title VI of the Civil Rights Act of 1964. (P.L. 88-352) and all requirements imposed by or pursuant to that law.
- d. The undersigned HEREBY ASSURES THAT if approved, shall take measures necessary to execute this agreement.

6. Name & Title of Authorized Official *(Type or Print)*:

8. Signature:

Date:

Please return completed form to: Lisa Ortega, Nevada Division of Forestry, 4747 W. Vegas Drive, Las Vegas, NV 89108. E-mail: lortega@forestry.nv.gov