



**California Department of Forestry and Fire Protection (CAL
FIRE) Local Assistance for Tree Mortality Grant Application
Fiscal Year 2017-18 Funding Opportunity**



Please fill out this form completely. Be sure to save a copy of this form for your records. Submit one (1) electronic copy in fillable PDF format with all supporting materials to CALFIRE.Grants@fire.ca.gov. Please use "LATM Grant Application" in the E-mail subject line and carbon copy (cc) yourself. Your cc will be proof of your submittal. In addition, submit one (1) hard copy with signatures and all supporting materials to: California Department of Forestry and Fire Protection, Attention: Grants Management Unit - LATM, P.O. Box 944246, Sacramento, CA 94244-2460. Hard copy will need to be postmarked no later than February 28, 2018. Electronic copy must be submitted no later than February 28, 2018 at 3:00 pm. Applications postmarked after this date and time will not be considered.

If you would like to mail the hard copy via expedited/overnight mail, please E-mail CALFIRE.Grants@fire.ca.gov for the physical mailing address.

Please complete the project identification information.

Has your project been pre-approved by Cal OES for reimbursement under the CDAA for tree mortality? ☐ Yes ☐ No

State Applicant ID # (Cal OES Applicant ID #):

Is this project consistent with your local CAL FIRE Unit Fire Plan? ☐ Yes ☐ No

CAL FIRE Unit

1. County:

Project Manager Title:

FirstName:

Last Name:

Address 1:

Address 2:

City:

Zip Code:

Phone Number:

Fax:

Email address:

2. Project Funding Requested:

3. Grant Period: The Grant Period starts July 1, 2017 and ends no later than January 31, 2020. CAL FIRE shall provide reimbursement for all approved DSRs received through April 30, 2020.

4. Application Submission:

US Mail

Email

Application

☐☐

Copy of Cal OES approved Project Application

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Copy of Cal OES approved tree removal plan

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Copy of Board Resolution submitted for Cal OES CDAA Application

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Completed Payee Data Record (Std. 204)

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I certify that the above and attached information is true and correct:

Original Signature Required: Applicant's Authorized Representative

Date Signed

Printed Name

Title

Executed on:

at:

Date

City

Granicus ID# 17-1630

Board date: 2/6/18

SUBJECT: Application for Tree Mortality Grant Program Funds

Tree Mortality Grant revenue will be deposited into Org 55125200, Fund 0001, Sub 10000, Acct 3572