Community Wildfire Defense Grant Program

Project Narrative Form

**Project Title:** Provide a uniquely descriptive title for this project. Use this full title consistently on all submission communications and documents, including letters of support.

**Project Applicant:** Enter the name of organization applying for Federal funding.

**Program Contact:** Name and contact information for lead project contact, i.e., for implementing the project if funded.

Name:

|  |
| --- |
|  |
|  |
|  |

Email:

Phone:

**Brief Project Overview and Purpose:** Provide a brief overview and purpose statement for the project, addressing the overall intent of this program to assist communities with planning and mitigating their risk against wildfire.

#

**Grant Component Type: (please select only one per application):**

Creating or Updating a Community Wildfire Protection Plan (CWPP) that is more than five (5) years old.

Project described in a CWPP that is less than 10 years old

# Is your community considered “at-risk” (please refer to the definition within the NOFO):  Yes  No

Link to verification source:

**Roofing Code/Ordinance:** Do you currently have, or will you adopt prior to grant award, an ordinance or regulation that requires that roofs for new building construction, as well as the reroofing or replacement of a roof on existing buildings, adheres to standards that are **similar** to, or more stringent than, the roof construction standards established by the National Fire Protection Association or applicable model building code established by the International Code Council (this is not a requirement for eligibility but determines source of funds).  Yes  No

# Link to verification source:

#  GIS Coordinates:

|  |  |
| --- | --- |
| Ref. Point Name: |  |
| Lat/Long: |  |
| Description: |  |
|  |  |
| Area Name: |  |
| Boundary Lat/Longs: |  |
| Description: |  |

# Please include enough coordinates/description to be able to represent the general area of the impact of the project for which you are applying. For point-based projects, please include a reference point and description. For fuel treatments, please include enough coordinates to ascertain a general boundary of the area being treated. If unsure of boundaries, please include a reference point and the planned acreage to be treated under the description. For CWPP development, please include a description of the planning area and type (e.g. municipality boundary, fire response district, township, etc.).

**Clearly and concisely respond to each section of the following pages. For the longer sections we encourage you to include sub-headings, line spacing, and/or other formatting for ease of reading (rather than fill every line with words). You may format text in MS Word and then copy and paste it into this Form. Some text formatting is available in the PDF form, e.g., bold, underline, and italic. To format text in the Form: Highlight the text, right click, and select “Text Style.”**

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# Project Description (10 Points)

Provide a comprehensive but succinct overview of the proposed project that includes basic details of who is doing what, where, and why this is important. Explain how the project is described in a CWPP (if applicable). Provide linkages to the tenets of the Cohesive Wildland Fire Management Strategy and the State Forest Action Plan*.* Specify if benefits to traditionally underserved or marginalized audiences are a component of the work.

# Applicant Budget

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

# Project Budget Explanation (10 Points)

Provide any additional remarks needed to clarify your budget request. Clearly explain how the budget will be spent by line item, sources of match, and how expenditures are applicable and relevant to the goals and objectives of the project.

# Measurable Outcomes

Provide the output amount for at least one of the quantitative accomplishment measures listed below.

You may also list additional specific measurable results that show how the Federal investment will lead to outcomes on the landscape. *In the narrative section on the next page, describe less quantifiable return on investments.*

|  |  |  |
| --- | --- | --- |
|  | **Number of Activities** | **Cost** |
| **Planned** | **Actual** | **Planned** | **Actual** |
| **CWPP** |   |   |   |   |
| Development of New CWPPs |   |   |   |   |
| Updates of CWPPs  |   |   |   |   |
| **Planning**  |   |   |   |   |
| Training in mitigation practices |   |   |   |   |
| Tabletop or functional exercises, testing or evaluating plan effectiveness |   |   |   |   |
| Planning development, including building codes, zoning ordinances, land use planning, public health and safety, mitigation, prescribed fire and smoke ready efforts |   |   |   |   |
| Creating local/regional mitigation partnership or collaborative groups |   |   |   |   |
| **Wildfire Prevention and Mitigation Education/Outreach** |   |   |   |   |
| Firewise or similar programs outreach to communities and property owners  |   |   |   |   |
| Fire education presentations  |   |   |   |   |
| Property inspections and/or assessments  |   |   |   |   |
| Training to conduct property inspections and/or assessments  |   |   |   |   |
| Implementation of WUI Structure/Parcel/Community Fire Hazard Mitigation Methodology (HMM) for community hazard reduction. |  |  |  |  |
| **Reduce Hazardous Fuels / Restore Fire-adapted Ecosystems** |   |   |   |   |
| Hazardous Fuels Reduction or Mitigation Projects, including maintenance |   |   |   |   |
| Total # of acres treated to reduce hazardous fuels (direct grant only) |   |   |   |   |
| Monitoring components of projects for effectiveness  |   |   |   |   |
| Prescribed fire training, including smoke management  |   |   |   |   |
| Design and installation of dry hydrants and cisterns |   |   |   |   |
| Purchase and maintenance of equipment  |   |   |   |   |

# Accomplishments (10 Points)

Clearly define how the project will be accomplished, including describing the planned activities in the previous table, as well as identifying measurable outcomes and timelines (are the proposed activities clear and achievable, goals defined, outcomes measurable, # of acres treated, # of education/outreach programs, planning/assessment efforts clearly described, etc.)

# Collaboration (10 Points)

* Identify partners that have demonstrated a commitment and add value towards planning and carrying out the project.
* Describe what these partners and collaborators contribute.
* Demonstrate residual positive benefits, as a result of collaboration, related to capacity, skills, knowledge, infrastructure, or a replicable approach, among others.

Collaboration may be qualitative in nature, and the contribution of the partners may be more important than the number of partners involved.

# Landscape Impacts (10 Points)

Clearly define the scale of the project, including relationships with past, present, or future projects that, when combined, offer more benefits than when taken individually. Describe overall landscape that the project influences.

# Project Sustainability (10 Points)

Clearly define how, or if, the project will sustain itself after the grant period is over. Describe any plans or steps that will be taken to continue the project benefits beyond the life of the grant.

# Does this project benefit a low-income community as defined in the NOFO? (10 Points)

#  Yes  No Link to verification source:

# Has this community been impacted by a severe disaster within the previous 10 years? (10 Points)

#  Yes  No Link to verification source:

# Is this project located within an area identified as having high or very high wildfire hazard potential as defined by a state, regional, tribal, territorial or national wildfire hazard potential assessment? (20 Points)

#  Yes  No Link to verification source:

# Burden Statement

# According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0XXX. The time required to complete this information collection is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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