## Community Protection Program Grant Application

FOR OFFICIAL	USE ONLY
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	
Leveraged Funds:	

## **PROGRAM INFORMATION**

The Wildland/Urban Interface Grant Program provides funding for projects that reduce the effects of catastrophic fire on Intermountain communities. For the *Community Protection Program*, eligible projects are for fuels reduction on non-federal lands adjacent to federal lands with a planned fuels reduction project pending or in progress. Specifically, projects on non-federal land must be:

- ✓ Adjacent to federal land (i.e. National Forests) where fuels reduction projects are occurring or are pending;
- ✓ The federal treatment must include a fire component, whether it's prescribed burning, treatment of slash by burning piles, etc.
- ✓ The non-federal property must be treated prior to the federal project;
- ✓ The federal treatments must follow the private treatments within a reasonable time period (18-24 months)

The primary objective of the *Community Protection Program* is to minimize damage to private property in the event a fire crosses onto private property from adjacent federal property. For this reason, funding is only available for on-the-ground fuels treatment of non-federal acreage. There is no match required by the applicant. However, because the focus is on treating as many acres as possible with available funding, any match that serves to lower the grant cost-per-acre is highly desirable and may make the proposal more competitive. Applicants are required to work with local Forest Service personnel in determining where federal treatments are planned for the wildland/urban interface and how to best coordinate a project on non-federal lands adjacent to the treatment area.

PLEASE NOTE: All information for the project must fit into the allotted character spaces provided on the form. Applications that have been altered in any way will be disqualified. Attachments will not be reviewed.

		Applicant Information
	Applicant:	
1	<b>Contact Person:</b>	
	Address:	
	City/Zip Code:	
	Phone (Work/Cell):	
	Email:	
	Fax:	

	Community At Risk Information		
	Name of Project:		
2 Community Name:			
	County:	Congressional District:	
	<b>Latitude (decimal degrees):</b>	Longitude (decimal degrees):	

	Total Project Expense (Include leveraged funds if applicable)				
	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Leveraged funds		TOTAL
3			Dollars	In-Kind	
	Personnel / Labor:				
	Fringe Benefits:				
	Travel:				
	Equipment:				
	Supplies:				
	Contractual:				
	Construction:				
	Other:				
	Indirect Costs:				
	TOTAL:				

	Project Summary (check all the	hat annly and a	nswer related a	uestions)
	Name of the Forest Service Project adjacent to this treatment?			
	Forest Service Contact Person:		Phone:	
	What is the duration of this project? (check on	ne)	One Year	Two Years
4	Hazard Fuels Reduction			
	Number of acres to be treated:	Estimat	ted cost per aci	re:
	Number of communities directly affected by	this project:		
	Planning			
	Number of residences affected:			
	Projec	t Timeline		
	Provide a working timeline for project which i	includes milest	ones, timefran	nes, and critical steps
	for project completion.			_
	<b>Community Wildfire</b>	<b>Protection I</b>	Plan (CWPP)	
	Does this community have a wildfire protection	n plan that fol	lows the Healt	hy Forest Restoration
	Act CWPP guidelines? (check one)	yes	no	in development
	Is this project part of the plan? (check one)	yes	no	
	Where would we obtain a copy of this plan?			

	Project Area Description
5	Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)
	Scope of Work
6	Provide a brief scope of work which clearly describes how grant funds will be spent. (This should be more specific than the project description. Include any additional information regarding budget details in this section. Also explain how this project aligns with the active or proposed Forest Service Project named above.)

	Interagency Collaboration
7	Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).

## Clearly demonstrate how this project will remain effective over time by clearly outlining commitments, monitoring measurables, future funding, environmental factors and outreach.