COMMUNITY PLANNING & PERMITTING WILDFIRE TEAM

STRATEGIC FUELS MITIGATION GRANT PROGRAM

FUELS MITIGATION APPLICATION

Name of Project	
Applicant/Fiscal Agent	
Type of Organization	
Contact Person/Title	
Mailing Address	
City/Zip Code	
Phone (Work/Cell)	
Email Address	
Is this application a request to match other grant funding?	Yes No
Is this application for a project in an *identified* socially vulnerable community?*	Yes *If yes, complete Box N in the No application. If no, leave Box N blank.

Choose the grant you plan to match from the drop-down list. If checked other, please write the name in the field.		Provide the approximate award notification date for other grants. Date:
If applying for more than one grant, please list additional grants.	Name:	Date:

Could you match this grant if other grants you have applied for are not awarded?	Yes No
Is this project scalable (with full or partial funding)?	Yes No
Approximate # acres to be treated? **Estimated cost/acre?**	

B. ELIGIBILITY

Is this project identified in a Community Wildfire Protection Plan or other planning document? CWPP Other	If answered CWPP please provide the name and year of the CWPP: Name: Year: **If answered *Other,* please provide the name and year of the document:** Name: Year:
What type of project is this request for? ☐ Forest Fuels Mitigation ☐ Grasslands Fuels Mitigation	

FOREST MITIGATION: Is the project in a priority area in Boulder County where it is one or more of the following(check all that apply):
    ☐ Ranked as having high wildfire risk potential as identified in a local or county CWPP
    ☐ Within or adjacent to the Boulder Priority Focus Areas
    ☐ Within or adjacent to identified Potential Operational Delineation (POD) areas
    ☐ Other? Name:
Have you attached a one-page map showing the project area?   Yes   No

GRASSLAND MITIGATION: Is the project in a priority area in Boulder County where it is ranked as having high wildfire risk potential as identified in:
    A local or county CWPP
    Other? Name:
Have you attached a one-page map showing the project area?   Yes   No

CONSULTATION/ PARTNERING: Have you consulted with a professional forester and/or the Boulder County Wildfire Partners Forest and Grasslands Project Coordinator in the early planning stages of your proposed project and completed a pre-application project site visit?   Yes   No

Have you submitted a completed site visit form, signed by the consulting forester and/or the Boulder County Wildfire Team Forest and Grasslands Project Coordinator?   Yes   No

Please provide the name of the consulting forester(s) and date of the site visit (date must be within one year of project application).
    Name:

    Date:

C. Project Goals and Objectives
(1,500 Character limit; characters include: letters, numbers, spaces, and punctuation.)

D. BUDGET MATCHING CONTRIBUTIONS

Contributors:							TOTAL
Cash Match (Dollars)							
In-Kind Match (Soft)							
Total:							

E. TOTAL PROJECT BUDGET

	Grant Share $ Amount Requesting	Match Contributions(from Table D)		TOTAL
		Cash Match	In-Kind Match	
Personnel/Labor				
Supplies/Materials				
Contractual Services				
TOTAL PROJECT BUDGET				

F. Budget Narrative (2,000 Character limit; characters include: letters, numbers, spaces, and punctuation.)

G. Project Area Description & Challenges (2,000 Character limit; characters include: letters, numbers, spaces, and punctuation.)

H. Project Scope of Work (2,500 Character limit; characters include: letters, numbers, spaces, and punctuation.)

I. Strategic Value of Project (1,500 Character limit; characters include: letters, numbers, spaces, and punctuation.)

J. Partner Contributions (2,000 Character limit; characters include: letters, numbers, spaces, and punctuation.)

K. Landowner Engagement (2,000 Character limit; characters include: letters, numbers, spaces, and puctuation.)

L. Timeline (1,000 Character limit; characters include: letters, numbers, spaces, and punctuation.)

M.   Project Sustainability (1,500 Character limit; characters include: letters, numbers, spaces, and punctuation.)

N. Socially Vulnerable Community (1,500 Character limit; characters include: letters, numbers, spaces, and punctuation.)

ONLY COMPLETE THIS BOX IF YOU ARE APPLYING AS AN ENTIRE SOCIALLY VULNERABLE COMMUNITY.
This box is ONLY applicable for projects in which the entire community is identified as socially vulnerable based on the SVI Index and local level knowledge.