



## 2022-2023 Wildfire Risk Reduction Program for Rural Communities Funding Application

Submit application to BLM for required signature(s) by March 7, 2022  
Submit completed application to NMAC by March 31, 2022  
Include application checklist with completed application

General Information	
<b>Project type</b> Use separate application for each project.	<input type="checkbox"/> CWPP Update (award up to \$20,000) <input type="checkbox"/> Education & Outreach Activities (award up to \$15,000) <input type="checkbox"/> Hazardous Fuels Reduction Treatment (award up to \$75,000)
<b>Project title</b>	
<b>Amount requested</b>	\$
<b>Match amount</b> A minimum 10% match is required for all projects.	\$  List type(s) or source(s) of match (in-kind, etc.):
<b>Applicant organization</b>	
<b>Applicant address</b>	Street: City: State: Zip:
<b>Applicant contact</b>	Name: Title: Phone: Email:
<b>Organization type</b>	<input type="checkbox"/> County Government <input type="checkbox"/> Municipality <input type="checkbox"/> Political Subdivision (e.g., Soil & Water Conservation District) <input type="checkbox"/> Native American Tribe <input type="checkbox"/> Non-Profit Organization
<b>Federal EIN #</b>	
<b>Does your organization receive more than \$500,000 in federal funding on an annual basis?</b>	<input type="checkbox"/> Yes If yes, applicants must submit a copy of their audit with this application.  <input type="checkbox"/> No

<b>Has your organization previously received funding from the Wildfire Risk Reduction Grant Program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, grant year(s): Name of project(s) funded: Amount(s): \$
<b>Has this project been submitted to, or will be submitted to, other funding sources?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of funding source(s): Amount requested: \$
<b>Project location</b> <a href="https://www.topozone.com/">https://www.topozone.com/</a>	Project coordinates/central area location: Latitude    ____ . ____ N    Longitude    ____ . ____ W  Shape files: <input type="checkbox"/> Yes, attached (Required for CWPP updates, fuels reduction projects and ground disturbing education & outreach projects) <input type="checkbox"/> No, not required
<b>Legislative districts</b>  <a href="https://www2.census.gov/geo/maps/cong_dist/uswall/cd115/CD115_US_WallMap.pdf?#">https://www2.census.gov/geo/maps/cong_dist/uswall/cd115/CD115_US_WallMap.pdf?#</a>  <a href="https://www.nmlegis.gov/Members/Districts">https://www.nmlegis.gov/Members/Districts</a>	Congressional district number:  State Senate district number:  State House of Representatives district number:
<b>Identify the most current CWPP update for your community, county or tribe.</b> <a href="https://www.emnrd.nm.gov/sfd/fire-prevention-programs/community-wildfire-protection-plans-cwpp/">https://www.emnrd.nm.gov/sfd/fire-prevention-programs/community-wildfire-protection-plans-cwpp/</a>	CWPP title:  Approval date:  Provide a link to the most recent CWPP:
<b>Check all boxes that relate to your project objectives.</b>  National Cohesive Strategy information: <a href="https://www.forestsandrangelands.gov/strategy/thestrategy.shtml">https://www.forestsandrangelands.gov/strategy/thestrategy.shtml</a>	<input type="checkbox"/> Community wildfire protection planning <input type="checkbox"/> Community outreach &/or education <input type="checkbox"/> Defensible space <input type="checkbox"/> Protect 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><b>Communities at Risk</b>  List as rated in the 2021 Communities at Risk Assessment Plan:  <a href="https://www.emnrd.nm.gov/sfd/fire-prevention-programs/community-wildfire-protection-plans-cwpp/">https://www.emnrd.nm.gov/sfd/fire-prevention-programs/community-wildfire-protection-plans-cwpp/</a></p>	<p>List Communities at Risk.  High:  Medium:  Low:    List additional communities affected, but not on list (if applicable):</p>
<p><b>Does this project provide a direct mutual benefit to other initiatives by non-profit/state/federal entities such as BLM, NM Forestry, State Land Office or US Forest Service?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, list entities:</p>
<p><b>Community, local, state and federal partners and their role in the project</b></p>	<p>Community:    Local government:    State:    Federal:    Other:    ✓ Attach letters of commitment from each partner identifying role, responsibility and cost sharing arrangement (if any).</p>

## CWPP Update Applicants ONLY

### Project Title:

#### Project Description

Provide:

- Clear scope of work
- Need for project
- Scale of project

Describe:

- Community specific strategies
- Impact on Communities at Risk ratings
- Community/economic benefits
- Mutual benefits to other projects or initiatives
- How your project will advance fire adapted community resilience

Narrative:

- ✓ Attach project area map(s).
- ✓ Provide electronic shape files.

