

**MFP Nexus area Fuel Reduction Management Funding program
Project Proposal Form**

Choose Either:

Category 1: Fuels Management

Category 2: Pre-Project/Program Activities

Project Title: _____
(Limit to 10 words or less)

ORGANIZATION INFORMATION

Organization: _____
(Including legal name)

Address _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Organization Type _____
(Either: Non-profit Organization; Government (specify agency))

Organization Website: _____

PROJECT CONTACT INFORMATION

Authorized Representative/Title: _____
(Authorized to sign grant agreement, requests for payment etc. as required)

Email: _____

Address _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Day-to-Day Grant Project Manager (Person/Title): _____
(Only include if different from the Authorized Representative)

Email: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

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PROJECT DETAILS

Project Description (to be attached as a MS Word document)

Is this project part of the local Community Wildfire Protection Plan, Local Hazard Mitigation Plan, Biomass & Wildfire Protection Strategic Plan or other established wildfire mitigation programs adopted within Placer County? (Choose either: **Yes** or **No**)

If yes, provide details: _____

Are there any letters regarding your project? (Choose either: **Yes** or **No**)

If yes, provide any such letters: _____

Has this project been previously considered by the MFP? (Choose either: **Yes** or **No**)

If so, list the name, project number and outcome. _____

Identify all entities and potential funding partners

Would partial funding of project be ok? (Choose either: **Yes** or **No**)

Approximate beginning project date: _____ ending project dates: _____

Amount requested \$ _____ Total project cost: \$ _____

Project location: _____

(List specific project location, city (list nearest), county, and zip code and APN #)

Project latitude and longitude: _____

Provide a Map of the Project; 8.5 inch by 11 inch black and white suitable for reproduction.

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PROJECT AUTHORIZATION INFORMATION

Do you have authorization to complete fuel management activities on this location?
(Choose Either: **Yes** or **No**)

If **Yes**, please provide authorization information from legal owner of property (attach documentation)

What supporting documents and permits have been created (or what is the expected timeframe for the creation of these documents?)

NOTE: Application will be available for public review per Government Code 6250 et sec.