

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 Projects 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. _____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____

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
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
TOTALS	_____	_____	_____

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 Subgrants 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.