MONTANA DNRC
LOCAL GOVERNMENT FORESTRY ASSISTANCE GRANT
2022 APPLICATION

APPLICANT NAME (i.e. Local Government or Collaborative)	
PRINCIPAL REPRESENTATIVE (person DNRC will use as primary contact)	*TITLE*
PHONE	**EMAIL*
FISCAL AGENT ORGANIZATION (if applicable):	
FISCAL AGENT REPRESENTATIVE - NAME	*TITLE*
PHONE	**EMAIL*
*ANY OTHER IMPORTANT CONTACTS: Provide name, title, and contact information (phone, *email):*	
TOTAL REQUEST AMOUNT (maximum request $10,000)	*INDICATE IF INDIRECT COSTS ARE REQUESTED (RATE) OR WAIVED:*
PROJECT SUMMARY: One to two sentences that best describes your proposal:	

* Email address(es) required for DocuSign execution of any agreement.

CATEGORIES REQUESTED:

High Priority for Funding:

_____ *1.* Support local government in cross-boundary management (funding for county foresters or staff, travel, consultation, private landowner outreach, or other contracted services or support to engage in federal land more effectively management). (Maximum $ 10,000 for this category).

_____ 2. Provide post-decision support (legal assistance and other support for supporting federal projects and plans from decision to implementation). (Maximum $ 10,000 for this category).

Low Priority for Funding:

_____ 3. Support collaboration through increasing or diversifying participation, facilitation, information collection, analysis, or outreach and education. (Maximum $ 5,000 for this category).

PROPOSED BUDGET:

Project Funding Summary:		***Grant***	***Match***
Activity: *(add lines as necessary)*	**Category (1, 2, 3)**	**Amount Requested**	**Amount Provided**
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
		$0.00	$0.00
Total Grant Amount ($10,000 maximum) :		**$0.00**	
Total Match Pledged (10:1 Required):			**$0.00**
Total Project Funding: (Grant Request plus Match)		**$0.00**	

NARRATIVE OF PROPOSED ACTIVITIES TO BE FUNDED: (1000 Words)

(Describe activities proposed in the budget table)

MATCH NARRATIVE: DESCRIBE ACTIVITIES and CONTRIBUTOR(S), (500 Words):

ANTICIPATED OUTCOMES: (1000 Words)

(Describe how the funding will enable the local government to meet the stated goals of the grant program).

SUPPLEMENTARY DOCUMENTS: (Up to 3 pages)

(Attach letters of support or other pertinent information)

CERTIFICATION:

I certify that this application is approved and supported by the entity/organization I represent, and all the entities/organizations listed as active participants identified in this proposal. I am authorized to execute this application. I further understand that any false, missing, or misleading information statements, or claims in any part of this application may result in immediate removal of the application from consideration.

Application Prepared by: _____

Organization: _____

Signature: _____

Please return completed form by **April 15, 2022** to Steve Kimball, Local Government Forest Advisor, at Stephen.Kimball@mt.gov

If you have questions, please contact Steve at the email above or by phone at: 406-210-5691.