



# Virginia Trees for Clean Water APPLICATION FORM

Project Number: \_\_\_\_\_  
For DOF use

Project Title: \_\_\_\_\_

Location (City/Community): \_\_\_\_\_ Watershed: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State VA Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Organization's Federal ID # \_\_\_\_\_

Does your community have an Urban Tree Canopy Assessment? Yes No

Is the project in a watershed that has a TMDL or Virginia 303(d) listing? Yes No

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(a) VTWQ Requested \$ \_\_\_\_\_

(b) Local \$ Match Provided \$ \_\_\_\_\_

(c) Value of In-Kind Match \$ \_\_\_\_\_

Total Project Amount (a+b+c) \$ \_\_\_\_\_

Timetable: (Starting Date) \_\_\_\_\_ (Ending Date) \_\_\_\_\_

Volunteer/Organization Involvement [Name of Group(s)]: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Representative

\_\_\_\_\_  
Title of Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

*Upon authorization of approval for financial assistance, grantees will be assigned a grant number and a maximum dollar amount to expend*