

**New Mexico Counties
Wildfire Risk Reduction Program for Rural Communities
2021-2022 Application for Funding**

EDUCATION & OUTREACH ACTIVITIES

APPLICATION SUBMISSION CHECKLIST

- Complete all grant sections – The left column describes the section and includes critical details and information in italics. The right column is for your responses.
 - A. General Information
 - B. Project Information
 - C. Communities At Risk
 - D. Project Implementation Timeline
 - E. Accountable Party
 - F. Budget Justification & Spreadsheet
- Review CWPP update requirements including State Forestry guidelines at <http://www.emnrd.state.nm.us/SFD/FireMgt/Fire.html>
- Attach partner letters that identify commitment from leadership, roles, responsibilities and cost sharing. *(No form letters will be accepted.)*
- Submit application by March 5, 2021 to local BLM field office for review/signature.***
- Attach this application submission checklist as a cover page.
- Send application to:

NMC Wildfire Risk Reduction Program
Attention: Aelysea Webb
444 Galisteo Street
Santa Fe, NM 87501
Or by email to awebb@nmcounties.org

APPLICATIONS MUST BE RECEIVED BY 5PM, MARCH 31, 2021

Submitted by: _____

Phone: _____

Date: _____

**New Mexico Counties
Wildfire Risk Reduction Program for Rural Communities
2021-2022 Education & Outreach Activities Application for Funding**

SECTION A: GENERAL INFORMATION

Applicant Organization	
Applicant Address	
City, State, Zip	
Contact Person/Title	
Email	
Federal EIN #:	Phone:
Type Of Organization	<input type="checkbox"/> County Government <input type="checkbox"/> Municipality <input type="checkbox"/> Political Subdivision (<i>i.e. Soil & Water Conservation District</i>) <input type="checkbox"/> Native American Tribe <input type="checkbox"/> Non-Profit Organization
Compliance Requirements <i>It is the responsibility of the grantee to assure that if their project is selected for funding through the Wildfire Risk Reduction Program that it complies with applicable local, state, and federal laws.</i>	Does your organization receive more than \$500,000.00 in federal funding on an annual basis? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Applicants who receive more than \$500,000 annually from federal sources will be required to submit a copy of their audit to NMAC.</u>
CWPP Identification <i>Any funding requests must be identified as a priority in a local Community Wildfire Protection Plan (CWPP). CWPP core groups may request funding to address broader WUI definitions or other updates to their previously approved CWPPs. Please provide the name of the plan as approved or pending approval, by the NM State Forestry Division.</i>	Plan name: Date of plan approval: Contact person/phone: Please provide a URL link to the current CWPP: <i>If the CWPP is not available online, please attach a copy of the current priority project list.</i>

BLM Benefits

All projects must show benefit to BLM lands. Provide a narrative explaining how your project benefits BLM lands and actual mileage information between project and BLM land.

Narrative of benefit to BLM Land:

Is treatment on tribal land: Yes No
(please allow additional time for processing)

Distance to BLM Land:

If the project is adjacent, you may put **adjacent**. Do not use terms such as close or nearby.

Required: BLM Approval and Recommendation

All projects must be reviewed and recommended by your local BLM Field Office.

By signing this application, the BLM representative states that they understand the scope of work and recommend the project move forward to the evaluation panel for funding consideration.

Submit application to BLM Field Office by **Friday, March 5** to allow adequate processing time prior to the application deadline.

BLM New Mexico Field Offices:
www.blm.gov/office/new-mexico-state-office.

BLM field office closest to project location:

Fire/Fuels management officer contacted about project:

.....

Signature of BLM Fire/Fuels Management Officer

Date

.....

Educational grants that include ground-disturbing activities (demonstration projects) must also include the following information and signatures from the BLM Field Office/District Office Wildlife Biologist and Archeologist.

- 1. Will ESA-listed species potentially be impacted by this project? Yes No
- 2. Was a Biological Assessment submitted to FWS?
 Yes No
- 3. If a BA was submitted, indicate who/agency submitting and date of submission

- 4. **IMPORTANT: Concurrence letter from FWS must be received prior to initiation of the project**

Signature of BLM Wildlife Biologist

Date

Signature of BLM Archeologist

	<p>_____</p> <p>Date</p> <p>.....</p> <p>If this is tribal land, a copy of the application must be sent to the BLM New Mexico State Office Archeologist in addition to the local BLM Archeologist and the applicant must follow the regulations outlined in 36 CFR 800.</p> <p>_____</p> <p>Signature of BLM State Office Archeologist</p> <p>_____</p> <p>Date</p>
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SECTION B: PROJECT INFORMATION

<p>Education and Outreach Activities – Maximum \$10,000</p>	
<p>Project Name</p>	<p>Project title:</p>
<p>Project Location <i>All projects require latitude and longitude for State Forestry mapping, map, plot and shape files. To identify latitude and longitude, visit https://www.topozone.com/ or a similar mapping program.</i></p> <p><i>Congressional District information:</i> https://www2.census.gov/geo/maps/cong_dist/usw/all/cd115/CD115_US_WallMap.pdf?#</p> <p><i>Legislative District information:</i> https://www.nmlegis.gov/Members/Districts</p>	<p>Project coordinates:</p> <p>Latitude ____ . ____ N Longitude ____ . ____ W</p> <p>Congressional district number :</p> <p>State Senate district number:</p> <p>State House of Representatives district number:</p>
<p>Project Objectives <i>Check boxes that correlate to your project objectives.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Community Wildfire Protection Planning <input type="checkbox"/> Community Outreach &/or Education <input type="checkbox"/> Defensible Space <input type="checkbox"/> Protect Municipal Watershed <input type="checkbox"/> Ecosystem Restoration <input type="checkbox"/> Protect Threatened & Endangered Species Habitat <input type="checkbox"/> Forest Health <input type="checkbox"/> Reduce Invasive Species <input type="checkbox"/> Fuel Reduction <input type="checkbox"/> Wildland Urban Interface (WUI) <input type="checkbox"/> Rangeland Health <input type="checkbox"/> Improves Responses to Wildfire <input type="checkbox"/> Maintains Previous Investments <input type="checkbox"/> Aids in Reducing Large Fire Costs <input type="checkbox"/> Provides for Firefighter Safety

<p>Funding Requested <i>A minimum 10% match (in kind allowed) is required for all projects.</i></p> <p><i><u>Although intergovernmental collaboration is encouraged, using other federal funds for the entire match is strongly discouraged.</u></i></p>	<p>Grant amount requested: \$</p> <p>Applicant match: \$</p> <p>Describe type or source of match contribution:</p>
<p>Leveraging Resources <i>Projects that identify logical succession should be identified.</i></p>	<p>Has your organization previously received funding from the Wildfire Risk Reduction Grant Program for Rural Communities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, grant year(s):</p> <p>Name of project(s) funded:</p> <p>Amount(s): \$</p>
<p><u>Collaborative Funding</u> <i>Identify how your request will complement existing funding and implementation of CWPP projects and note opportunities to leverage funding from other State/Federal partners. Information must be provided for the location where the project will be located. Reference: https://www.census.gov/ https://www.nmlegis.gov/Members/Districts</i></p> <p><i>National Cohesive Strategy information: https://www.forestsandrangelands.gov/strategy/thestrategy.shtm</i></p> <p><i>Projects that demonstrate they complement or address National Fire Plan priorities are encouraged. https://www.forestsandrangelands.gov/resources/overview/</i></p>	<p>Has the project identified in this application been submitted to, or will be submitted to, other funding sources?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of funding source(s):</p> <p>Anticipated notification date:</p> <p>Amount: \$</p>
<p>Collaborative Benefits <i>Cumulative or sequential leveraged projects with other entities are encouraged.</i></p>	<p>Does this project provide a direct mutual benefit to other initiatives by Non-Profits/State/Federal entities such as BLM, State Forestry, State Land Office or US Forest Service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of other agency:</p> <p>Description of benefit:</p>
<p>Community, Local, State and Federal Partners <i>List all PARTNERS that have committed to assisting in your proposed project and identify their role, responsibility, and cost sharing arrangement for the specified project. Please include letters of commitment from each.</i></p>	<p>Community partners & their role in the project:</p> <p>Local government partners & their role in the project:</p> <p>State partners & their role in the project:</p>

