

# FY 2025 State Fire Assistance WUI Grant

FOR OFFICIAL USE ONLY	
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	
Matching Share:	

This document is for proposal development only.

Proposal Cooperator	
1	Cooperator Organization:
	Contact Person:
	Address:
	City/State/Zip Code:
	Phone (Work/Cell):
	Email:
Applicant Information	
1	Applicant:
	Contact Person:
	Address:
	City/Zip Code:
	Phone (Work/Cell):
	Email:
	Fax:
Federal Tax ID/DUNS #:	

Project Information		
2	Name of Project:	
	Community Name(s):	
	County(ies):	
	Congressional District:	
	GIS Coordinates (pick one: reference point OR area)	
	Reference Point Name:	
	Lat/Long:	
	Description:	
	Area Name:	
	Boundary Lat/Longs:	
Description:		

Applicant Budget				
	Grant Funds Requested	Match		Total Project Cost
		Applicant	Non-Federal Contributors	
3	Personnel/Labor:			
	Fringe Benefits:			
	Travel:			
	Equipment:			
	Supplies:			
	Contractual:			
	Other:			
	Indirect Costs:			
	TOTAL:			

Budget Narrative (1700 characters including spaces)	
4	

	<b>Project Area Description and Challenges (1700 characters including spaces)</b>	
5		

	<b>Relation to Forest Action Plan and CWPP (2500 characters including spaces)</b>	
6		

**Proposed Activities (3800 characters including spaces)**

7

**Landscape Impacts (1700 characters including spaces)**

8

	<b>Project Collaboration (1700 characters including spaces)</b>	
9		

	<b>Project Timeline (1700 characters including spaces)</b>	
10		

	<b>Project Sustainability (1700 characters including spaces)</b>	
11		