|  |  |  |  |
| --- | --- | --- | --- |
| **2019 Grant Reimbursement Guidelines**  **DCR Urban and Community Forestry**  **Challenge Grant** | | |  |
|  |  |



# Overview

The Massachusetts Urban and Community Forestry Challenge Grant program is a 50-50 cost-share program funded with federal, state, or private funds, or a combination of sources. The grant recipient, or sponsor, uses its own resources to fund the entire cost of the project and upon project completion and approval, requests reimbursement for 50 percent of eligible costs up to the approved project funding level. Environmental Justice Projects and projects funded through our utility partners have a 25-75 match. These projects can be reimbursed for 75 percent of eligible costs up to the approved project funding level. The DCR will notify you of your match requirement.

Documentation of all expenses which will be submitted for reimbursement and as match must be provided with any reimbursement requests.

Any work must occur and expenses must be incurred **during the grant period**. The DCR Urban and Community Forester will communicate the grant start date and end date to you. You can also find the grant period start and end date on the Standard Contract.

If you need a no-cost time extension, please contact Julie Coop **30-60 days prior to the grant end date**.

Final reimbursement requests must be made within **60** days of the contract end date.

www.mass.gov/dcr/urban-and-community-forestry

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# General Requirements for Financial Recordkeeping

Fiscal controls and accounting methods used to record project costs must be based on generally accepted accounting standards and principles. Do not round figures; use exact dollar amounts.

**Sponsors must:**

* Track project costs separately from non-project costs
* Provide sufficient detail as to the nature of all project costs
* Document all project donations from third parties
* Provide documentation of all project expenditures, including
  + Expenditures paid from third-party cash donations
  + Electronic copies of canceled checks (include front and back)
  + Ledger sheets
  + Credit card statements
  + Bank statements
* Cross reference each expenditure with the supporting purchase order, contract, voucher, invoice, or receipt. Please use the **Expense and Match Documentation Form** for cross-referencing. A fillable Excel version of this form is available on our website.
* Document any revenue generated during the project period as a result of project activities
* Maintain payroll records for time spent on the project by the sponsor’s employees
* Document all project-related labor with
  + A position number or name of the worker or volunteer
  + Number of hours
  + Type of activity
  + Dates
  + Wage rate or volunteer value (see page 6)
  + Daily time sheets or logs should be maintained by all employees and volunteers working on the project. For activities using groups of volunteers, volunteers should sign in and record the hours worked (see page 16 for volunteer log).
* Maintain daily records of any sponsor or donated equipment used on the project for which project costs will be claimed. Equipment use records must include
  + The type of equipment
  + The type of work
  + Actual, productive project hours or miles (Time spent in transport to/from or idled at a project site is not allowed.)
* Maintain daily use logs of sponsor’s non-exclusive equipment for which project costs will be claimed
* Establish a cost basis for any sponsor equipment or supplies for which project costs will be claimed

# Records Retention

Sponsors must keep all records substantiating the reimbursement claim for a minimum of three years after the date of final grant payment or final disposition of audit findings.

# Project Reimbursement Approval

Reimbursement is contingent on final review of all project documents and approval of the project within 60 days of the expiration of the project contract. Approval is based on the sponsor’s satisfactory completion of all project components and satisfaction of all terms and conditions of the project agreement.

If a project has not been satisfactorily completed by the project expiration date, or if the sponsor is found to have violated any terms of the project agreement, the DCR may cancel all or part of the grant.

Upon cancellation, the DCR may deny reimbursement for the entire project or for portions of the project, or may seek reimbursement of the state share or a portion of the state previously distributed to the sponsor.

# Reimbursement Process

Reimbursement documentation **must** be submitted within **60** days of end of the grant contract. Sponsors may also submit periodic reimbursement requests during the grant period. Please do not submit requests for reimbursement until all documentation is in place. Documentation relating to expenses for which sponsor is requesting reimbursement **and** **also** which the sponsor will apply as match must be submitted with the request for reimbursement.

Maintaining documentation in an orderly fashion throughout the grant process will facilitate the reimbursement process.

# Protecting Confidential Information

The Commonwealth of Massachusetts takes seriously its responsibility to protect personal information. In Massachusetts, protected personal information includes a resident’s first name and last name (or first initial and last name) in combination with any one or more of the following data elements that relate to such resident:

(a) Social Security number;

(b) Driver's license number or state-issued identification card number; or

(c) Financial account number, or credit or debit card number, with or without any required security code, access code, personal identification number or password, that would permit access to a resident’s financial account […]

Please protect confidential financial data by blacking out – also called “redacting” – bank account numbers, credit card account numbers, and other confidential account data before proofs of payment are sent to the DCR. Please do not redact check numbers from bank statements.

