# Cleveland Tree Coalition 2024 Grant

The Cleveland Tree Coalition is a group of public, private, and community stakeholders partnering with the City of Cleveland to rebuild our urban forest. The coalition strives to create a healthy, vibrant, sustainable, and equitable urban forest by working collaboratively to implement the Cleveland Tree Plan





# Cleveland Tree Coalition Fall 2024 Grant Application

#### Goal

The goal of the Cleveland Tree Coalition (CTC) Fall 2024 Grant program is to plant trees in the city of Cleveland focusing on neighborhoods with low tree canopy cover. All projects should incorporate proper site selection, whether planting on public or private property, and provide both a comprehensive planting and three-year maintenance plan.

#### **Eligible Projects**

- Tree planting and supplies (staking, mulching, fencing, etc.)
- Cost for establishment (watering, soil, etc.)
- Free tree giveaways (limit 50 trees)

#### **Available Funding**

Organizations may apply for up to \$75,000 in grant funds. A local match is not required, but may be considered during the review process. This is a reimbursement grant, meaning that grant recipients are responsible for up front project costs and must submit requests for reimbursement along with required documentation. CTC will not distribute funds up-front to any recipient.

#### **Project Period**

Grant recipients will be expected to complete all initial planting activities by December 31, 2025.

#### Scoring and Notice of Award

All eligible applications will be scored by a panel of reviewers using a standardized rubric (See Appendix A). Notice of awards will be communicated via email no later than September 30, 2024.

Upon acceptance of award, recipients will work with the CTC to execute a Project Agreement (see Appendix B for Sample Agreement). Recipients must agree to following:

- Complete all project activities outlined in the agreement by December 31, 2025.
- Comply with all planting and maintenance plans.
- Complete all required reporting and evaluation activities.
- Conduct one site visit with the CTC.
- Become a member of the CTC.

PLEASE COMPLETE THE APPLICATION AND RETURN TO SARA TILLIE AT <a href="mailto:stillie@wrlandconservancy.org">STILLIE@WRLANDCONSERVANCY.ORG</a> BY THURSDAY SEPTEMBER 5, 2024 AT 11:59 P.M.

# **2024 CLEVELAND TREE COALITION GRANT APPLICATION**

Applicant Information				
Organization/Agency:				
Lead Person Name:		Т	itle:	
Phone Number:		E	Email:	
Street Address:				
City:		St	ate:	Zip:
Signature of Organization/Agen	cy lead authorizing submissio	n of this applica	ation:	
Budget				
Total Requested Amount:				
Organizational Capacit	у			
Are you currently an active mer	nber of the Cleveland Tree Co	palition (CTC)?	Yes	No
If yes, provide a short description	on of your contributions to the	CTC over the p	past two years, i	include any partners:
Does your agency/organization	employ a certified arborist?	Yes	No	
If no, name the arborist(s) you in	ntend to work with:			
Will you be hiring a contractors?		Yes	No	
If yes, name the contractor(s) ye	ou intend to work with:			
How many trees has your agen	cy/organization planted in the	past two years	?	
Please share any relevant expe		with organized	tree planning, p	planting events, education,

<b>Project Overview</b>						
Project Title:						
Primary Project Location:			Neighborhood:			
Current Percentage of Tree Use the most recent Cuyahog						
Please provide a brief sumr	nary of your pro	ject in 150 words or	less:			
When do you intend to plan	t your trees?	Fall 2024	Spring 2025	Fall 2025		
Does the project involve a r If yes, please describe:	esident engager	ment or education c	omponent? Ye	s No		
What community groups or and describe how you have		-	ing and maintenance	of these trees? Please list		
How will the project address	s environmental	justice?				

## **Maintenance & Survivability**

Describe the site conditions for trees in the targ	geted planting area.
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What is the status of the property the trees will be planted on:	Private	Public
Do you have permission from the owner to plant on property? If yes, please attach a letter of permission to the application.	Yes	No
Does your planting location require a permit?	Yes	No
If yes, has the permit been secured?	Yes	No

How many total trees will be planted:

Identify any potential barriers to planting (i.e. infrastructure conflicts, overhead wires, water lines, driveway aprons, lack of community support, etc.).

Describe how you will address any potential barriers identified above.

# Maintenance & Survivability Plan

Briefly describe the methods, strategies, and frequency for the following maintenance activities for the three-year period following planting.
<b>Watering:</b> What methods will be used to water new trees? How often? What criteria will be used to determine how much water? Will watering application change over the next three years?
<b>Mulching:</b> What kind of mulch will be used? How often will it be renewed? Will you agree to follow proper mulching guidelines as provided by the <u>Arbor Day Foundation</u> ?
<b>Pruning:</b> What types of pruning are required for your project? Does an established pruning cycle already exist in your municipality?
<b>Staking:</b> Will staking be needed? What staking materials will be used? If trees are staked, when will staking materials be removed?
Other: Please provide any other details for maintenance activities that may be necessary for best establishment at the project location (i.e. weeding, protection from animal browse, and/or weather damage like wind, snow, etc.)

# **Tree Planting Plan**

Please fill out the following tables.

### **Tree Planting Inventory**

Number Tree Species (Botanical name; of Trees Common Name)

Native Tree, Yes or No? Balled and Burlap (BB), Container (C), or Bare Root (BR)?

Caliper in Inches

#### **Planting Locations**

Please attach an image of each site that your organization intends to plant on to your application.

Site Name (if applicable)

**Address** 

# **Project Budget**

Complete the budget below.

Source/Contractor or Cost Grant Match or
Project Expense Agency Staff QTY per Unit Request in-kind TOTAL

**Total CTC Grant funding request:** 

Total local match or in-kind funding:

**Total estimated project cost:** 

# **Project Schedule**

Please fill out the following project schedule highlighting relevant activities and major milestones. This should serve as a rough workplan for the project.

Date Activity