

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

HAZARDOUS FUELS REDUCTION TREATMENT

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 and Spreadsheet
- Attach required maps and vegetation photos for hazardous fuels reduction project
- 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 Hazardous Fuels Reduction Treatment 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 <i>Applicants who receive more than \$500,000 annually from federal sources will be required to submit a copy of their audit to NMC.</i>
CWPP Identification <i>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. Please 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 field office closest to project location:

Fire/Fuels management officer contacted about project:

.....

Signature of BLM Fire/Fuels Management Officer

Date

.....

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

All hazardous fuels reduction activities 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>
--	--

SECTION B: PROJECT INFORMATION

Hazardous Fuels Reduction Projects– Maximum \$50,000	
Project Name	Project title:
<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>Please mark the 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>Collaborative Funding <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.</i> https://www.census.gov/</p> <p><i>National Cohesive Strategy information:</i> https://www.forestsandrangelands.gov/strategy/thestrategy.shtml</p> <p><i>Projects that demonstrate they complement or address National Fire Plan priorities are encouraged.</i> https://www.forestsandrangelands.gov/resources/overview/</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 the 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. <u>Form letters will not be</u></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>considered. 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>Attach letters of commitment from each partner that identify commitment from leadership, roles, responsibilities, and cost sharing.</p>
<p>Project Overview Describe project:</p> <ul style="list-style-type: none"> • Provide clear scope of work • Community/economic benefits • Understanding of clearance requirements • Special considerations • Identify if this is maintenance or retreatment of a previously cleared location 	<p>Narrative:</p> <p>Please review New Mexico State Forestry standards for cost and explain justification for increased costs if applicable. For more information: http://www.emnrd.state.nm.us/SFD/ForestMgt/documents/ForestryPracticesGuidelines2008.pdf.</p> <p>Must include link and map of endangered species area with application.</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>If a URL is not available, please attach examples supporting previous experience.</p>
<p>Footprint of the Project Define the actual on-the-ground area of your project, rather than proposing work somewhere in a large area.</p> <p>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.</p> <p>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.</p>	<p>Number of acres to be treated:</p> <p>Estimated cost per acre:</p> <p>Estimated number of landowners benefited:</p> <p>Type of landowners benefited:</p>
<p>Project Area Vegetation Describe the vegetative type(s).</p>	<p>Vegetative type(s):</p> <p><u>Attach map and photos of vegetation in treatment area and include with this application.</u></p>
<p>Method of Treatment Describe the type of treatment you are proposing and the reasoning behind it including why the method of treatment is appropriate and consistent with the other prescriptions in the area and how you will mitigate endangered species and cultural impacts to the</p>	<p>Describe your specific treatment method:</p> <p>Attach photographs of project area to assist with requirement determination.</p>

project site.

Fuel Reduction projects will be reviewed by technical experts for appropriate treatment methods, and cultural and endangered species impacts.

Applicants are encouraged to incorporate the following into their projects:

Guidelines

Fuel Reduction projects must follow the endangered species guidelines identified in the BLM Biological Assessment and US Fish & Wildlife Biological Assessment.

Recommendations

Biomass utilization is encouraged as a beneficial alternative for all Hazardous Fuel Reduction projects and will receive special consideration.

Best practices are encouraged in the implementation of your project:

- a) Do not use off road vehicles during the project.*
- b) Do not drag slash into piles; rather hand carry or move with wheeled carts.*
- c) Do not use mechanical thinning equipment. Hand-thin with chain-saws.*
- d) Use general best management practices to prevent soil erosion.*

Restrictions

Prescribed burning of any type including, but not limited to, broadcast burns, pile burns, understory burns, etc. is explicitly excluded as an approved practice through this grant program.

Describe how you will address endangered species impacts at the project site:

Describe how you proposed to mitigate Cultural impacts to the project site:

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.html. <i>As well as any other affected communities.</i> Risk MUST be rated as either high, medium, or low.</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. Please provide specific information on personnel costs.</i></p>	<p>Narrative:</p>
---	--------------------------

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"/>	\$ _____