



COMMUNITY WOOD ENERGY & WOOD INNOVATION PROGRAM

FS-1500-0051 (REV. 08/2025)

OMB #: 0596-0257

Reference Public Law 115-334 Sec. 9013, 117-58 Div. J. Title VI, and 7 U.S.C. Sec. 8112

OMB Exp. Date: 07/31/2027

Ensure that your organization is registered with the System for Award Management (SAM), which is located at <https://sam.gov/>. DO NOT go through a third party that may charge for registration. There is no charge for registering at SAM.gov. This process will take time, so please **register immediately**.

COVER PAGE FOR PART 1: COOPERATOR CONTACT INFORMATION

1. Project Title:

2. **Project Type** (check one): Community Wood Energy System Innovative Wood Product Facility
Both Community Wood Energy System and Innovative Wood Product Facility

3. Total Capital Costs (Forest Service Funding + Cooperator Funding):

- A. Requested Forest Service funding (*amount of Forest Service funds*):
- B. Cooperator Funding (*amount of leveraged non-federal funds*):
- C. Total Capital Costs (*Line A + Line B. *This value should be the same as the value listed in Column C, Line 11 of Budget Table 1 of this application*):
- D. Maximum allowable Forest Service funding request (*Line C x 35%*):
- E. Cooperator Funding as a Percentage of Total Capital Costs (*Line B ÷ Line C x 100%. This value should not be less than 65% unless requesting special consideration*):
- F. Are you requesting special consideration for Forest Service funding of more than \$1 million and/or Forest Service funding to cover between 36-50% of total capital costs? Yes No
If **Yes**, did you receive prior approval from the Forest Service? Yes No
If **Yes**, is the requested Forest Service funding not more than \$1.5 million and does not cover more than 50% of the total capital costs? Yes No

4. Contact Information:

Financial Agreement Applicant (Responsible official for financial administration of the project.)

Name:

Title:

Organization/Company:

Address, City, State, Zip:

Phone:

E-mail Address:

Project Contact (Responsible official for management of the project. If listed above, check box ☐)

Name:

Title:

Organization/Company:

Address, City, State, Zip:

Phone:

E-mail Address:

Application Instructions: Complete and submit Parts 1 and 2. Address each item under subheadings A through H for Part 1.

PART 1: NARRATIVE

A. Basic Project Information

Project Title:

Project Length: Typical award is for 2-3 years (*projects of greater complexity may be awarded for a longer period, not to exceed 5 years*).

Abstract: Provide a brief description of the project. If funded, the abstract will be posted on a public website. Be concise and clear. (*This field is limited to 1,625 characters and spaces*)

B. Project Description (*This field is limited to 5,000 characters with spaces*)

Review program instructions and Notice of Funding Opportunity for more information.

C. Project Impact (*This field is limited to 5,000 characters with spaces*)

Review program instructions and Notice of Funding Opportunity for more information.

D. Technical Criteria (*This field is limited to 5,000 characters with spaces*)

Review program instructions and Notice of Funding Opportunity for more information.

E. Qualifications of Team and Partners (*This field is limited to 5,000 characters with spaces*)

Review program instructions and Notice of Funding Opportunity for more information.

F. Annual Progress Reports and Final Reports (*This field is limited to 1,625 characters with spaces*)

Review program instructions and Notice of Funding Opportunity for more information.

G. Budget Summary and Justification in Support of SF-424A

Complete the two budget tables below and provide a brief budget narrative explaining primary costs and any subcontracting. The budget should support the narrative statement and reflect projected costs. Include cash, in-kind services, and staff time used to complete the project.

Budget Table

Review program instructions and Notice of Funding Opportunity for more information

Lines 1-8: Enter the dollar amount for each item and provide details for each of these costs in narrative section below table.

Line 9: Sum of 1 – 8.

Line 10: Costs not directly attributable to accomplishing the project, such as overhead or indirect costs.

Line 11: Sum of 9 and 10.

Line 12: Use the total in Column C, Line 11 to determine the percentage of each share.

Categories	Column A Forest Service Funds (Forest Service share)	Column B Leveraged Funds (Non-federal share)	Column C Total Capital Costs (Column A + Column B)
1. Personnel			
2. Fringe benefits			
3. Travel			
4. Equipment			
5. Supplies/Materials			
6. Contractual			
7. Construction	Not Allowed		
8. Other			
9. Direct charges			
10. Indirect charges			
11. Total Costs			
12. Percentage of total			

$(\text{Column A, Line 11}) \div (\text{Column C, Line 11}) \times 100\%$ $(\text{Column B, Line 11}) \div (\text{Column C, Line 11}) \times 100\%$

Leveraged Funding Table –

Instructions for the Cooperator Contributions Table: List the leveraged funds provided by the applicant and all 3rd party organizations. Exclude Forest Service funding. Use reasonable and acceptable rates to value materials and in-kind contributions.

Cooperator Name	Cash	Materials	In-Kind Services	Total
Totals:				

Please provide more specific details on how Forest Service funding will be used for each of the following budget categories:

Category 1. Personnel: This is the actual estimated salary cost paid and may or may not include fringe benefits. Show job titles or positions and estimated days or hours and the estimated cost per day or hour. *(This field is limited to 4,700 characters with spaces)*

Category 2. Fringe Benefits: Fringe is generally expressed as a percentage of the salary cost. Provide the rate and total estimated cost. *(This field is limited to 1,625 characters with spaces)*

Category 3. Travel: Show anticipated trips, number of travelers, and an estimated cost per trip. *(This field is limited to 1,625 characters with spaces)*

Category 4. Equipment: Provide documentation of equipment costs. (*This field is limited to 5,000 characters with spaces*)

Category 5. Supplies/Materials: Provide an estimate of the supplies and materials that may be purchased for the project. *(This field is limited to 5,000 characters with spaces)*

Category 6. Contractual: List out any estimated costs for contracts or subawards with a description of work for each anticipated contract. *(This field is limited to 5,000 characters with spaces)*

Category 7. Other: Any costs under this category must be itemized with a description and an estimated cost. *(This field is limited to 4,000 characters with spaces)*



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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 0596-0257. Response to this collection of information is required to obtain or retain benefits. The authority to collect the information is the Infrastructure Investment and Jobs Act (Pub. Law 117-58). The time required to complete this information collection is estimated to average 3 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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