FY 2024 State Fire Assistance WUI Grant

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

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

	Applicant Budget				
		Grant	Ν	Match	
		Funds Requested			Cost
		Tunus Requested	Applicant	Non-Federal	
				Contributors	
	Personnel/Labor:				
3	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 (2500 characters including spaces)	
6		

Proposed Activities (3800 characters including spaces)

	Project Timeline (1700 characters including spaces)	
10		

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 Project Sustainability (1700 characters including spaces)