| Begin your application | |
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| Grant submissions are due November 20, 2015. Applicants will be notified of their application status by the end of January 2016. | |
| Note - this application MUST be completed in one session. | |
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| Contact Informatio | n | |
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| 1. Primary Contact fr | om Municipality | |
| Name | | |
| Title | | |
| Municipality Address | | |
| City | | |
| County | | |
| State | | |
| Zip | | |
| Phone | | |
| Email | | |
| Linaii | | |
| Municipality Tax ID # | | |
| Municipality Tax ID # *Municipalities are stroischools, businesses, et | ngly encouraged to apply in partnership with community partners c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| Municipality Tax ID # *Municipalities are stroischools, businesses, et | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| Municipality Tax ID # *Municipalities are stroi schools, businesses, et collaborating organizati | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipality Tax ID # *Municipalities are strong schools, businesses, et collaborating organization. 2. Secondary Contact | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipality Tax ID # *Municipalities are stron schools, businesses, et collaborating organization 2. Secondary Contact Name | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipality Tax ID # *Municipalities are strong schools, businesses, et collaborating organization. 2. Secondary Contact Name Title | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipality Tax ID # *Municipalities are stron schools, businesses, et collaborating organization 2. Secondary Contact Name Title Community/Organization | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipality Tax ID # *Municipalities are stron schools, businesses, et collaborating organization 2. Secondary Contact Name Title Community/Organization Address | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipalities are stronschools, businesses, et collaborating organization 2. Secondary Contact Name Title Community/Organization Address City | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipalities are stronschools, businesses, et collaborating organization 2. Secondary Contact Name Title Community/Organization Address City State | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipalities are stronschools, businesses, et collaborating organization 2. Secondary Contact Name Title Community/Organization Address City State Zip | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |
| *Municipalities are stronschools, businesses, et collaborating organization 2. Secondary Contact Name Title Community/Organization Address City State Zip Phone | c. A letter of participation printed on organization letterhead will ons (secondary contacts). | |

| A letter of participation is required from the partnering organization(s). Please cut and paste the template language below into your own customized letter printed on your organization's letterhead: |
|---|
| [Organization] is proud to partner with [Municipality] for the 2016 TD Green Streets program application. If selected, we plan to participate in the project in the following ways: |
| [list way] [list way] [list way] |
| Sincerely, [Partnering Organization Main Contact] |
| You can upload your customized letter <u>here</u> . |
| 3. We have uploaded a customized letter of participation on letterhead from our partnering organization(s) to the link found here . (*Note - Your application will not be reviewed until this letter has been uploaded.) |
| Yes |
| Yes No |
| |

| Proposal Descriptio | n |
|---------------------------|--|
| | |
| 4. Proposed Location | for Event(s). (Note: All events must take place in an LMI neighborhood.) |
| Address (or Intersection) | |
| City | |
| State | |
| Zip | |
| 5. Amount of Funding | Requested (not to exceed \$20,000) |
| | |
| | |
| 6. Description of Prog | ram osed project in detail. (3,000 character limit) |
| briefly describe the prop | bsed project in detail. (5,000 character limit) |
| How will the TD Green St | reets grant enhance your community's forestry program? (3,000 character limit) |
| | |
| How will the proposed pr | ogram fit into the community's long-term forestry program? (3,000 character limit) |
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| Which community vo | tner Involvement |
|---|---|
| | plunteers and volunteer organizations are expected to participate, and how? (3,000 character limit) |
| | |
| What educational materies? (3,000 charact | sterials/events will be developed and/or distributed to increase long-term public awareness of er limit) |
| How will other partne | ers (e.g., nonprofit organizations) be involved in the program? (3,000 character limit) |
| 8. Technical Traini | |
| How will these grant certifications, etc. (3,0 | funds enhance the technical expertise of your staff and volunteers? Examples include online courses 00 character limit) |
| Society of Municipal A | sought in an effort to build capacity? Examples include (but are not limited to) training provided by the rborists, International Society of Arboriculture (national and local level), state forestry agencies, Partners in lational Conference, etc. (3,000 character limit) |
| | Note: Only up to 50% of the grant amount may be used on new trees planted, and they an LMI neighborhood.) |
| | es to be planted within the community? You must provide at least one street address and zip code for each haracter limit) |
| proposed area. (250 c | |
| | equirement of proposed new trees planted in areas identified as low- or moderate-income communities? <u>Cli</u> |
| Does this fall into the inhere to check. | |
| Does this fall into the nere to check. What plan is in place t | equirement of proposed new trees planted in areas identified as low- or moderate-income communities? <u>Cli</u> |

