|  |  |
| --- | --- |
| State of Wisconsin  Department of Natural Resources  PO Box 7921, Madison WI 53707-7921  dnr.wi.gov | **Stewardship Friends Grant Application for State Property Development Projects**  Form 2500-112 (R 11/2024) Page 1 of 2 |

**Notice:** Use of this form is required to apply for a Development Grant on State Property under s. 23.098, Wis. Stats, and ch. NR 51, Subchapter IX, Wis. Adm. Code. The Department of Natural Resources (DNR) will only consider complete applications. Information provided will be used to determine eligibility for grants and to monitor compliance with terms of the grant agreement. The applicant must be in good standing with the Wisconsin Department of Financial Institutions. Personally identifiable information is not intended to be used for other purposes and may be made available to requesters under Wisconsin's Public Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.

*Mail or deliver application and attachments to the DNR Property Manager.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | |
| State Property Name | County | | Project Name | | |
| Organization Name | | | Federal Employer Identification Number (FEIN) | | |
| Name of Contact Person Authorized by Resolution to Act for Organization | | Title | | | |
| Organization Address | | City | | State | ZIP Code |
| E-mail Address of Organization or Contact Person | | Telephone Number (include area code)  (   )    - | | | |
| **Project Description** | | | | | |

The project description and justification is used to evaluate, rate, score, and rank projects. Description should be no longer than 250 words double-spaced and typed. Explain how the project implements DNR approved plans for the property and include answers to the questions What? Where? When? How? Why? and Who? Include a timeline and, if the project will be completed in multiple phases, briefly describe each phase and when you plan to apply for funding for additional phases.

|  |
| --- |
|  |

## Project Cost Estimates

Attach detailed estimate of total project cost. Base your cost estimate on worksheet 8700-014. Please provide the following categories:

1) Materials & supplies; 2) services; 3) labor, salaries, & fringe benefits; and 4) equipment. When estimating costs, work with your DNR Property Manager and reference their copy of the *DNR- Cost Estimating Workbook,* when appropriate. List non-cash donations in a separate column and include a brief description.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Project Cost | Project Cost This Phase | Applicant Share ( 50% ) | | Requested Stewardship Grant  (up to 50% of Project Cost This Phase) |
| $ | $ | Cash Donations  $ | Non-Cash Donations  $ | $ |

Cost Estimate obtained through:

|  |  |
| --- | --- |
|  |  |
|  |  |

Work to be performed by: *(check all that apply)*

|  |  |
| --- | --- |
| Private Company | Friends Group/Volunteers (non-cash donation) |
| Staff | Other - Describe: Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this project part of another larger project such as Phase 2 of 3? | | |  | |
| Can this project be partially funded? |  | Is the partial funding coming from an outside source? | |  | |

|  |  |
| --- | --- |
|  | **Stewardship Friends Grant Application for State Property Development Projects**  Form 2500-112 (R 10/2024) Page 2 of 2 |

|  |  |
| --- | --- |
| **Project Dates** | |
| Estimated Project Begin Date | Estimated Project End Date |
| **Required Attachments** | |

Ranking Question & Criteria Responses Form 2500-339

Cost Estimate Worksheet Form 2500-337

Resolution of authorization

Location on project on state property map

Detailed site plan or layout

|  |  |  |  |
| --- | --- | --- | --- |
| **DNR Regional Sign Off** | | | |
| Natural Heritage Inventory and Cultural Screening Form completed and attached  Development Project Request is completed and electronically submitted (DPS      ) | | | |
|  | |  |  |
| Signature of DNR Property Manager | | | Date |
|  | | | |
| Printed or Typed Name | | | Cell Number |
|  | | | (   )    - |
| Signature of DNR Program Supervisor | |  | Date |
|  |  | |  |
| Printed or Typed Name | | | Cell Number |
|  | | | (   )    - |

## Authorization

Certification: I certify that, to the best of my knowledge and belief, the information in this application is true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | |  |  |
| Signature of Authorized Contact Person of Friends Group | | | | | Date Signed |
| Print or Type Name |  | Title |  | | |

**Complete application and all attachments must be emailed or post marked on or before November 15th!**

**Submit to: Cindi Semmann**, Department of Natural Resources, PO Box 7921, Madison, Wl 53703 **OR**

by email to: [DNRFLFriendsGrants@wisconsin.gov](mailto:DNRFLFriendsGrants@wisconsin.gov).