

FY 2019 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. Applications must be submitted to the appropriate state/island forestry entity and entered into the online submission system.

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 (choose one)	
	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	

	Project Area Description and Challenges (1700 characters including spaces)	
5		

	Relation to Forest Action Plan and CWPP (1700 characters including spaces)	
6		

	Proposed Activities (3800 characters including spaces)	
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	Landscape (1700 characters including spaces)	
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Project Collaboration (1700 characters including spaces)	
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Project Timeline (1700 characters including spaces)	
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Project Sustainability (1700 characters including spaces)	
11	