#### Previous Experience

- Describe previous experience for this type of project.
- Note successes and failures.

Narrative:

Paste web link to previous experience documentation:

(If web link not available, attach examples supporting previous experience.)

#### Do you have an established CWPP core team?

CWPP update requirements:

<https://www.emnrd.nm.gov/sfd/fire-prevention-programs/community-wildfire-protection-plans-cwpp/>

Yes

If yes, list core team members:

No

If no, list members/agencies you intend to contact:

### BLM Requirements

#### BLM Benefits

Projects must show benefit to BLM lands.

- Explain how your project benefits BLM lands.
- Include actual mileage information between project and BLM land.

Benefit to BLM Land:

Treatment on tribal land:  Yes     No  
(If yes, allow additional time for application processing)

Distance to BLM Land:

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

#### BLM Recommendation & Signature

All projects must be reviewed and recommended by your local BLM district office.

Application must be submitted to your local BLM district office by **Monday, March 7<sup>th</sup>** to allow processing time prior to the application deadline.

BLM NM district offices:

[www.blm.gov/office/new-mexico-state-office](http://www.blm.gov/office/new-mexico-state-office).

BLM district office closest to project location:

Fire/Fuels management officer contacted about project:

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

\_\_\_\_\_

BLM Fire/Fuels Management Officer Signature

\_\_\_\_\_

Date

## Education & Outreach Applicants ONLY

If you are applying for a ground-disturbing demonstration project, your application must include a map of the project footprint, vegetation photographs, and a link and map of endangered species in the area and required clearances (see below).

### Project Title:

#### Project Description

Provide:

- Clear scope of work
- Scale of project
- Need for education
- Target audience

Describe:

- Community events
- Community economic benefits
- Reasons for purchasing/developing products
- Understanding of special considerations
- How you'll survey participants, monitor effectiveness and collect data

Narrative:

(For ground-disturbing demonstration projects only)

- ✓ Attach project area map(s).
- ✓ Provide electronic shape files.

#### Previous Experience

- Describe previous experience for this type of project.
- Note successes and failures.

Narrative:

Web link to previous experience documentation:

(If web link not available, attach examples supporting previous experience.)

#### Meetings/Activities/Trainings

List type(s) and number planned:

Anticipated number of total attendees:

#### Products Developed or Purchased

Provide specifics on the types of products such as green waste roll-off containers, billboard rental, etc.

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.

List types of products you plan to purchase or develop:

How many products do you plan to purchase or develop?

### BLM Requirements

#### BLM Benefits

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Benefit to BLM Land:

Treatment on tribal land:  Yes  No  
(If yes, allow additional time for application processing)

Distance to BLM Land:

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

#### BLM Recommendation & Signature

All projects must be reviewed and recommended by your local BLM district office.

Application must be submitted to your local BLM district office by **Monday, March 7<sup>th</sup>** to allow processing time prior

BLM district office closest to project location:

Fire/Fuels management officer contacted about project:

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

<p>to the application deadline.</p> <p>BLM NM district offices:  <a href="http://www.blm.gov/office/new-mexico-state-office">www.blm.gov/office/new-mexico-state-office</a>.</p>	<p>consideration.</p> <p>_____</p> <p>BLM Fire/Fuels Management Officer Signature</p> <p>_____</p> <p>Date</p>
<p><b>This section to be filled out by BLM representative ONLY</b></p>	
<p><b>Additional Requirements for Ground-Disturbing Activity Applicants</b></p> <p>If you are applying for a ground-disturbing demonstration project, the following information and additional signatures must be provided.</p>	
<p><b>Will Endangered Species Act-listed species potentially be impacted by this project?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>Was a Biological Assessment submitted to U.S. Fish and Wildlife Service?</b></p> <p><a href="https://www.fws.gov/offices/Directory/ListOffices.cfm?statecode=35">https://www.fws.gov/offices/Directory/ListOffices.cfm?statecode=35</a></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, provide agency, contact and date of submission:</p> <p>A concurrence letter from U.S. Fish and Wildlife Service <u>must</u> be received prior to initiation of the project.</p>
<p><b>Additional BLM Signatures</b></p>	<p>_____</p> <p>BLM Wildlife Biologist Signature</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>BLM Archeologist Signature</p> <p>_____</p> <p>Date</p>
<p><b>Tribal Land Requirement</b></p> <p>A copy of this application must be sent to the BLM NM State Office Archeologist and regulations outlined in 36 CFR 800 must be followed.</p>	<p>_____</p> <p>BLM State Office Archeologist Signature</p> <p>_____</p> <p>Date</p>