<p><u>Form letters will not be considered.</u></p> <p><u>Each letter must be submitted on the committed partners letterhead and include a current date.</u></p>	<p>Federal partners & their role in the project:</p> <p><i>Attach letters of commitment from each partner that identify commitment from leadership, roles, responsibilities, and cost sharing.</i></p>
<p>Project Overview Describe project:</p> <ul style="list-style-type: none"> • Provide clear scope of work • Scale of project • Need for education • List community events • List community economic benefits • Describe target audience • List reasons for purchasing/developing products • Show understanding of special considerations • Describe how you'll survey participants, monitor effectiveness and collect data • Note any important lessons learned from previous experience. <p><i>Activities should support implementation of an applicable CWPP through community outreach events, data collection, home evaluations, media and public information events, and training residents.</i></p> <p><i>Define the actual on-the-ground area of your project, rather than proposing work somewhere in a large area. For example, propose work on 15 acres and include a map at a scale of 1:24,000 that shows the boundaries of where the work will be done. Do not include a 1:100,000 scale map that shows a 1500 acre area and proposes to thin 15 acres somewhere within that 1500 acres.</i></p>	<p>Narrative:</p> <p><i>Funding agency logos must be incorporated in marketing material</i></p> <p><u>If this is a ground-disturbing demonstration project, the application must include a map of the footprint of the project, photographs of the vegetation, and a link and map of endangered species in the area.</u></p>
<p>Previous Experience Describe previous experience for this type of project. List successes and failures.</p>	<p>Narrative:</p> <p>URL link to documentation on previous experience:</p> <p><i>If a URL is not available, please attach examples supporting previous experience.</i></p>

<p>Meetings, Activities and Training Opportunities <i>List specific types and number of activities as well as the anticipated number of participants for the project fiscal year. Sustainability projects are encouraged such as Train-the-Trainer.</i></p> <p><i>Topics for these activities may include and are not limited to:</i></p> <ul style="list-style-type: none"> • <i>Structural ignitability</i> • <i>Firewise</i> • <i>Defensible space</i> • <i>Fire ecology</i> • <i>Restoring fire to the environment</i> • <i>Homeowner responsibility</i> 	<p>Number of activities planned:</p> <p>Type of meeting or activity:</p> <p>Anticipated number of attendees:</p> <p>Type of training offered:</p> <p>Number of participants training:</p>
<p>Products Developed or Purchased <i>Activities may include development or acquisition of education products.</i></p> <p><i>Provide specifics on the types of products such as green waste roll-off containers, billboard rental, etc.</i></p> <p><i>Include marketing materials you intend develop or purchase with anticipated cost per item, number of items printed such as brochures, booklets, advertising, and television spots, etc.</i></p>	<p>Types of products to be developed or purchased:</p> <p>Anticipated distribution numbers:</p> <p>Anticipated cost of materials:</p> <p>Are existing materials available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SECTION C: COMMUNITIES AT RISK

<p>New Mexico Communities at Risk <i>List communities at risk as identified by the New Mexico State Forestry Communities at Risk Assessment Plan:</i> http://www.emnrd.state.nm.us/SFD/FireMgt/cwpps.htm! <i>As well as any other affected communities.</i> <i>Risk MUST be rated as either high, medium, or low.</i></p>	<p>List affected Communities at Risk (high, medium, low):</p> <p>List additional communities affected not on list:</p>
<p>Project Impact on Communities at Risk <i>If this project or previous work in the area has reduced the risk rating of any communities at risk, note the affected community/communities and the change in rating. Provide a summary on how your project will advance fire adapted community resilience identified above and help lower risk rating to the communities at risk.</i></p>	<p>Narrative:</p>

SECTION D: PROJECT IMPLEMENTATION TIMELINE *(Add lines as needed)*

<p>Sequential Tasks <i>Provide a brief description of the project's tasks</i></p>	<p>Time Frame <i>Provide duration of time for each task within the 12 month grant period.</i></p>	<p>Responsible Party <i>Grant applicant or appropriate partner</i></p>

SECTION E: ACCOUNTABLE PARTY - GRANT PAYMENT INFORMATION

Fiscal Manager for Project:	
Fiscal Manager Address:	
City, State, Zip:	
Email	
Phone	

SECTION F: BUDGET JUSTIFICATION & SPREADSHEET

<p>Budget Overview <i>Summary of the project budget to provide a clear understanding of the justification for your request as it relates to your project. Provide specific information on personnel costs.</i></p>	<p>Narrative:</p>
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BUDGET SPREADSHEET

Enter a valid dollar amount for each item.
 Do not use dollar signs. Use only whole dollar amounts.

Cost Categories	Funding Sources			Totals
	1. Grant	2. Applicant	3. Other Partners	Sum of 1+2+3
		These expenses may qualify as your cost share match , see OMB circulars A110 & 102		
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
b. Fringe Benefits	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
c. Travel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
d. Equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
e. Supplies	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
f. Contractual	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
g. Other	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
h. Total Direct Costs (sum of a - g)	\$ _____	\$ _____	\$ _____	\$ _____
i. Indirect Charges (if any)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____
j. Project Total (sum of h - i)	\$ _____	\$ _____	\$ _____	\$ _____
k. Program Income (if any)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ _____