**Centering Communities in Canopy Solutions**

2024 Initial Interest Form

*Please review the eligibility requirements for this program prior to filling out this form. This document serves as a general outline of proposed projects and a tool to assist DNR in supporting your full application. Submit this form to* *ucf.dnr@state.mn.us* *by October 18, 2024 at 11:50 pm. to receive 1:1 virtual technical assistance from a member of our team. Document should stay in current format (Calibri font type, siz 11 pt font, 1.0 inch margins). Please limit your submission to 2 pages.*

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

501(c) classification 🞎 yes 🞎 no

Point of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Project Title |
|  |
| Project Description |
| *Including goals, objectives and direct actions performed that involve urban or community forestry activities* |
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| Personnel Involved/Needed for Project |
|  |

|  |
| --- |
| General Budget |
| *Rough estimation of costs involved in project including purchases, labor, contracts for serve* |
|  |
| Demonstrated connection to community/commitment to partner with underserved communities |
| *Describe connection to, or work and experience working with underserved communities named in program or project. If your organization is not connected to impacted communities, include a description of committed partnership through project/program and a letter of support from all partnering community-based organizations and/or community members.* |
|  |

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_