

# **Applicant Information**

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| **Organization Name** |  |
| **Address** |  |

# **Contact Information**

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| **Primary Contact** |  |
| **Affiliation and Title** |  |
| **Address** |  |
| **Telephone Number** |  |
| **E-mail Address** |  |

# **Project Goals**

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| **What are your project goals? What benefits do you want your trees to provide? *(Ex. EAB recovery, increased diversity, storm water management, energy conservation, wildlife habitat, etc.)*** | |
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| **Do you have specific tree species *(native to Indiana)* that you’d like to request? CommuniTree reserves the right to provide appropriate substitutions based on species availability, project goals and planting site conditions.** |
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# Community Involvement

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| **How will you involve your community in the project?** |
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# Planting & Maintenance

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| **How Many Trees are you requesting?**  ***(Suggested: minimum 10 – maximum 50)*** |  |

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| **Who will be responsible for tree planting and maintenance? *(Please include the names of any partner organizations, including contractors, that will be involved in tree planting and maintenance. Briefly describe their role.)*** | |
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| **Briefly describe past experience and training responsible individuals have had in tree planting and basic maintenance.** |
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| **The individual(s) responsible for proper planting and maintenance of the trees is asked to attend a free, half-day tree planting and maintenance workshop prior to picking up their trees. (Note, if you plant to work with a contractor, we ask that they attend the workshop). Who will attend the workshop from your community?** |
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| **Have you already contacted 811 *(by phone or online)* to check the planting site for underground utilities?** | | |
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| **If you have not yet contacted 811, who will be responsible for doing so?** | | |
| Name | E-mail | Phone |
|  |  |  |
| Signature |  | |

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| **After planting, your trees will generally need to be watered weekly during the growing season over the next 2-3 years and other more occasional maintenance such as mulching *(Please see Forest Service Tree Owner’s Manual for details)*. Who will be the key contact person for this responsibility?** | | |
| Name | E-mail | Phone |
|  |  |  |
| Signature |  | |

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| **Please describe your resources and ability to water trees weekly during the growing season. *(Ex. Two members from park staff will use a utility vehicle equipped with a watering tank to fill 5-gallon buckets to water trees or fill tree watering bags on a weekly basis.)*** |
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# Planting Plan and Map

**Please include a planting plan map with enough detail that reviewers can easily determine location information, assess general site conditions such as surrounding land uses, and planting space available. Be aware of potential utility conflicts when developing your planting plan, right tree – right place.**