Tree Voucher Application Form

APPLICANT NAME: ____________________________________________

ADDRESS: ______________________________________________________

CITY: Lynnwood        STATE: WA        ZIP: ___________

DAYTIME PHONE: ___________________________    EMAIL: ___________________________

PROPOSED TREE TYPE(S) (SCIENTIFIC AND COMMON NAME)    QTY    UNIT COST

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DESCRIPTION OF PROJECT AND OBJECTIVE (ATTACH ADDITIONAL SHEET IF NECESSARY):

________________________________________________________________________

________________________________________________________________________

MAINTENANCE PLAN (ATTACH ADDITIONAL SHEET IF NECESSARY):

________________________________________________________________________

Tree Grant Considerations:

In determining whether or not a tree grant application should be approved, the City may consider the following criteria:

1. The necessity of the project.
2. The benefits to the City.
3. The project’s educational value.
4. An appropriate proposed time frame for completion of the project.
5. A clearly defined maintenance plan for projects involving planting.
6. The amount requested, the amount of funds available, and the amount and source of other funds.
7. The number and or amount of grants requested at the time or in the past.

BY SIGNING THIS GRANT PROPOSAL APPLICATION FORM, THE UNDERSIGNED AGREES THAT ALL INFORMATION IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE.

__________________________________________
SIGNATURE OF APPLICANT

__________________________________________
DATE

(Tree vouchers are valid at participating Washington State Nursery and Landscape Association Member retail nursery/garden centers.)