## Hazardous Fuels Treatment Applicants ONLY

**Project Title:**

**Project Description**

Provide:

- Clear scope of work
- Project need
- Type of project: maintenance or retreatment of area
- Type and number of landowners benefited

Describe:

- Specific treatment method(s) and note why the method is appropriate and consistent with other prescriptions in the area
- Vegetation type
- Community notification/outreach
- Community economic benefits
- Understanding of clearance requirements, etc.
- How you will address endangered species impacts (if applicable)
- How you propose to mitigate cultural impacts (if applicable)

**Prescribed burning is explicitly excluded as an approved practice through this grant program.**

Narrative:

- ✓ Attach photographs of project area.
- ✓ Attach project area map(s).
- ✓ Provide electronic shape files.
- ✓ Provide link and map of endangered species area (if applicable).

**Previous Experience**

- Describe previous experience for this type of project.
- Note if this area has been previously treated?
- Note successes and failures.

Narrative:

Web link to previous experience documentation:  
(If web link not available, attach examples supporting previous experience.)

**Total Project Footprint**

# of acres:

**Treatment Acres**

(Total acres treated may exceed project footprint total acres if more than one type of treatment.)

Treatment Type (e.g. cut, treat, grazing)	Vegetation Type	# of Acres	Cost
Add lines as needed		Total #:	Total: \$

<b>Example:</b>		
Project footprint is 50 acres/total treated acres is 75 acres.		
Treatment type	Vegetation type	# Acres
Cut	P/J	25
Grazing	Grass	50
Total treated acres:		75 acres

BLM Requirements	
<b>BLM Benefits</b> Projects must show benefit to BLM lands. <ul style="list-style-type: none"> <li>• Explain how your project benefits BLM lands.</li> <li>• Include actual <u>mileage</u> information between project and BLM land.</li> </ul>	Benefit to BLM Land:  Treatment on tribal land: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, allow additional time for application processing)  Distance to BLM Land: If the project is adjacent, you may put adjacent. Do not use terms such as close or nearby.
<b>BLM Recommendation &amp; Signature</b> All projects must be reviewed and recommended by your local BLM district office.  Application must be submitted to your local BLM district office by <b>Monday, March 7<sup>th</sup></b> to allow processing time prior to the application deadline.  BLM NM district offices: <a href="http://www.blm.gov/office/new-mexico-state-office">www.blm.gov/office/new-mexico-state-office</a>	BLM district office closest to project location:  Fire/Fuels management officer contacted about project:  By signing this application, the BLM representative states that they understand the scope of work and recommends that the project move forward to the grant evaluation panel for funding consideration.  _____ BLM Fire/Fuels Management Officer Signature  _____ Date
This section to be filled out by BLM representative ONLY	
<b>Will Endangered Species Act-listed species potentially be impacted by this project?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was a Biological Assessment submitted to U.S. Fish and Wildlife Service?</b> <a href="https://www.fws.gov/offices/Directory/ListOffices.cfm?statecode=35">https://www.fws.gov/offices/Directory/ListOffices.cfm?statecode=35</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, provide agency, contact and date of submission:  A concurrence letter from U.S. Fish and Wildlife Service <u>must</u> be received prior to initiation of the project.
<b>Additional BLM Signatures</b>	_____ BLM Wildlife Biologist Signature  _____ Date  _____ BLM Archeologist Signature  _____ Date
<b>Tribal Land Requirement</b> A copy of this application must be sent to the BLM NM State Office Archeologist and regulations outlined in 36 CFR 800 must be followed.	_____ BLM State Office Archeologist Signature  _____ Date



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**All project applicants must complete the project timeline, budget summary and budget spreadsheet**

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

Add lines as needed.

<b>Budget Summary</b>	
<p><b>Summarize the project budget:</b></p> <ul style="list-style-type: none"> <li>• Provide a clear understanding for your request.</li> <li>• Provide specific information on personnel costs.</li> <li>• Note if you expect to receive any income from your project (firewood sales, etc.).</li> </ul>	

<b>Budget Spreadsheet</b>	These expenses may qualify as cost share/match. See OMB circulars A110 & 102.			Total Project Cost
	Grant Funds	Applicant Contribution	Partner/Third Party Contribution	
Personnel				
Travel				
Equipment				
Supplies				
Contractual				
Other (specify)				
<b>Total</b>	\$	\$	\$	\$

If there are fringe benefits or indirect charges that you'd like to include, enter as "other" and specify type.

Contact Aelysea Webb at (505) 395-3403 or [awebb@nmcountries.org](mailto:awebb@nmcountries.org) if you have any questions.