# Grant Costs

All costs associated with the grant must be part of the budget submitted to the DCR. If total project costs, or any component costs, appear likely to vary substantially (>20 percent) from the sponsor’s cost estimate worksheet submitted with the grant application, contact Julie Coop. Grant costs may not be paid by other federal funds and costs for this grant may not be used for cost-sharing or to meet match requirements for any other federally-financed program.

Eligible costs are those necessary for completing the project. Eligible costs may be reimbursed or may be applied toward project match. Costs must be documented, reasonable, and consistent with the project scope.

Examples of **eligible costs** include:

* Salaries and fringe benefits of people working directly on the project
* Cost of services, supplies, equipment, or facilities used on the project
* Value of labor, services, supplies, equipment, or facilities donated to the project by third parties
* Reasonable overhead (not more than 10% of total grant project)

Ineligible Costsare those which cannot be applied toward the project, either as match or for reimbursement. **Ineligible costs** include, but are not limited to:

* Costs incurred before or after the project period, as specified in the project agreement
* Purchase of equipment valued at $5,000 or greater
* Fines and penalties imposed due to violations or failure to comply with federal, state, and/or local laws or regulations
* Gifts, t-shirts, refreshments, and similar items provided to thank project workers
* Undocumented or improperly documented project costs

## Reimbursable Costs

Eligible costs are either **reimbursable** or **non-reimbursable**. Reimbursable costs are those which can be reimbursed by the grant. They include out-of-pocket expenses for eligible project items. Reimbursable costs also include labor, services, supplies, and equipment provided by the project sponsor.

Examples of **reimbursable costs** are:

* Salaries and wages of sponsor’s employees for time spent on project activities
* Fringe benefits (For FY2019 grant projects, the maximum fringe benefit rate is 34.89%. FY2018 – 34.86%, FY2017 - 35.16%, and FY2016 - 29.17%.)
* Purchased supplies, or supplies provided from sponsor’s inventory for which a cost basis can be documented
* Purchased or leased equipment, or equipment provided from sponsor’s inventory for time/miles actively and productively used in project activities. Note: purchase of equipment valued at or over $5,000 is an ineligible cost.
* Facilities leased specifically for the project
* Cost of contractual or other professional services used on the project

## Non-reimbursable Costs

**Non-reimbursable costs** are those which cannot be reimbursed by the grant, but **can be applied toward the sponsor’s match**. Non-reimbursable costs include the value of goods and services donated by third parties or paid for by cash donated by third parties.

Examples of non-reimbursable costs include the value of:

* Donated labor and services
* Donated supplies
* Donated use of facilities and equipment
* Vehicle mileage (IRS rate of $58.0 cents/mile for CY 2019, $54.5 cents/mile for CY2018. Maintain a log of miles driven, destination, purpose, and driver.)

# Project Revenue

Some projects generate income during the project period. Revenue earned during the project period must be accounted for and subtracted from the total project cost. Revenue cannot be used as match, i.e., cannot directly reimburse or offset the sponsor’s share of project costs. Document any revenue on the **Reimbursement Request Form**.

Revenue generated after project expiration does not have to be accounted for—it does not affect project cost or reimbursement.

Examples of project revenue include:

* Fees assessed by the sponsor for project-related tree planting
* Registration fee for a program
* Receipts from sale of wood removed as part of the grant project
* Proceeds from sale of grant-produced publications or other materials
* Note: Cash given by third parties in exchange for specific grant products or services is considered revenue, not a donation.

# Cost Overruns and Underruns

Sponsors should keep a running estimate of costs throughout the project period. Sponsors should notify the Urban Forestry Coordinator, Julie Coop, if total project costs, or any component costs, appear likely to vary substantially (>20 percent) from the sponsor’s cost estimate worksheet submitted with the grant application.

A project cost overrun or underrun may require an amendment to the project agreement or may increase or decrease the project’s funding level.

# During the Grant Period

Track **all eligible expenses and in-kind labor and donations** in accordance with state and federal reporting requirements.

