

Date Received at H-GAC: _____
 Date Reviewed at H-GAC: _____
 Date approved: _____
 Staff reviewer: _____
 Date of site visit: _____

Community Trees Grant Application

CONTACT INFORMATION

Applicant Organization: _____
 Organization's website (if applicable): _____
 Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

PROJECT DETAILS

Project Name: _____
 Project Location/Address: _____
 Project County: _____ Anticipated Planting Date: _____
 Current Land Use: _____
 Approximate Size (acres or feet): _____
 Public Land: yes no Site Map Attached: yes no Photos Attached: yes no
 Eligible type: historic downtown
 town center
 community gateway
 esplanade/street trees
 trail system

Planned trees:

| Species | Size | Number |
|---------|------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | Total: |

Project Narrative (brief – 50 words or less):

PROJECT BUDGET

Project Cost (trees and supplies): \$ _____

Requested Grant Amount: \$ _____

Local Match*: \$ _____

* Source of Match (in-kind, cash) Description (volunteer labor, equipment, etc.):

I understand that the Houston-Galveston Area Council Community Trees Grant requires a one-to-one match and the approval of a 2 year maintenance plan.

Signature

Date

Printed Name

**Please return your complete application to:
Houston-Galveston Area Council
Attn: Chuck Wemple
P.O. Box 22777
Houston, TX 77227-2777**