

2006 Colorado Western States
Wildland Urban Interface
Grant Application

FOR OFFICIAL USE ONLY	
District Submitting Project:	
District Priority Number:	
Statewide Risk Assessment Rating:	
Hazard Description / Other:	

Applicant Information	
1	Applicant: Friends of Winniger Ridge
	Contact Person: Dorothy Whalen
	Address: 57 Aspen Way
	City/Zip Code: Nederland 80466
	Phone (Work/Cell): 303-642-1435
	Email: dwhalen@mric.net
	Fax: call first 303-642-1435

Community At Risk Information				
2	Name of Project:			
	Community Name:		Magnolia/Winniger Ridge	
	County:	Boulder	Congressional District:	
	Latitude (decimal degrees):		Longitude (decimal degrees):	
	Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:		
Businesses:	<input type="checkbox"/>	Number of:		
Watersheds:	<input checked="" type="checkbox"/>	Number of:		
Other (Describe):				

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.	
3	Dollar Amount Requested \$ _____ Projected Match \$ _____
	Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)
	Project Area

Scope of Work / Project Timeline	
<small>All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.</small>	
4	<p>Provide a brief scope of work which clearly describes how grant funds will be spent. (This should be more specific than the project description)</p> <p>Describe all planned maintenance (grant funded or other) if this project is funded.</p> <p>What is the duration of this project? (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years</p> <p>Is this a continuing project from previous year/s? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Provide a timeline for the project</p>

Interagency Collaboration	
5	<p>Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).</p>
Community Wildfire Protection Plan (CWPP)	
	<p>Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> in development</p> <p>Is this project part of the plan? (check one) <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>A copy of the plan (final, draft, or proposed outline) must submitted with this application.</p>

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input type="checkbox"/>			
	Number of acres to be treated:		Estimated cost per acre:	
	Number of communities directly affected by this project:			
	Information & Education <input type="checkbox"/>			
	Number of citizens to be reached:			
	Planning <input type="checkbox"/>			
	Number of residences affected:			
	Project Type (check all that apply)			
	Assessment / Scoping:	<input type="checkbox"/>	Implementation / Treatment:	<input type="checkbox"/>
Homeowner / Community Action:	<input checked="" type="checkbox"/>	Monitoring / Evaluation:	<input type="checkbox"/>	
Information / Education:	<input type="checkbox"/>			

7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Please specify each match contributor and the dollar amount of each contribution.							
	Contributors: (Please specify)							TOTAL
	Dollars (Hard Match):							\$ 0
	In-Kind (Soft Match):							\$ 0
TOTAL:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

8	Total Project Expense (break down matching share totals from block seven)				
		Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:				\$ 0
	Operating:				\$ 0
	Travel:				\$ 0
	Contractual Services:				\$ 0
	Equipment:				\$ 0
	Indirect Costs:				\$ 0
TOTAL:	\$ 0	\$ 0	\$ 0	\$ 0	