



# Department of Agriculture

## Division of Resource Conservation & Forestry

### Grant Application Form

#### Applicant Information:

Organization: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ City: \_\_\_\_\_  
Tax Status: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A copy of the state-required W-9 form must be attached**

#### Project Contact:

Project Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
FAX: \_\_\_\_\_ Email: \_\_\_\_\_

#### Project Information:

Project Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Legal description: \_\_\_\_\_ County: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Qtr: \_\_\_\_\_ Qtr: \_\_\_\_\_

#### Type of Grant:

Conservation Grant      Community Forestry  
Insect/Disease          Invasive Species  
Forest Stewardship  
Other (Specify) \_\_\_\_\_

#### Financial Information:

Grant Funds Requested: \_\_\_\_\_ Partner Contributions (total) \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

Please give a brief, descriptive summary of the project (Use Section "D" to provide project detail)

I hereby certify that to the best of my knowledge and belief, this application is true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued thereunder relating to nondiscrimination in federally assisted programs.

Applicant Signature \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

#### For Division Use Only:

Reviewed by: _____ Signature	_____ Title	_____ Date
Approved by: _____ Signature	_____ Title	_____ Date

## BUDGET SHEET

The total for each of these three sections should equal the "Total Project Costs" on page 1

### A. OPERATING BUDGET

- 1. Salary/Benefits \_\_\_\_\_
- 2. Travel \_\_\_\_\_
- 3. Contractual Services \_\_\_\_\_
- 4. Supplies \_\_\_\_\_
- 5. Equipment (list major equip.) \_\_\_\_\_
- 6. Consultant Services \_\_\_\_\_
- Total Project Costs** \_\_\_\_\_ This total must equal \_\_\_\_\_

### B. ACTIVITY BUDGET

Activity	Grant Funds	Local Funds	Local In-Kind	Other Funds	Total
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

This total must equal \_\_\_\_\_

**C. PROJECT PARTNERS:** Please list the names of ALL project partner organizations, the value of their contribution, and indicate whether the contribution is cash or in-kind.

Partner	Amount Cash	Amount In-Kind	Total Cost
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____

This total must equal \_\_\_\_\_

### SUBMISSION:

Please mail one complete application, including any attachments, to:

**SD Department of Agriculture  
Resource Conservation & Forestry  
523 E. Capitol Avenue  
Pierre, SD 57501-3182**

**SECTION D. – C. PROJECT PARTNERS:**

**Project Narrative Instructions:** (Total narrative should not exceed three pages of single-spaced text. Please attach any maps, figures and photographs you feel are valuable in explaining the project.)

**INSTRUCTIONS**

**Complete the following section for Coordinated Natural Resources Conservation Grants**

**NOTE: Any practice funded by the Coordinated Natural Resources Conservation Grant funds must meet one or more goals of the Coordinated Soil & Water Conservation Plan.**

D. Project Description and Need

- Explain who will be the primary beneficiaries of this project (who will receive the benefits when this project is complete)
- Define who will be responsible for the implementation, maintenance and follow-up stages of the project
- Indicate where this project will be located (district, watershed, community, etc. Attach maps as relevant)
- Describe the specific environmental, natural resource, ecological, educational and/or socio-economic need(s) the projects will address
- Briefly describe the specific on-the-ground restoration activities to be undertaken on-site to achieve the project objectives, and why it is needed
- Explain if this project is part of a larger regional and/or local watershed effort
- Describe provisions to ensure long-term management and protection of the project (e.g., conservation easements on private land, long-term monitoring program)
- Please indicate if any federal, state or local permits are required to complete the project and the status of efforts to secure necessary authorization

E. Final Products

- Describe the anticipated benefits of the project from an ecological, educational, and/or socio-economic perspective (e.g., number of acres of wetlands or stream miles restored, target audience and how they will benefit)

F. Partner Justification

- Describe the strengths, qualifications and nature of the contribution of your organization and other collaborating organizations

G. Identify how you will measure the success of the project.



**Complete the following section for Urban and Community Forestry Challenge Grants**

General Grant Requirements

- Complete a sub-grant questionnaire and submit with grant application. The **Supplemental questionnaire for UCF Sub-grants is required as part of the application.**
- Tree species selected must be at least 1¼ inch caliper and at least 10 feet tall in accordance with the American Standard for Nursery Stock (ANSI Z60.1 – 2006).
- Submit a work plan outlining the activities you wish to accomplish through this grant
- Submit a completed Substitute W-9 Taxpayer Identification Number Verification form
- Complete a Department of Agriculture, Division of Resource, Conservation and Forestry grant application form.
- Review and follow the guidelines outlined in the "Urban and Community Forestry Program Challenge Grant" document.
- Incomplete applications will not be accepted.

**The following are requirements for the Insect/Disease Program**

- Project must be completed by the expiration date as set forth in the award approval or all cost-share funds shall be forfeited.
- By completing this application, I understand that I am not guaranteed cost-share.
- Upon completion of the project I agree to provide the Division of Resource Conservation and Forestry with proof of my expenses by submitting a copy of a receipt, invoice or other written document itemizing costs incurred.
- I understand that I will not receive payment until such proof along with a signed "Grant Completion and Reimbursement Form" has been received and approved by the Division.
- If the project is started prior to receiving written approval, funding may be denied.