| aractor limit) | ed to evaluate the success of the program? Examples incl | |
|---------------------------|--|--|
| aracter limit) | | |
| | | |
| nat will be measured? | (250 character limit) | |
| | | |
| w will community eng | agement be tracked and shared? (3,000 character limit) | |
| | | |
| ow will results of your p | program be shared? (3,000 character limit) | |
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Program Timeline

11. Project Timeline

What are the major milestones of your project? (*Please use the format in the example below for entering your timeline. Dates highlighted green MUST be included in your timeline.)

Example of Project Milestones

February 29, 2016: (If selected) Submit agreement and W9 to the Arbor Day Foundation.

March 2016: Work with residents who will receive trees to organize planting event.

March-April 2016: Select trees at local nursery for the community tree planting event and recruit volunteers for the tree planting event.

April 2016: Work with Branch Out Burlington! to organize and host spring TreeKeeper training event, open to all residents.

April 2016: Tree planting event will be held on the last Saturday in April. In addition to the community tree planting, it will serve as an Arbor Day recognition event.

May 2016: Outreach and educational materials designed by UVM students will be finalized, ordered and distributed.

May 31, 2016: (If not holding spring event) Send notification to the Arbor Day Foundation and TD about our summer/fall events.

June-August 2016: Support Branch Out Burlington! volunteer weeding events at the organization's community tree nursery, providing outreach and refreshments.

June 2016: Hold a volunteer maintenance event (pruning, weeding beds, public outreach).

July 2016: Schedule a progress update call with the Arbor Day Foundation.

August 2016: Hold a volunteer maintenance event (pruning, weeding beds, public outreach).

September 2016: Hold a volunteer maintenance event (remove gatorbags and stakes, reapply mulch, prep for winter).

September 2016: Work with Branch Out Burlington! to organize and host a fall TreeKeeper training event, open to all residents of Burlington.

September–November 2016: University of Vermont (UVM) students design public outreach materials and educational materials, edited by Branch Out Burlington and City Arborist.

November 30, 2016: Final Report is due to the Arbor Day Foundation. Payment from the Arbor Day Foundation will be distributed upon reception of the final report.

October–December 2016: Evaluate success of the project and develop outreach materials to share the activities and impacts of the grant funding.

| Program Budget | |
|--|--|
| Provide breakdown of all program costs. | |
| | |
| 12. Budget: Community Involvement (Answers must be listed in dollar format, i.e. \$150.00) | |
| Community Involvement | |
| | |
| Education | |
| | |
| Community/Volunteer Training | |
| | |
| Other | |
| | |
| | |
| 13. Budget: Technical Training/Education (Answer must be listed in dollar format, i.e. \$150.00) | |
| List costs associated with each proposed training/education opportunity. | |
| | |
| | |
| 14. Budget: Tree Planting (Answers must be listed in dollar format, i.e. \$150.00) | |
| Trees | |
| | |
| Supplies | |
| | |
| Maintenance | |
| | |
| Other | |
| | |
| | |
| 15. Budget: Program Evaluation (Answers must be listed in dollar format, i.e. \$150.00) | |
| Evaluation Process | |
| | |
| | |
| Result Distribution | |
| | |
| Other | |
| | |
| | |

| ase describe what the other costs will cover. Total Budget (Answer must be listed in dollar format, i.e. \$150.00) al Proposed Budget | | vith the Program/Project | | | |
|--|-----------------------|--------------------------|---------------------|-------------------|--|
| . Total Budget (Answer must be listed in dollar format, i.e. \$150.00) | | | | | |
| | ase describe what the | other costs will cover. | | | |
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| | . Total Budget (An | swer must be listed in | dollar format, i.e. | \$150.00) | |
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