* Track hours and rates for labor with timesheets or logs
* Track hours and rates for equipment use with logs
  + Only time that equipment is actively used on the project may be counted. Idle time/parked time may not be counted.
* Track volunteer hours with sign-in sheets during volunteer events
  + Sign-in sheets should include date, task, location, and printed name of volunteers, signature, and hours worked (For documenting volunteer labor, there is a **Volunteer Labor Log** on page 16.)
* Keep all receipts and proof of payment, including copies of:
  + Cancelled checks (copy of front and back)
  + Purchase Orders
  + Paid Invoices (along with proof of payment)
  + Payroll or labor reports
  + Receipts
  + Credit card statements (along with proof of payment)
  + Bank statements

You may submit periodic reimbursement requests, if necessary. Match requirements must be met and documented for all reimbursement requests.

* If the grantee is requesting reimbursement, the minimum match requirement must be met on each reimbursement request up to the amount of the request plus contributions. Reimbursements will not be processed until the match is met.

Keep track of your grant period—expenses or in-kind labor/donations incurred before or after the grant period, cannot count toward the grant.

## Other Documentation

Document your grant with photos/video or other methods. This documentation may facilitate the completion of the **Accomplishment Report Form** and can also be shared with the DCR to promote the impact of the grant project.

# Labor Rates for In-kind Match

**All labor must be documented**

|  |  |
| --- | --- |
| Adult volunteers performing skilled work (e.g., writing accomplishment report, using i-Tree to analyze tree inventory data, collecting tree inventory data) | $31.00/hour |
| Youth volunteers and volunteers performing unskilled labor (e.g., digging holes, watering trees, etc.) | $12.00/hour |
| Current staff | Use actual hourly rates (may include fringe benefits; see page 5.) Requires payroll records. |
| Donated professional services (e.g., consultant or local arborist donates time, services, and/or equipment to project) | Reasonable customary rates. Must submit invoice from donor stating value of services. |

# Crediting the U.S. Forest Service and the Department of Conservation and Recreation

Funding for the majority of Challenge Grants comes from the U.S. Forest Service. For projects supported at least in part by U.S. Forest Service funding, please provide verbal or written credit. Examples include:

* Funded in part by the USDA Forest Service through the Massachusetts Department of Conservation and Recreation Urban and Community Forestry Program.
* This publication was made possible by a grant from the USDA Forest Service and the Massachusetts Department of Conservation and Recreation Urban and Community Forestry Program
* Materials produced with funding from the USDA Forest Service must also include a non-discrimination statement. The minimum acceptable statement is, “**This institution is an equal opportunity provider.”** For additional information on proper use of a non-discrimination statement, contact the DCR Urban and Community Forestry Program.

For information how to credit these or other grant funding sources, contact the DCR.

# Grant Inspection

Contact the DCR Urban and Community Forestry Program to schedule a grant inspection. Grant inspections are required for planting projects and may be required for other projects. Contact the Urban and Community Forestry program to discuss.

For planting projects, the grant inspector will complete the bottom of the **Reimbursement Request Form for Planting Projects** form. This must be completed prior to submittal for reimbursement.

# Grant Products to be Submitted

Submit to the DCR any products created with the grant. Such items may include, but are not limited to:

* Electronic copy of tree inventory
* Electronic copy of management plan
* Educational materials produced with grant funding

**Questions on the Grant Reimbursement Process**?

Contact Julie Coop, Urban and Community Forester

617-626-1468 or [julie.coop@mass.gov](mailto:julie.coop@mass.gov)

# 

# Reimbursement Request Checklist

Please submit your request once you have all of the following information (as appropriate for your grant):

*Please redact financial account numbers, including bank account numbers, credit card numbers, social security numbers, and other sensitive personal or financial information. Do not redact check numbers. All copies must be legible. Do not round dollar amounts; use exact figures.*

**□ Grant inspection completed (as appropriate)**

**□ Reimbursement Request Form (for planting or non-planting projects, as appropriate)**

Transfer total dollar values from the **Expense-Match Documentation Form** to the appropriate lines on the **Reimbursement Request Form**

□ **Expense-Match Documentation Form**

□ **Accomplishment Report Form** (for final reimbursement)

**□** Copies of paid invoices/statements and the front and back sides of canceled checks (or electronic copies of canceled checks) or bank statements, credit card statements, for all cash expenditures

**□** Copies of invoices/statements for all donated equipment, facilities, supplies and services

**□** Documentation of the source and amount of project-specific cash donations and private grants

**□** Documentation showing cost basis for sponsor supplies

**□** Invoices or statements which include non-project-related items must clearly distinguish project from non-project costs. Also, indicate on each invoice, statement and canceled check the specific project component to which the purchase was related (e.g., “tree inventory”).

**□** Documentation of labor and equipment use (if applicable)

**□** Copies of signed volunteer sign-in sheets

**□** Employee or donated labor timesheets/payroll records/invoice showing value of donated labor

**□** Equipment use logs

**□** Copies of publications or products produced with the grant (Inventories, resource assessments, and management plans must be submitted electronically.)

# Questions on the Grant Reimbursement Process?

Contact Julie Coop, Urban and Community Forester

617-626-1468 or [julie.coop@mass.gov](mailto:julie.coop@mass.gov)

# Submittal of the Reimbursement Request

Submit your reimbursement request by mail to:

Julie Coop

DCR Urban and Community Forestry

251 Causeway St., Suite 600

Boston, MA 02114

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | Expense and Match Documentation Form **for DCR Urban and Community**  **Forestry Challenge Grant** | | | | | |
| **Instructions:** Number each receipt or invoice to correspond with its item # and attach copies as well as proof of payment such as a cancelled check, pay stubs, etc. Duplicate this form/add rows as needed. **This form, along with supporting documentation, must accompany reimbursement request form.** | | | | |
| **Expenses to be Reimbursed by Grant** | | | |  |
| **Item #** | **Date** | **Paid To** | **Items/Services Purchased** | **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL** |  |
| **Cash Match Description** | | | | |
| **Item #** | **Date** | **Paid To** | **Description of items or services including time, rate, etc.** | **Cost** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL** |  |
| **In-Kind Match Description** | | | | |
| **Item #** | **Date** | **Provider/Vendor** | **Description of items or services including time, rate, volunteer hours, etc.** | **Cost** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL** |  |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | S SAMPLE--Expense and Match Documentation Form **for DCR Urban**  **and Community Forestry Challenge Grant** | | | | | |
| **Instructions:** Number each receipt or invoice to correspond with its item # and attach copies as well as proof of payment such as a cancelled check, pay stubs, etc. Duplicate this form/add rows as needed. **This form, along with supporting documentation, must accompany reimbursement request form.** | | | | |
| **Expenses to be Reimbursed by Grant** | | | |  |
| **Item #** | **Date** | **Paid To** | **Items/Services Purchased** | **Cost** |
| 1 | 05/07/12 | Anytree Nursery | 24 B&B trees | 4800 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **TOTAL** | **4800** |
| **Cash Match Description** | | | | |
| **Item #** | **Date** | **Paid To** | **Description of items or services including time, rate, etc.** | **Cost** |
| 2 | 5/02/12 | Any Garden Supply | Stakes, tree ties, topsoil | 250.21 |
| 3 | 5/07/12 | Anytree Nursery | 10 B&B trees | 2002.54 |
| 4 | 5/03/12 | Any Garden Supply | 34 tree watering bags | 680.17 |
| 5 | 4/11/12 | We Love Trees Foundation | Donation | 500 |
|  |  |  |  |  |
|  |  |  | **TOTAL** | **3432.92** |
| **In-Kind Match Description** | | | | |
| **Item #** | **Date** | **Provider/Vendor** | **Description of items or services including time, rate, volunteer hours, etc.** | **Cost** |
| 6 | 5/07/12 | City DPW  Fred Astaire | Ran backhoe to assist with moving and planting trees (7 hr X $43.42/hr x 1.3 fringe) | 343.45 |
| 7 | 5/07/12 | City DPW Ginger Rogers | Ran watering truck during planting (8 hr X $38.67/hr x 1.3 fringe) | 349.58 |
| 8 | 5/07/12 | Volunteers | 12 volunteers assisted with planting ($10/hr for 6 hours) | 720 |
| 9 | 5/07/12 | Ann Arbor, consulting arborist | Certified Arborist donated 3 hours assisting with tree and site selection and planting ($50/hour) | 150 |
|  |  |  | **TOTAL** | **1563.03** |

**What Supporting Documentation Should I submit with this sample form?**

Item 1: Invoice and cancelled check (front and back) or purchase order

Item 2: Invoice and cancelled check (front and back) or purchase order

Item 3: Invoice and cancelled check (front and back) or purchase order

Item 4: Invoice and cancelled check (front and back) or purchase order

Item 5: Copy of front and back of donation check

Item 6: Time sheet/payroll record and equipment use log

Item 7: Time sheet/payroll record and equipment use log

Item 8: Completed Volunteer Labor log

Item 9: Invoice stating value of donated professional services

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**Massachusetts DCR Urban and Community Forestry**

