

Managing Ash for Emerald Ash Borer in Community Forests Pre-Application



Please refer to the Request for Proposal (RFP) when completing this application.

Organization: _____
Type of Organization (municipal, township, county, etc): _____
Project Coordinator: _____ Title: _____
Address: _____ City, State, Zip: _____
County: _____
Phone: office _____ cell _____
Email: _____
Grant amount requested: _____ Non-federal cash match contributions (not required): _____
Non-federal in-kind match contributions (not required): _____

Project Scope

Please check all boxes that apply to how you will use grant funds

- | | |
|--|---|
| <input type="checkbox"/> Tree inventory, survey, or ash only inventory | <input type="checkbox"/> EAB management plan |
| <input type="checkbox"/> Ash removal and/or stump grinding | <input type="checkbox"/> Ash non-neonicotinoid injectable insecticide treatment |
| <input type="checkbox"/> Tree planting | <input type="checkbox"/> Outreach to citizens |

Project Location (700 character maximum including spaces)

Please describe the project location (City wide project, specific park, etc.). List number of known or estimated ash, nearby bodies of water, other important environmental landmark, etc.?

Priority Landscape (1,130 character maximum including spaces)

Based on the project location, describe the impact or potential impact to emerald ash borer. This should include project distance to a known infestation. Please also describe any additional impacts this project will have, such as impact on important bodies of water, vulnerable populations, etc.