**HOA Wildfire Mitigation Grant Application**

The City of Castle Pines supports the community by providing financial resources to eligible homeowner groups to conduct hazardous fuels and wildfire mitigation reduction projects to protect the community and their property from wildfire hazards.

Please email this form and any supporting documentation to Makenna Shaw, Assistant to the City Manager, [Makenna.Shaw@castlepinesco.gov](mailto:Makenna.Shaw@castlepinesco.gov) no later than **May 14, 2023 at 11:59 pm.**

**Applicant Information**

|  |  |
| --- | --- |
| HOA Name: | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Property Owner Name(s):  *Please list the property owners of* ***all*** *properties included on this application.* | Click or tap here to enter text. |
| Property Owner Email: | Click or tap here to enter text. |
| How many residential units reside within this HOA? | Click or tap here to enter text. |

**Eligibility**

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| --- |
| I have the applicable authorization from the property owner(s) to conduct this project:  Yes  No |
| Will any planted materials be removed?  Yes  No |
| If yes, will any plants replace those removed?  Yes  No  N/A |
| If yes, are the plants on the approved [SMFR Wildfire Resistant Plant List](https://www.castlepinesco.gov/wp-content/uploads/2021/10/Wildfire-Resistant-Plant-List-for-SMFR-District.pdf)?  Yes  No  N/A |
| Will any wood materials, tree limbs, shrubs, or brush be removed from the property?  Yes  No |
| If yes, have you determined the method of disposal of the collected materials? *You will be asked to expand on this in the Project Summary section. Please see our resources page for suggest means of disposal.*  Yes  No  N/A |
| Have you included a project area map with this application?  Yes  No |
| This application has been reviewed and approved by the appropriate HOA Board Members or representatives. |

**Project Assessment**

|  |  |
| --- | --- |
| Will contractors be hired to complete this project? | Yes  No  *If yes, please provide the contractor’s name:*  Click or tap here to enter text. |
| Will volunteers participate in this project? | Yes  No  *If yes, please provide the anticipated number of volunteers:*  Click or tap here to enter text. |
| Has this project been approved by the HOA board? | Yes  No  *If no, please explain:*  Click or tap here to enter text. |
| Has there been any neighborhood outreach? | Yes  No  *If yes, please explain:*  Click or tap here to enter text. |
| Is the neighborhood in support of this application? | Yes  No  *If no, please explain:*  Click or tap here to enter text. |
| Does this project follow the HOA landscaping guidelines? | Yes  No |
| Please list any previous wildfire mitigation projects that have occurred in the last 3 years: | Click or tap here to enter text. |

**Project Funding**

|  |  |
| --- | --- |
| Total project amount: | $Click or tap here to enter text. |
| Amount requested: | $Click or tap here to enter text. |
| Would you accept an award of less than the amount requested if funding is not available for the full amount?  Yes  No | |
| Sources of other funding:  *Please provide a list of other revenue sources, including other partner organizations match.* | Click or tap here to enter text. |
| Please describe any in-kind contributions:  *Please include any volunteer labor and/ or donated supplies, equipment, or professional services* | Click or tap here to enter text. |

**Project Budget**

A 50% minimum match is required. However, projects with a higher match will score higher in the budget category when applications are evaluated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Grant Share  ($ requested) | Match | | Total |
|  | Dollars | In-Kind |
| Volunteer / Labor: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Supplies / Materials: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Contractual Services: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Project Budget:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Project Match (%): | Click or tap here to enter text. | Click or tap here to enter text. | | 100% |

*Please be sure the total grant share amount matches the requested amount above, and the total project amount above matches the total project budget in green. In-kind contributions can be calculated at no higher than $31.51 per hour.*

**Project Information**

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| --- | --- |
| Project location:  *Please provide the nearest cross streets, and ensure those cross streets are included on the project area map.* | Click or tap here to enter text. |
| Project summary:  *Please describe the overall project, including the process for determining the need for mitigation, the aspects of the project, and who will be completing this project (i.e.: contractors, volunteers, HOA member, etc).* | Click or tap here to enter text. |
| Project area description and current conditions:  *Please include how this project area would be considered a wildfire risk.* | Click or tap here to enter text. |
| Description of method of any material disposal:  *Please visit our grant resources page for information on slash mulch and program dates.* | Click or tap here to enter text. |
| How will this project benefit the City of Castle Pines community? | Click or tap here to enter text. |
| How will you track that your project is on time and within budget? | Click or tap here to enter text. |
| Schedule of key project dates:  *Please include the dates that will help determine if your project is on track throughout the project, as well as the anticipated final report submission/request for reimbursement)* | Click or tap here to enter text. |

**Authorization**

I certify I have the applicable authorization from the property owner(s) to conduct this project

I confirm that this project will be completed in 2023, and the final report and corresponding receipts will be submitted no later than December 31, 2023.

I certify that I am authorized to submit this application on behalf of the identified Homeowner Association.

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| --- | --- |
| Submitted by | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |