

Applicant Information Organization Name

Address		
Contact Information)N 	
Primary Contact		
Affiliation and Title		
Address		
Telephone Number		
E-mail Address		
Project Goals		
	als? What benefits do you want your trees to provide? (Ex. EAB recover)	/,
increased diversity, storn	n water management, energy conservation, wildlife habitat, etc.)	

Do you have specific tree species (native to Indiana) that you'd like to request? CommuniTree				
reserves the right to provide appropriate substitutions based on species availability, project goals				
and planting site conditions.				
Community Involvement				
How will you involve your community in the project?				
The state of the s				
Planting & Maintonanco				
Planting & Maintenance				
How Many Trees are you requesting?				
(Suggested: minimum 10 – maximum 50)				
Who will be responsible for tree planting and maintenance? (Please include the names of any				
partner organizations, including contractors, that will be involved in tree planting and maintenance.				
Briefly describe their role.)				

Briefly describe past experience basic maintenance.	e and training responsible	individuals have had in tree planting and
half-day tree planting and mai	ntenance workshop prior to	ice of the trees is asked to attend a free, to picking up their trees. (Note, if you plan
to work with a contractor, we	ask that they attend the wo	vorkshop). Who will attend the workshop?
I		
Has your organization received trees been inventoried through		ugh NIRPC in the past? If so, have your or other method)?
1		
	14 //	The Late of the Control of the Contr
Have you already contacted 81 utilities?	.1 (by phone or online) to c	check the planting site for underground
If you have not yet contacted 8	311, who will be responsibl	le for doing so?
Name	E-mail	Phone
Signature		<u> </u>
After planting your trees will a	ronorally need to be water.	red weekly during the growing season over
the next 2-3 years and other m	ore occasional maintenanc	ice such as mulching (Please see Forest le key contact person for this responsibility)
Name	E-mail	Phone
Cignatura		l
Signature		
•	•	weekly during the growing season. (Ex.
Two members from park staff buckets to water trees weekly.	•	uipped with a watering tank to fill 5-gallon
buckets to water trees weekly.	<i>,</i>	

Planting Plan and Map

Please include a planting plan map with enough detail that reviewers can easily determine location information and assess general site conditions, such as surrounding land uses and planting space available. Be aware of potential utility conflicts when developing your planting plan, right tree – right place.