# Challenge Grant Reimbursement Request Form for Non-Planting Projects

(Page 1 of 2)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Grant Recipient/Community Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Grant Contact Telephone

Total Amount of Grant Awarded $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Previous Reimbursements $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Remaining in Account $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates of Service for This Request (dd/mm/yy)** \_\_\_\_-\_\_\_\_-\_\_\_\_ through \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_

**Grant - Request for Reimbursement: (Please place in the following broad categories)**

Salaries **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contractual (Consultants, etc.) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supplies (Materials & Equipment) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrative Expenses (Postage, etc.) **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Minus Any Program Income (registrations, etc.) - **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Total remaining in balance of account $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your final request for reimbursement? YES NO

**Massachusetts DCR Urban and Community Forestry**

**Challenge** **Grant Reimbursement Request Form for Non-Planting Projects** (Page 2 of 2)

Match - Verification: Match to-date must equal or exceed Total Request. Please use *Expense and Match Documentation Form* to calculate and document expenses for reimbursement and match. That form and supporting documentation *must be submitted* along with this reimbursement request.

Number of Staff Involved \_\_\_\_\_\_\_\_\_\_

Staff Labor Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of Staff Labor Hours $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Volunteers Involved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Volunteer Hours \_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Rate (see instructions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of Volunteer Labor Contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of In-kind Material Contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Expenditures, 'cash match' $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Match for this Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Match previously documented: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Value of Match to-date: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspected by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved/Rejected

Inspector Comments:

*Return to: Julie Coop, DCR Urban & Community Forestry, 251 Causeway Street, Suite 600, Boston, MA 02114-2124*

**Massachusetts DCR Urban and Community Forestry**

# Challenge Grant Reimbursement Request form for Planting Projects

**Instructions:** Complete the form and if you have not scheduled a final inspection, contact Julie Coop to do so. The DCR inspector will complete the remainder of the form. Please use ***Expense and Match Documentation Form*** to calculate and document expenses for reimbursement and match. That form and supporting documentation *must be submitted* along with this reimbursement request to: Julie Coop, DCR Urban & Community Forestry, 251 Causeway St., Suite 600, Boston MA 02114.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Grant Recipient/Community Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Contact Telephone E-mail

Project Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Grant Trees Planted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number Trees Planted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Trees Planted by Species (attach final list):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Source Nursery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contractor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Grant Awarded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Grant Expended $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matching Cost of Materials (mulch, stakes, other trees, etc.): $\_\_\_\_\_\_\_

Matching Cost of In-House and/or Contracted Labor: $\_\_\_\_\_\_\_

(# workers x hours x $/hour)

Matching Cost of Maintenance within the Grant Period: $\_\_\_\_\_\_\_

If Applicable -- Number of Volunteers Involved: \_\_\_\_\_\_\_

Matching Value of Volunteer Labor (people\*hours\*$10.) $\_\_\_\_\_\_\_

Total Project Match (should equal or exceed amount expended): $\_\_\_\_\_\_\_

To be completed by DCR staff only:

Name of DCR Inspector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Quality of Tree Stock: Good Fair Poor

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Level of Planting Depth: Good High Low

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Burlap or Wire Visible? No Yes

Stakes Present? No Yes

Mulch Present? No Yes

Mulch Piled on Stems? No Yes

Project APPROVED / REJECTED -- Conditions of Approval? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tree Warden Signature and date**  **Inspector Signature and date**

**Urban and Community Forestry Challenge Grant**

# Volunteer Labor Log

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group or organization completing the work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

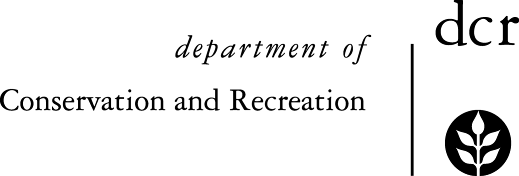
Date Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Task Performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name (Print)** | **Name (Signature)** | **Hours** | **Hourly rate** | **Total $** |
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I certify that this is an accurate summary of the supplies used and that this claim is just and correct.

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Signature of Project Manager Date

**Massachusetts DCR Urban and Community Forestry**

# Challenge Grant Final Accomplishment Report

This report must accompany the final request for reimbursement and both must be submitted within 60 days of the contract end date.

Mail or e-mail to:

Julie Coop

DCR Urban & Community Forestry

251 Causeway St., Suite 600

Boston, MA 02114

[Julie.Coop@mass.gov](mailto:Julie.Coop@mass.gov)

**Organization**      

**Person Reporting: Name**       **Title**

**Phone #**       **e-mail**

**Part I: ACCOMPLISHMENTS** (*fill in the blanks for only the items applicable to your project*)

***Tree Planting and Maintenance***

Number of landscape size trees planted       Number of seedling size trees planted

Number of trees maintained (watering, mulching, pruning, fertilizing, pest control, hazard tree management, planned removals, etc.)

***Education and Outreach***

Type of education or training programs conducted

Number of education or training programs conducted (classroom and/or field instruction)

Total number of participants

Total hours of instruction (all presentations added together)

***Volunteer and Partner Participation***

Total number of volunteers involved in all aspects of the project

Estimated total volunteer hours

Was a new partnership developed?

***Community Forestry Program Development***

Type of tree inventory or natural resource assessment conducted (street tree, hazard tree, canopy analysis, storm, invasive insect etc.).

Number of trees inventoried       or Street miles inventoried       or

Number of acres inventoried or analyzed

Was a written management plan prepared?      Type of Plan:

Was a new *Tree Board, Shade Tree Committee,* etc. formed, or an inactive board reactivated?

Was a new tree group created?

Was a new *Tree Ordinance* developed?

Type of Ordinance created: Tree Care Tree Conservation  Landscape  Other public policy

Was an existing tree ordinance, policy, regulation, etc. revised or strengthened?

Did staff attend training sessions in urban and community forestry?

Did staff attain an arborist certification?

Cities and towns: Do you plan to apply for Tree City USA recognition this year?

**Part II: ACCOMPLISHMENT NARRATIVE**

Please attach a separate sheet(s) of paper and provide a summary of this project **in your own words**. The following questions are provided as a guide to your accomplishment narrative. Feel free to address other issues not enumerated below. Please highlight any successes and/or issues encountered during the project:

1. Look back at the application you submitted and read over the original goals and objectives.

⯁ Did you accomplish what you set out to do?

⯁ Were the project goals and objectives satisfied?

⯁ If not, please explain why.

⯁ Describe the goals and objectives that were accomplished and how you achieved success.

2. Pertaining to the goals of the Urban and Community Forestry Program, explain the impacts this project has had on the following, as applicable:

⯁ Has this project helped establish or strengthen a community forestry program in your community? *How?*

⯁ Has this project been successful in promoting volunteerism, cooperation and partnerships? *How?*

⯁ Has this project helped improve an understanding of the benefits of trees and the community forest? *How?*

⯁ Has this project helped expand or improve the canopy cover in your community? *How?*

For example: through planned tree planting, maintenance of existing trees, protecting or preserving trees through direct action or ordinances, management of insects, diseases or other sources of tree decline, etc.

⯁ Has this project helped enhance the technical skills of individuals involved in the planning, development and maintenance of community forests? *How?*

⯁ Has this project had a positive impact on city government leaders, elected officials, business owners, homeowners or others? *How?*

3. Please identify a few individuals in your community who benefitted from your program. They may include a resident whose street received new trees, a participant in a workshop or educational event, or even someone within your organization. Please include names and contact information. DCR may follow up with these individuals to share their urban forestry stories.

4. Show us what was accomplished. This can include photos, newspaper articles, letters or notes from beneficiaries, etc. Materials may be e-mailed to [mollie.freilicher@mass.gov](mailto:mollie.freilicher@mass.gov).

**Part III: REQUIRED ADDITIONAL DOCUMENTATION**

If applicable to your project, the following documentation is required before final payment can be authorized.

1. **Three** (3) clean, final copies of all **materials** that were printed, published, or otherwise developed under

this grant. This includes management plans, planting design plans, streetscape plans, reports, full inventory data, inventory summaries, brochures, publications, newsletters, videos, training manuals, etc. For extensive, bulky or

costly documents and products, only one copy is required. Please contact Mollie Freilicher if you have questions regarding this. If you have a digital copy, that should be included as well.

2. For site specific projects such as tree plantings, tree maintenance, trail development, outdoor classrooms,

demonstration projects, etc., include a few photos documenting on-the-ground accomplishments.

It is appropriate to use grant funds to offset any costs involved in satisfying the final reporting requirements.

Please call Julie Coop at 617-626-1468 or e-mail at [Julie.Coop@mass.gov](mailto:Julie.Coop@mass.gov) if you have questions.